

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G663	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  01/11/2013
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NAME OF PROVIDER OR SUPPLIER  REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 5662 N CRESTVIEW AVE INDIANAPOLIS, IN 46220
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W0000	<p>This visit was for the post certification revisit to the annual recertification and state licensure survey and to the investigation of complaint #IN00119419 which resulted in an immediate jeopardy.</p> <p>This visit was in conjunction with the investigation of complaint #IN00120092.</p> <p>Complaint #IN00119419: Not Corrected.</p> <p>Dates of Survey: 1/2/13, 1/3/13, 1/4/13, 1/7/13, 1/8/13, 1/9/13, 1/10/13 and 1/11/13.</p> <p>Facility Number: 001216 Provider Number: 15G663 AIMS Number: 100233690</p> <p>Surveyor: Keith Briner, Medical Surveyor III</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 1/18/13 by Ruth Shackelford, Medical Surveyor III.</p>	W0000		
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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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W0100	<p>440.150(c) ICF SERVICES OTHER THAN IN INSTITUTIONS "Intermediate care facility services" may include services in an institution for the mentally retarded (hereafter referred to as intermediate care facilities for persons with mental retardation) or persons with related conditions if:</p> <p>(1) The primary purpose of the institution is to provide health or rehabilitative services for mentally retarded individuals or persons with related conditions;</p> <p>(2) The institution meets the standards in Subpart E of Part 442 of this Chapter; and</p> <p>(3) The mentally retarded recipient for whom payment is requested is receiving active treatment as specified in §483.440.</p> <p>Based on observation, record review and interview for 1 of 3 sampled clients (B), the Intermediate Care Facility failed to provide active treatment services for which the facility received payment.</p> <p>Findings include:</p> <p>The facility failed to ensure client B received aggressive and consistent training, treatment and services in accordance with his needs and ISP (Individual Support Plan). The facility failed to ensure client B had training objectives to assist with medication administration, money management, recreational/leisure skills, cooking, reading, identifying his address, promoting self advocacy,</p>	W0100	The AD will be retrained on supervising the QMRP to ensure the QMRP is following Active Treatment requirements including the development of an ISP to ensure aggressive and consistent training and treatment plan; development of active treatment schedules, the need for guardian approval of all plans, and immediate implementation of plans developed by the IDT, and yearly completion and/or review of Comprehensive Functional Assessment for every consumer. The AD will retrain the PD/QMRP on: active treatment requirements that include: development of an ISP to ensure aggressive and consistent training and treatment plan, and development of active treatment schedules, and need for guardian approval of all plans, and	02/10/2013			

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	conversation/communication, maintaining contact with his family/friends, social skills and/or daily exercise. The facility failed to ensure client B's ISP included the needed supports and services regarding how staff was to assist client B engage in daily programming. The facility failed to implement the client's active treatment schedule during during formal and informal training opportunities. The facility's HRC (Human Rights Committee) failed to review, approve and monitor restrictive programs for client B. The facility failed to obtain the client's guardian approval before implementation of a BSP (Behavior Support Plan), use of behavior medications or restrictive programs for client B. Please see W195.		immediate implementation of plans developed by the IDT, and yearly completion and/or review of Comprehensive Functional Assessment for every consumer. The AD will retrain the staff on active treatment to include how to complete each client's training objectives, behavior development implementation, Risk Plan implementation, active treatment schedules, formal and informal training opportunities, and documentation. The AD will re-train the staff on reporting requirements to include examples of what is reportable, when reports are to be made, who reports are to be made to, on-call procedures, consequences of not reporting as required, and documenting reporting ie who reported, who reported to, and what date, time it was reported, and what direction was provided by on call supervisor. PD will complete a Comprehensive Functional Assessment on all clients to ensure all are current. PD will consult with AD to ensure that client B's ISP meets his current needs. PD will complete an Active Treatment Schedule for each consumer that meets consumers current needs/programing. AD will re-train the PD on restrictive programs which will include what is considered restrictive, as well as the need for guardian approval then get HRC approval for any restrictive plans. AD will re-train		

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			<p>the PD on policy and procedures for the completion of investigations to include what incidents require an investigation, and the timelines for completing all investigations. AD will re-train all on call supervisors on the implementation of immediate protective measures. AD, RD and/or QAS to review all immediate protective measures to determine if additional action is needed. AD to review the next 3 ISP's completed by this PD to ensure it is an aggressive and consistent training program and treatment plan. AD/RD scheduling Indiana MENTOR Management staff in the home beginning on 1/17/2013 24 hours per day to ensure the implementation of active treatment including implementation of training objectives, implementation of BSP's, providing training to staff as needed, ensuring incidents are reported as required, appropriate staffing levels are in the home, determining on-going staffing levels, all documents are available to staff, and staff document as required. AD to review all investigations completed by the PD. AD to complete a random review of records and observation at least quarterly to ensure that ISP's are current and include required information, CFA's are current, required approvals have been obtained, active treatment is</p>		

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			being provided, BSP's contain criteria for the withdraw of drugs used to manage behavior, and ensure that staffing levels are appropriate. PD/AD to review staffing levels in this home weekly for the next 5 weeks to determine if adjustments in staffing levels are needed. After 5 weeks staffing levels will be reviewed bi-weekly for 6 weeks. After 6 weeks staffing levels will be reviewed monthly for 2 months. The RD will monitor the AD by having the AD turn into the RD copies of the random review of records and observations quarterly as they are completed per training listed previously in this plan. Responsible Party: Regional Director, Area Director, Program Director, and Quality Assurance Specialist. Completion Date: February 10, 2013		

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W0102	<p><b>483.410 GOVERNING BODY AND MANAGEMENT</b> The facility must ensure that specific governing body and management requirements are met.</p> <p>Based on observation, record review and interview, the facility failed to meet the Condition of Participation: Governing Body for 3 of 3 sampled clients (A, B, C) plus 2 additional clients (D and E). The governing body failed to exercise general policy and operating direction over the facility to ensure the facility implemented its policy and procedures to prevent verbal/emotional abuse for clients A and B. The governing body failed to exercise general policy and operating direction over the facility to ensure the facility implemented its policy and procedures to report all allegations of abuse/mistreatment/neglect/injuries of unknown origin to the Bureau of Developmental Disabilities Services (BDDS)/Adult Protection Services (APS) regarding four separate allegations of verbal abuse/intimidation for client A, three allegations of client to client aggression regarding clients A and C, two separate allegations of sexual coercion/exploitation regarding clients A and C and one allegation of verbal abuse/intimidation for client B.</p> <p>The governing body failed to exercise general policy and operating direction over the facility to ensure the facility implemented its policy and procedures to implement safeguards following three separate allegations of verbal abuse/intimidation for client A, three allegations of client to client aggression regarding clients A and C, two</p>	W0102	<p>The AD will retrain the PD/QMRP on: active treatment requirements that include: development of an ISP to ensure aggressive and consistent training and treatment plan, and development of active treatment schedules, and need for guardian approval of all plans, and immediate implementation of plans developed by the IDT, and yearly completion and/or review of Comprehensive Functional Assessment for every consumer.</p> <p>The AD will re-train the staff on reporting requirements to include examples of what is reportable, when reports are to be made, who reports are to be made to, on-call procedures, consequences of not reporting as required, and documenting reporting ie who reported, who reported to, and what date, time it was reported, and what direction was provided by on call supervisor.</p> <p>The AD will retrain the staff on active treatment to include how to complete each client's training objectives, behavior development implementation, Risk Plan implementation, active treatment schedules, formal and informal training opportunities, and documentation.</p> <p>PD will complete an Active</p>	02/10/2013

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	<p>separate allegations of sexual coercion/exploitation regarding clients A and C and one allegation of verbal abuse/intimidation for client B.</p> <p>The governing body failed to exercise general policy and operating direction over the facility to ensure the facility implemented its policy and procedures to initiate an investigation following three separate allegations of verbal abuse/intimidation for client A, three allegations of client to client aggression regarding clients A and C, two separate allegations of sexual coercion/exploitation regarding clients A and C and one allegation of verbal abuse/intimidation for client B.</p> <p>The governing body failed to exercise general policy and operating direction over the facility to ensure the QMRP (Qualified Mental Retardation Professional) ensured client B received aggressive and consistent training, treatment and services in accordance with his needs and ISP (Individual Support Plan). The governing body failed to exercise general policy and operating direction over the facility to ensure the QMRP ensured client B had training objectives to assist with medication administration, money management, recreational/leisure skills, cooking, reading, identifying his address, promoting self advocacy, conversation/communication, maintaining contact with his family/friends, social skills and/or daily exercise. The governing body failed to exercise general policy and operating direction over the facility to ensure</p>		<p>Treatment Schedule for each consumer that meets consumers current needs/programing.</p> <p>AD will re-train the PD on restrictive programs which will include what is considered restrictive, as well as the need for guardian approval then get HRC approval for any restrictive plans.</p> <p>AD will re-train the PD on policy and procedures for the completion of investigations to include what incidents require an investigation, and the timelines for completing all investigations.</p> <p>AD will re-train all on call supervisors on the implementation of immediate protective measures.</p> <p>AD, RD and/or QAS to review all immediate protective measures to determine if additional action is needed.</p> <p>AD to review the next 3 ISP's completed by this PD to ensure it is an aggressive and consistent training program and treatment plan.</p> <p>AD/RD scheduling Indiana MENTOR Management staff in the home beginning on 1/17/2013 24 hours per day to ensure the implementation of active treatment including implementation of training objectives, implementation of BSP's, providing training to staff as needed, ensuring incidents are reported as required, appropriate staffing levels are in the home, determining on-going staffing levels, all documents are available to staff,</p>	

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	<p>the QMRP ensured client B's ISP included the needed supports and services regarding how staff was to assist client B engage in daily programming. The governing body failed to exercise general policy and operating direction over the facility to ensure the QMRP ensured the facility staff implemented client B's active treatment schedule during during formal and informal training opportunities. The governing body failed to exercise general policy and operating direction over the facility to ensure the QMRP reviewed/monitored client C's program to determine when objectives needed revisions. The governing body failed to exercise general policy and operating direction over the facility to ensure the QMRP ensured clients A, B and C's CFAs (Comprehensive Functional Assessments) were reviewed annually. The governing body failed to exercise general policy and operating direction over the facility to ensure the QMRP ensured the facility's HRC (Human Rights Committee) reviewed, approved and monitored restrictive programs. The governing body failed to exercise general policy and operating direction over the facility to ensure the QMRP obtained the clients' guardian approval before implementation of a BSP, use of behavior medications or restrictive programs for clients A, B, C, D and E. The governing body failed to exercise general policy and operating direction over the facility to ensure the QMRP ensured client B's program included the use of and withdrawal criteria for psychotropic medication used for</p>		<p>and staff document as required. AD or QA to review all investigations completed by the PD. AD to retrain PD on completion of monthly reports to include when they are due, what information needs to be included, and when and how to revise training objectives. PD to complete monthly reports for all clients for December 2012 and January 2013. PD to revise all objectives that have either met criteria or have shown no progress in the past three months. AD to monitor monthly reviews by reviewing and signing off monthly. AD to complete a random review of records and observation at least quarterly to ensure that ISP's are current and include required information, CFA's are current, required approvals have been obtained, active treatment is being provided, BSP's contain criteria for the withdraw of drugs used to manage behavior, and ensure that staffing levels are appropriate. AD to retrain PD and work with Behavior Consultant on the need for all BSP's to include criteria for the withdrawal of those drugs used to manage behavior. Behavior Consultant to review all BSP's to ensure each contain a criteria for withdrawal of drugs used to manage behavior. PD/AD to review staffing levels in this home weekly for the next 5 weeks to determine if adjustments</p>	

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	<p>behavior management.</p> <p>The governing body failed to exercise general policy and operating direction over the facility to ensure there were adequate staff levels in the group home during the morning and evening shifts for clients A, B, C, D and E.</p> <p>The governing body failed to exercise general policy and operating direction over the facility to ensure facility staff were trained to work with client B.</p> <p>The governing body failed to exercise general policy and operating direction over the facility to ensure client B was not placed in a home with housemates that were of significantly different social needs.</p> <p>Findings include:</p> <p>1. The governing body failed to exercise general policy and operating direction over the facility to ensure the facility implemented its policy and procedures to prevent verbal/emotional abuse for clients A and B.</p> <p>The governing body failed to exercise general policy and operating direction over the facility to ensure the facility implemented its policy and procedures to report all allegations of abuse/mistreatment/neglect/injuries of unknown origin to BDDS/APS regarding four separate allegations of verbal abuse/intimidation for client A, three allegations of client to client aggression regarding clients A and C, two separate allegations of sexual coercion/exploitation regarding clients A and C and one allegation</p>		<p>in staffing levels are needed. After 5 weeks staffing levels will be reviewed bi-weekly for 6 weeks. After 6 weeks staffing levels will be reviewed monthly for 2 months. AD/PD to work with BDDS to get Client B moved to a more appropriate placement. RD/AD/PD to review future placement referrals to provide the best match for all clients being served in that facility. When an IDT determines a placement is not appropriate for a client's needs the PD will ensure the process for finding appropriate placement is initiated.</p> <p>Completion Date: February 10, 2013 Responsible Party: Regional Director, Area Director, and Program Director</p>				

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	<p>of verbal abuse/intimidation for client B.</p> <p>The governing body failed to exercise general policy and operating direction over the facility to ensure the facility implemented its policy and procedures to implement safeguards following three separate allegations of verbal abuse/intimidation for client A, three allegations of client to client aggression regarding clients A and C, two separate allegations of sexual coercion/exploitation regarding clients A and C and one allegation of verbal abuse/intimidation for client B.</p> <p>The governing body failed to exercise general policy and operating direction over the facility to ensure the facility implemented its policy and procedures to initiate an investigation following three separate allegations of verbal abuse/intimidation for client A, three allegations of client to client aggression regarding clients A and C, two separate allegations of sexual coercion/exploitation regarding clients A and C and one allegation of verbal abuse/intimidation for client B.</p> <p>The governing body failed to exercise general policy and operating direction over the facility to ensure the QMRP ensured client B received aggressive and consistent training, treatment and services in accordance with his needs and ISP. The governing body failed to exercise general policy and operating direction over the facility to ensure the QMRP ensured client B had training objectives to assist with medication administration, money management, recreational/leisure skills, cooking, reading,</p>			

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	<p>identifying his address, promoting self advocacy, conversation/communication, maintaining contact with his family/friends, social skills and/or daily exercise. The governing body failed to exercise general policy and operating direction over the facility to ensure the QMRP ensured client B's ISP included the needed supports and services regarding how staff was to assist client B engage in daily programming. The governing body failed to exercise general policy and operating direction over the facility to ensure the QMRP ensured the facility staff implemented client B's active treatment schedule during during formal and informal training opportunities. The governing body failed to exercise general policy and operating direction over the facility to ensure the QMRP reviewed/monitored client C's program to determine when objectives needed revisions. The governing body failed to exercise general policy and operating direction over the facility to ensure the QMRP ensured clients A, B and C's CFAs were reviewed annually. The governing body failed to exercise general policy and operating direction over the facility to ensure the QMRP ensured the facility's HRC reviewed, approved and monitored restrictive programs. The governing body failed to exercise general policy and operating direction over the facility to ensure the QMRP obtained the clients' guardian approval before implementation of a BSP, use of behavior medications or restrictive programs for clients A, B, C, D and E. The governing body</p>			

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	<p>failed to exercise general policy and operating direction over the facility to ensure the QMRP ensured client B's program included the use of and withdrawal criteria for psychotropic medication used for behavior management.</p> <p>The governing body failed to exercise general policy and operating direction over the facility to ensure there were adequate staff levels in the group home during the morning and evening shift for clients A, B, C, D and E.</p> <p>The governing body failed to exercise general policy and operating direction over the facility to ensure facility staff were trained to work with client B.</p> <p>The governing body failed to exercise general policy and operating direction over the facility to ensure clients were not placed in a home with housemates that were of significantly different social needs. Please see W104.</p> <p>2. The governing body failed to exercise general policy and operating direction over the facility to ensure the facility implemented its policy and procedures to prevent verbal/emotional abuse for clients A and B.</p> <p>The governing body failed to exercise general policy and operating direction over the facility to ensure the facility implemented its policy and procedures to report all allegations of abuse/mistreatment/neglect/injuries of unknown origin to BDDS/APS regarding four separate allegations of verbal abuse/intimidation for client A, three allegations of client to client aggression</p>						

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	<p>regarding clients A and C, two separate allegations of sexual coercion/exploitation regarding clients A and C and one allegation of verbal abuse/intimidation for client B.</p> <p>The governing body failed to exercise general policy and operating direction over the facility to ensure the facility implemented its policy and procedures to implement safeguards following three separate allegations of verbal abuse/intimidation for client A, three allegations of client to client aggression regarding clients A and C, two separate allegations of sexual coercion/exploitation regarding clients A and C and one allegation of verbal abuse/intimidation for client B.</p> <p>The governing body failed to exercise general policy and operating direction over the facility to ensure the facility implemented its policy and procedures to initiate an investigation following three separate allegations of verbal abuse/intimidation for client A, three allegations of client to client aggression regarding clients A and C, two separate allegations of sexual coercion/exploitation regarding clients A and C and one allegation of verbal abuse/intimidation for client B. Please see W122.</p> <p>3. The governing body failed to exercise general policy and operating direction over the facility to ensure the QMRP ensured client B received aggressive and consistent training, treatment and services in accordance with his needs and ISP. The governing body failed to exercise general policy and</p>			

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NAME OF PROVIDER OR SUPPLIER  REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 5662 N CRESTVIEW AVE INDIANAPOLIS, IN 46220
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	<p>operating direction over the facility to ensure the QMRP ensured client B had training objectives to assist with medication administration, money management, recreational/leisure skills, cooking, reading, identifying his address, promoting self advocacy, conversation/communication, maintaining contact with his family/friends, social skills and/or daily exercise. The governing body failed to exercise general policy and operating direction over the facility to ensure the QMRP ensured client B's ISP included the needed supports and services regarding how staff was to assist client B engage in daily programming. The governing body failed to exercise general policy and operating direction over the facility to ensure the QMRP ensured the facility staff implemented client B's active treatment schedule during during formal and informal training opportunities. The governing body failed to exercise general policy and operating direction over the facility to ensure the QMRP reviewed/monitored client C's program to determine when objectives needed revisions. The governing body failed to exercise general policy and operating direction over the facility to ensure the QMRP clients A, B and C's CFAs were reviewed annually. The governing body failed to exercise general policy and operating direction over the facility to ensure the QMRP ensured the facility's HRC reviewed, approved and monitored restrictive programs. The governing body failed to exercise general policy and operating direction over the</p>			

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	<p>facility to ensure the QMRP obtained the clients' guardian approval before implementation of a BSP, use of behavior medications or restrictive programs for clients A, B, C, D and E. The governing body failed to exercise general policy and operating direction over the facility to ensure the QMRP ensured client B's program included the use of and withdrawal criteria for psychotropic medication used for behavior management. Please see W195.</p> <p>4. The governing body failed to exercise general policy and operating direction over the facility to ensure facility staff were trained to work with client B. The governing body failed to exercise general policy and operating direction over the facility to ensure clients were not placed in a home with housemates that were of significantly different social needs. Please see W158.</p> <p>This deficiency was cited on 11/29/12. The facility failed to implement a systemic plan of correction to prevent reoccurrence.</p> <p>This federal tag relates to complaint #IN00119419.</p> <p>9-3-1(a)</p>				

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W0104	<p><b>483.410(a)(1) GOVERNING BODY</b></p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on record review and interview for 3 of 3 sampled clients (A, B and C) plus 2 additional clients (D and E), the governing body failed to exercise general policy and operating direction over the facility to ensure the facility implemented its policy and procedures to prevent verbal/emotional abuse for clients A and B. The governing body failed to exercise general policy and operating direction over the facility to ensure the facility implemented its policy and procedures to report all allegations of abuse/mistreatment/neglect/injuries of unknown origin to the Bureau of Developmental Disabilities Services (BDDS)/Adult Protection Services (APS) regarding four separate allegations of verbal abuse/intimidation for client A, three allegations of client to client aggression regarding clients A and C, two separate allegations of sexual coercion/exploitation regarding clients A and C and one allegation of verbal abuse/intimidation for client B.</p> <p>The governing body failed to exercise general policy and operating direction over the facility to ensure the facility implemented its policy and procedures to implement safeguards following three separate allegations of verbal abuse/intimidation for client A, three allegations of client to client aggression regarding clients A and C, two separate allegations of sexual</p>	W0104	<p>The AD will retrain the PD/QMRP on: active treatment requirements that include: development of an ISP to ensure aggressive and consistent training and treatment plan, and development of active treatment schedules, and need for guardian approval of all plans, and immediate implementation of plans developed by the IDT, and yearly completion and/or review of Comprehensive Functional Assessment for every consumer.</p> <p>The AD will re-train the staff on reporting requirements to include examples of what is reportable, when reports are to be made, who reports are to be made to, on-call procedures, consequences of not reporting as required, and documenting reporting ie who reported, who reported to, and what date, time it was reported, and what direction was provided by on call supervisor.</p> <p>The AD will retrain the staff on active treatment to include how to complete each client's training objectives, behavior development implementation, Risk Plan implementation, active treatment schedules, formal and informal training opportunities, and documentation.</p> <p>PD will complete a Comprehensive</p>	02/10/2013	

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	<p>coercion/exploitation regarding clients A and C and one allegation of verbal abuse/intimidation for client B.</p> <p>The governing body failed to exercise general policy and operating direction over the facility to ensure the facility implemented its policy and procedures to initiate an investigation following three separate allegations of verbal abuse/intimidation for client A, three allegations of client to client aggression regarding clients A and C, two separate allegations of sexual coercion/exploitation regarding clients A and C and one allegation of verbal abuse/intimidation for client B.</p> <p>The governing body failed to exercise general policy and operating direction over the facility to ensure the QMRP (Qualified Mental Retardation Professional) ensured client B received aggressive and consistent training, treatment and services in accordance with his needs and ISP (Individual Support Plan). The governing body failed to exercise general policy and operating direction over the facility to ensure the QMRP ensured client B had training objectives to assist with medication administration, money management, recreational/leisure skills, cooking, reading, identifying his address, promoting self advocacy, conversation/communication, maintaining contact with his family/friends, social skills and/or daily exercise. The governing body failed to exercise general policy and operating direction over the facility to ensure the QMRP ensured client B's ISP included</p>		<p>Functional Assessment on all clients to ensure all are current.</p> <p>PD will consult with AD to ensure that client B's ISP meets his current needs.</p> <p>PD will complete an Active Treatment Schedule for each consumer that meets consumers current needs/programing.</p> <p>AD will re-train the PD on restrictive programs which will include what is considered restrictive, as well as the need for guardian approval then get HRC approval for any restrictive plans.</p> <p>AD will re-train the PD on policy and procedures for the completion of investigations to include what incidents require an investigation, and the timelines for completing all investigations.</p> <p>AD will re-train all on call supervisors on the implementation of immediate protective measures.</p> <p>AD, RD and/or QAS to review all immediate protective measures to determine if additional action is needed.</p> <p>AD to review the next 3 ISP's completed by this PD to ensure it is an aggressive and consistent training program and treatment plan.</p> <p>AD/RD scheduling Indiana MENTOR Management staff in the home beginning on 1/17/2013 24 hours per day to ensure the implementation of active treatment including implementation of training objectives, implementation of BSP's,</p>	

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	<p>the needed supports and services regarding how staff was to assist client B engage in daily programming. The governing body failed to exercise general policy and operating direction over the facility to ensure the QMRP ensured the facility staff implemented client B's active treatment schedule during during formal and informal training opportunities. The governing body failed to exercise general policy and operating direction over the facility to ensure the QMRP reviewed/monitored client C's program to determine when objectives needed revisions. The governing body failed to exercise general policy and operating direction over the facility to ensure the QMRP ensured clients A, B and C's CFA (Comprehensive Functional Assessments) were reviewed annually. The governing body failed to exercise general policy and operating direction over the facility to ensure the QMRP ensured the facility's HRC (Human Rights Committee) reviewed, approved and monitored restrictive programs. The governing body failed to exercise general policy and operating direction over the facility to ensure the QMRP obtained the clients' guardian approval before implementation of a BSP, use of behavior medications or restrictive programs for clients A, B, C, D and E. The governing body failed to exercise general policy and operating direction over the facility to ensure the QMRP ensured client B's program included the use of and withdrawal criteria for psychotropic medication used for behavior management.</p>		<p>providing training to staff as needed, ensuring incidents are reported as required, appropriate staffing levels are in the home, determining on-going staffing levels, all documents are available to staff, and staff document as required. AD or QA to review all investigations completed by the PD. PD to complete monthly reports for all clients for December 2012 and January 2013. PD to revise all objectives that have either met criteria or have shown no progress in the past three months. AD to monitor monthly reviews by reviewing and signing off monthly. AD to complete a random review of records and observation at least quarterly to ensure that ISP's are current and include required information, CFA's are current, required approvals have been obtained, active treatment is being provided, BSP's contain criteria for the withdraw of drugs used to manage behavior, and ensure that staffing levels are appropriate. AD to retrain PD and work with Behavior Consultant on the need for all BSP's to include criteria for the withdrawal of those drugs used to manage behavior. Behavior Consultant to review all BSP's to ensure each contain a criteria for withdrawal of drugs used to manage behavior. PD/AD to review staffing levels in this home weekly for the next 5</p>		

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	<p>The governing body failed to exercise general policy and operating direction over the facility to ensure there were adequate staff levels in the group home during the morning and evening shifts for clients A, B, C, D and E.</p> <p>The governing body failed to exercise general policy and operating direction over the facility to ensure facility staff were trained to work with client B.</p> <p>The governing body failed to exercise general policy and operating direction over the facility to ensure client B was not placed in a home with housemates that were of significantly different social needs.</p> <p>Findings include:</p> <p>1. The governing body failed to exercise general policy and operating direction over the facility to ensure the facility implemented its policy and procedures to prevent verbal/emotional abuse for clients A and B.</p> <p>The governing body failed to exercise general policy and operating direction over the facility to ensure the facility implemented its policy and procedures to report all allegations of abuse/mistreatment/neglect/injuries of unknown origin to BDDS/APS regarding four separate allegations of verbal abuse/intimidation for client A, three allegations of client to client aggression regarding clients A and C, two separate allegations of sexual coercion/exploitation regarding clients A and C and one allegation of verbal abuse/intimidation for client B.</p>		<p>weeks to determine if adjustments in staffing levels are needed. After 5 weeks staffing levels will be reviewed bi-weekly for 6 weeks. After 6 weeks staffing levels will be reviewed monthly for 2 months. AD/PD to work to get Client B moved to a more appropriate placement. RD/AD/PD to review future placement referrals to provide the best match for all clients being served in that facility. When and IDT determines a placement in not appropriate for a client's needs the PD will ensure the process for finding appropriate placement is initiated.</p> <p>Responsible Party: Regional Director, Area Director, and Program Director</p>				

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	<p>The governing body failed to exercise general policy and operating direction over the facility to ensure the facility implemented its policy and procedures to implement safeguards following three separate allegations of verbal abuse/intimidation for client A, three allegations of client to client aggression regarding clients A and C, two separate allegations of sexual coercion/exploitation regarding clients A and C and one allegation of verbal abuse/intimidation for client B.</p> <p>The governing body failed to exercise general policy and operating direction over the facility to ensure the facility implemented its policy and procedures to initiate an investigation following three separate allegations of verbal abuse/intimidation for client A, three allegations of client to client aggression regarding clients A and C, two separate allegations of sexual coercion/exploitation regarding clients A and C and one allegation of verbal abuse/intimidation for client B. Please see W149.</p> <p>2. The governing body failed to exercise general policy and operating direction over the facility to ensure the QMRP ensured client B received aggressive and consistent training, treatment and services in accordance with his needs and ISP. The governing body failed to exercise general policy and operating direction over the facility to ensure the QMRP ensured client B had training objectives to assist with medication administration, money management,</p>						

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	recreational/leisure skills, cooking, reading, identifying his address, promoting self advocacy, conversation/communication, maintaining contact with his family/friends, social skills and/or daily exercise. The governing body failed to exercise general policy and operating direction over the facility to ensure the QMRP ensured client B's ISP included the needed supports and services regarding how staff was to assist client B engage in daily programming. The governing body failed to exercise general policy and operating direction over the facility to ensure the QMRP ensured the facility staff implemented client B's active treatment schedule during during formal and informal training opportunities. The governing body failed to exercise general policy and operating direction over the facility to ensure the QMRP reviewed/monitored client C's program to determine when objectives needed revisions. The governing body failed to exercise general policy and operating direction over the facility to ensure the QMRP reviewed clients A, B and C's CFAs annually. The governing body failed to exercise general policy and operating direction over the facility to ensure the QMRP ensured the facility's HRC reviewed, approved and monitored restrictive programs The governing body failed to exercise general policy and operating direction over the facility to ensure the QMRP obtained the clients' guardian approval before implementation of a BSP, use of behavior medications or restrictive programs for clients A, B, C, D and E. The			

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	<p>governing body failed to exercise general policy and operating direction over the facility to ensure the QMRP ensured client B's program included the use of and withdrawal criteria for psychotropic medication used for behavior management. Please see W159.</p> <p>3. The governing body failed to exercise general policy and operating direction over the facility to ensure there were adequate staff levels in the group home during the morning and evening shifts for clients A, B, C, D and E. Please see W186.</p> <p>4. The governing body failed to exercise general policy and operating direction over the facility to ensure facility staff were trained to work with client B. Please see W189.</p> <p>5. The governing body failed to exercise general policy and operating direction over the facility to ensure client B was not placed in a home with housemates that were of significantly different social needs. Please see W407.</p> <p>This deficiency was cited on 11/29/12. The facility failed to implement a systemic plan of correction to prevent reoccurrence.</p> <p>This federal tag relates to complaint #IN00119419.</p> <p>9-3-1(a)</p>			

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W0122	<p><b>483.420</b> <b>CLIENT PROTECTIONS</b> The facility must ensure that specific client protections requirements are met. Based on observation, record review and interview, the facility failed to meet the Condition of Participation: Client Protections for 2 of 3 sampled clients (A and B). The facility failed to implement its policy and procedures to prevent verbal/emotional abuse for clients A and B. The facility failed to implement its policy and procedures to immediately notify BDDS (Bureau of Developmental Disabilities Services) regarding four separate allegations of verbal abuse/intimidation for client A, three allegations of client to client aggression regarding clients A and C, two separate allegations of sexual coercion/exploitation regarding clients A and C and one allegation of verbal abuse/intimidation for client B. The facility failed to implement its policy and procedures to initiate an investigation following four separate allegations of verbal abuse/intimidation for client A, three allegations of client to client aggression regarding clients A and C, two separate allegations of sexual coercion/exploitation regarding clients A and C and one allegation of verbal abuse/intimidation for client B. The facility failed to notify clients A, B and C's guardians of an allegation of staff neglect.</p> <p>This noncompliance resulted in an Immediate Jeopardy. The Immediate Jeopardy was identified on 1/3/13 at 4:20 PM. The Immediate Jeopardy began on 12/31/12 when</p>	W0122	The AD will re-train the staff on reporting requirements to include examples of what is reportable, when reports are to be made, who reports are to be made to, on-call procedures, consequences of not reporting as required, and documenting reporting ie who reported, who reported to, and what date, time it was reported, and what direction was provided by on call supervisor. The AD will retrain the staff on active treatment to include how to complete each client's training objectives, behavior development implementation, Risk Plan implementation, active treatment schedules, formal and informal training opportunities, and documentation. AD to retrain the PD and HM on need for guardian to be notified of incidents when they occur. PD/HM to provide documentation of when/how the guardian was notified when an incident occurs. AD will re-train the PD on policy and procedures for the completion of investigations to include what incidents require an investigation, and the timelines for completing all investigations. AD will re-train all on call supervisors on the implementation of immediate protective measures. AD, RD and/or QAS to review all	02/10/2013			

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	<p>the facility failed to implement its policy and procedure to prevent neglect of clients in regards to monitoring/supervising clients C, D and E to prevent physical aggression, verbal abuse, emotional abuse and/or intimidation towards clients A and B. The Area Director was notified of the Immediate Jeopardy on 1/3/13 at 4:30 PM regarding the failure of the facility to implement its policy and procedures to prevent neglect of clients in regards to monitoring/supervising clients C, D and E to prevent physical aggression, verbal abuse, emotional abuse and/or intimidation towards clients A and B.</p> <p>The facility submitted a plan of action to remove the immediate jeopardy on 1/4/13 with revised final edition submitted on 1/9/13. The 1/9/13 plan of action to remove the immediate jeopardy indicated, "The following actions and protective measures are in place or in process to abate the immediate jeopardy in regards to [Client A's] emotional distress/abuse by other consumers residing with him at his home. As of last evening 1/3/13 [Client A] was taken to [name of hospital] for an evaluation to ensure that he is not a danger to himself and determine if his emotional distress was severe enough to warrant hospitalization to ensue that if he needed that level of intervention that he would receive it. [Client A] was seen in the Center and given an assessment by the staff there. [Client A] was not admitted however was sent home with a referral for counseling. Team working with... guardian to get all approvals and get first counseling session set</p>		<p>immediate protective measures to determine if additional action is needed. AD/RD scheduling Indiana MENTOR Management staff in the home beginning on 1/17/2013 24 hours per day to ensure the implementation of active treatment including implementation of training objectives, implementation of BSP's, providing training to staff as needed, ensuring incidents are reported as required, appropriate staffing levels are in the home, determining on-going staffing levels, all documents are available to staff, and staff document as required. AD or QA to review all investigations completed by the PD. PD/AD to review staffing levels in this home weekly for the next 5 weeks to determine if adjustments in staffing levels are needed. After 5 weeks staffing levels will be reviewed bi-weekly for 6 weeks. After 6 weeks staffing levels will be reviewed monthly for 2 months. Responsible Party: Regional Director, Area Director, and Program DirectorAddendum: The Regional Director will re-train the Area Director on what constitutes abuse/neglect/exploitation which will include training from the Quality Assurance Specialist on interviewing consumers and recognizing when an allegation of abuse/neglect/exploitation is being made even if the consumer is not able to necessarily use</p>	

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	up by next week for [Client A], and team will follow counselors recommendations on how often [Client A] should be attending counseling and what forms of counseling will be most effective for [Client A]. An IDT (Interdisciplinary Team Meeting) is being set up for 1/4/13 in the afternoon to discuss with [Client A] how he is feeling and all work together to come up with what [Client A] needs in order to feel safe in his home. The staff are all being re-trained on the following: accurate documentation, reporting incidents to the Home Manager and Program Director, how to appropriately re-direct any consumer if they are being verbally or physically abusive to another consumer, and that no consumer should ever be in another consumers room regardless of the reason the consumer may have to be in another consumer's room. This will stay in place until the management team determines that there is not a need for this any longer. The Behavior Analyst will create a training for staff that she will provide to them by Tuesday next week (1/8/13) on best ways to verbally redirect consumers when they are being verbally aggressive with another consumer. Behavior Analyst will also work with staff on best way to keep consumers engaged in meaningful and positive behaviors and to minimize negative interactions between all consumers. The Program Director and/or Area Director will complete a daily meeting with each consumer regarding how safe they feel in their home and address what issues each may be experiencing.		clear language in their report. The Area Director was also re-trained on consulting with her supervisor and/or QA if after an interview with a consumer she is unsure regarding what was reported. On-going the AD will take detailed notes during any consumer interview and provide those to her supervisor or QA to review thus ensuing she has not missed any allegation. Responsible Party: Regional Director, Quality Assurance The Regional Director and or Quality Assurance Specialist will complete trainings with the staff again regarding abuse/neglect/exploitation which will include a pre-test to test their knowledge from the training that has been completed with them previously by the Area Director and will include a post test after the Regional Director and or Quality Assurance has trained again on this subject. Responsible Party: Regional Director, Quality Assurance				

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	<p>Beginning 1/4/13 there will be an additional staff in the home during waking hours. This staff will be trained that they must be in the same room as [Client A] at all times. In the event that any consumer begins to be aggressive in any way (verbally or physically) with [Client A] this staff will step in and verbally redirect whomever is being verbally or physically aggressive to another area of the house. This additional staffing will remain in place until the IDT determines that it is no longer necessary. This additional staff will complete DSR's (Daily Support Records) on each client while they are working documenting all behaviors and activities.</p> <p>The Behavior Analyst, Program Director and Area Director are looking at the dynamics of this home realizing that a majority of the consumers exhibit similar behaviors and have behavior support plans that address these behaviors. The Behavior Analyst will review all behavior support plans for appropriateness and make any necessary adjustments with each teams approval.</p> <p>[Client A's] team will meet on a weekly basis (via phone conference) until the team determines that meeting that regularly is no longer necessary.</p> <p>A member of Mentor management will be on site at the home 24 hours per day while [Client A is at home to monitor staff and provide guidance and correction as necessary. The only exception will be when client A is at school. The management staff will include the Area Director, select Home Managers and Program Directors (after training). This</p>			

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	<p>supervision will remain in place until the team determines that this exceptional level of supervision is no longer needed and that all consumers are reporting that they feel safe and do not feel threatened by any of their housemates.</p> <p>There will be a weekly meeting at the end of of each week with the Program Director, Area Director and Behavior Analyst where they will review all observations, behavior documentation for all consumers and evaluate any changes/interventions needed at that time."</p> <p>Through monitoring observations on 1/4/13 from 4:00 PM to 5:00 PM, 1/7/13 from 7:50 PM to 9:00 PM, 1/8/13 from 12:17 PM to 2:40 PM, 1/9/13 from 7:53 AM to 8:50 AM, 1/10/13 from 1:05 PM to 2:16 PM and 1/11/13 from 5:30 AM to 7:30 AM the staffing protocol for client A was being implemented, additional staff were on duty and management staff were onsite at the group home.</p> <p>The 1/9/13 plan of removal supporting documentation was reviewed on 1/11/13 at 5:45 AM. The review indicated an IDT was held on 1/4/13 for client A, staff were re-trained on accurate documentation, reporting incidents to the home manager and program director, how to appropriately re-direct consumers if they are being verbally or physically abusive to another consumer and keeping consumers out of each other's rooms. The review indicated the behavior analyst had conducted a training for staff on</p>						

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	<p>1/8/13 regarding ways to verbally redirect consumers and active treatment. The review indicated the management staff had completed active treatment observations documentation and safety and security observation documentation.</p> <p>Client A was interviewed on 1/11/13 at 6:00 AM. Client A indicated he felt safe in his home. Client A indicated staff had remained with him in each room.</p> <p>Staff #3 was interviewed on 1/11/13 at 6: 15 AM. Staff #3 indicated she had received training regarding how to redirect consumers, active treatment, documentation of behaviors and intervention regarding client A. Staff #3 indicated clients A, B, C, D and E were safe in the home with the protocols in place.</p> <p>Area Director #1 was interviewed on 1/10/13 at 8:15 PM. Area Director #1 indicated all staff had been retrained on accurate documentation, reporting incidents to the home manager and program director, how to appropriately re-direct consumers if they are being verbally or physically abusive to another consumer and keeping consumers out of each other's rooms. Area Director #1 indicated the behavior analyst had conducted a training for staff on 1/8/13 regarding ways to verbally redirect consumers and active treatment. Area Director #1 indicated the management staff had completed active treatment observations documentation and safety and security observation documentation. Area Director #1 indicated a</p>				

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	<p>member of management had been onsite at the group home 24 hours a day outside of client A's school times to provide oversight.</p> <p>The Regional Director was notified of the removal of the Immediate Jeopardy on 1/11/13 at 9:00 AM. While the Immediate Jeopardy was removed on 1/11/13, the facility remained out of compliance at the Condition level because the facility needed to demonstrate ongoing implementation of the added safeguards to address emotional/verbal abuse regarding client A.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. The facility failed to implement its policy and procedures to prevent verbal/emotional abuse for clients A and B. The facility failed to implement its policy and procedures to immediately notify BDDS in accordance with state law regarding two allegations of verbal abuse/intimidation for client A and one allegation of verbal abuse/intimidation for client B. The facility failed to implement its policy and procedures to implement safeguards following two allegations of verbal abuse/intimidation for client A and one allegation of verbal abuse/intimidation for client B. The facility failed to implement its policy and procedures to initiate an investigation following two allegations of verbal abuse/intimidation for client A and one allegation of verbal abuse/intimidation for client B. Please see W149.</li> <li>2. The facility failed to immediately notify</li> </ol>			

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	<p>BDDS regarding four separate allegations of verbal abuse/intimidation for client A, three allegations of client to client aggression regarding clients A and C, two separate allegations of sexual coercion/exploitation regarding clients A and C and one allegation of verbal abuse/intimidation for client B. Please see W153.</p> <p>3. The facility failed to initiate an investigation following four separate allegations of verbal abuse/intimidation for client A, three allegations of client to client aggression regarding clients A and C, two separate allegations of sexual coercion/exploitation regarding clients A and C and one allegation of verbal abuse/intimidation for client B. Please see W154.</p> <p>4. The facility failed to notify clients A, B and C's guardians of an allegation of staff neglect. Please see W148.</p> <p>This deficiency was cited on 11/29/12. The facility failed to implement a systemic plan of correction to prevent reoccurrence.</p> <p>9-3-2(a)</p>				

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W0148	<p>483.420(c)(6) COMMUNICATION WITH CLIENTS, PARENTS &amp;</p> <p>The facility must notify promptly the client's parents or guardian of any significant incidents, or changes in the client's condition including, but not limited to, serious illness, accident, death, abuse, or unauthorized absence.</p> <p>Based on record review and interview for 3 of 16 allegations of abuse, neglect, mistreatment, exploitation and/or injuries of unknown origin reviewed, the facility failed to notify clients A, B and C's guardians of an allegation of staff neglect.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 1/4/13 at 10:30 AM. The review indicated the following BDDS report:</p> <p>-BDDS report dated 12/13/12 indicated, "[BDDS Staff] called the SGL (Supportive Group Living) to alert that the seven day post check needed to be done on individual. Individual answered the phone and called and called for the day staff. [BDDS Staff] was told that staff was sleeping; [BDDS Staff] went on over to the SGL and door was opened by individual. Staff member [staff #1] (last name unknown at this time) was sleeping on the couch. [BDDS Staff] went through the whole house making sure all the residents were safe. [BDDS Staff] found two other residents in bed asleep-one who is a blind/nonverbal/deaf person. [BDDS Staff] found the kitchen stove oven on, at 500 degrees, and the oven door was locked. The</p>	W0148	<p>AD to retrain the PD and HM on need for guardian to be notified of incidents when they occur. PD/HM to provide documentation of when/how the guardian was notified when an incident occurs. AD/RD scheduling Indiana MENTOR Management staff in the home beginning on 1/17/2013 24 hours per day to ensure the implementation of active treatment including implementation of training objectives, implementation of BSP's, providing training to staff as needed, ensuring incidents are reported as required, appropriate staffing levels are in the home, determining on-going staffing levels, all documents are available to staff, and staff document as required. PD/AD to review staffing levels in this home weekly for the next 5 weeks to determine if adjustments in staffing levels are needed. After 5 weeks staffing levels will be reviewed bi-weekly for 6 weeks. After 6 weeks staffing levels will be reviewed monthly for 2 months. AD to re-train the HM on the need to have all forms available for the staff in the home to use at all times.</p>	02/10/2013			

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	<p>stove and surrounding area was burning hot, as the stove had been running this way for sometime; there was no food in the oven. A plastic bag was sticking out of a bottom drawer laying on the oven door. [BDDS Staff] called the program manager and his supervisor and stayed with individuals until they arrived at the SGL."</p> <p>-Investigation dated 12/13/12 indicated the facility substantiated neglect regarding staff asleep while on duty for clients A, B and C.</p> <p>Client A's record was reviewed on 1/4/13 at 2:00 PM. Client A's record indicated client A had a guardian.</p> <p>Client B's record was reviewed on 1/3/13 at 10:34 AM. Client B's record indicated client B had a guardian. Client B's 1/1/13 physician's order form indicated client B's diagnoses included, but were not limited to, autism, blind, severe mental retardation, pica and constipation. Client B's PS (Progress Sheets) dated 12/1/12 through 12/31/12 were reviewed. The review indicated the following narrative entries:</p> <p>-12/30/12, 10:00 PM to 12:00 AM note indicated, "Rocking on his bed. Reddish orange spot around his mouth also this same color spotted on his pillow and pillowcase. It was reported that his housemates place hot sauce on [client B]'s mouth (sic) this will be reported to [HM #1] and [PD #1]."</p> <p>The group home staff communication log was reviewed on 1/3/13 at 1:15 PM. The review indicated the following narrative entries:</p>		<p>Management staff to go through all available forms in the home to ensure they are current, clean, and available.</p> <p>Responsible Party: Regional Director, Area Director, and Program Director</p>	

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	<p>-12/3/12, "[Client C] was playing with [client B] and scratched his neck. No forms to fill out."</p> <p>-12/31/12, "Please be aware that staff found [client B]'s housemates placed hot sauce in [client B]'s mouth. This is physical and emotional abuse."</p> <p>Client B's guardian was interviewed on 1/9/13 at 8:40 AM. When asked if the facility had reported the 12/13/12 allegation of neglect, the 12/3/12 incident regarding client C scratching client B and/or the 12/31/12 incident regarding client B having hot sauce placed on his mouth, client B's guardian stated, "Absolutely not. Absolutely not. I found out about the staff sleeping incident through a BDDS staff later. I had no idea about the hot sauce."</p> <p>Client C's record was reviewed on 1/4/13 at 11:05 AM. Client C's record indicated client C had a guardian.</p> <p>Interview with PD (Program Director) #1 on 1/4/13 at 12:45 PM indicated clients A, B and C's guardians had not been notified regarding the 12/13/12 allegation of neglect.</p> <p>9-3-2(a)</p>				

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W0149	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on observation, record review and interview for 3 of 3 sampled clients (A, B and C) plus 1 additional client (D), the facility failed to implement its policy and procedures to prevent verbal/emotional abuse for clients A and B. The facility failed to implement its policy and procedures to immediately notify BDDS (Bureau of Developmental Disabilities Services) in accordance with state law regarding four separate allegations of verbal abuse/intimidation for client A, three allegations of client to client aggression regarding clients A and C, two separate allegations of sexual coercion/exploitation regarding clients A and C and one allegation of verbal abuse/intimidation for client B. The facility failed to implement its policy and procedures to implement safeguards following three separate allegations of verbal abuse/intimidation for client A, three allegations of client to client aggression regarding clients A and C, two separate allegations of sexual coercion/exploitation regarding clients A and C and one allegation of verbal abuse/intimidation for client B. The facility failed to implement its policy and procedures to initiate an investigation following three separate allegations of verbal abuse/intimidation for client A, three allegations of client to client aggression regarding clients A and C, two separate allegations of sexual coercion/exploitation regarding clients A and C and one allegation</p>	W0149	<p>The AD will re-train the staff on reporting requirements to include examples of what is reportable, when reports are to be made, who reports are to be made to, on-call procedures, consequences of not reporting as required, and documenting reporting ie who reported, who reported to, and what date, time it was reported, and what direction was provided by on call supervisor. AD will re-train the PD on policy and procedures for the completion of investigations to include what incidents require an investigation, and the timelines for completing all investigations. AD will re-train all on call supervisors on the implementation of immediate protective measures. AD, RD and/or QAS to review all immediate protective measures to determine if additional action is needed. AD/RD scheduling Indiana MENTOR Management staff in the home beginning on 1/17/2013 24 hours per day to ensure the implementation of active treatment including implementation of training objectives, implementation of BSP's, providing training to staff as needed, ensuring incidents are reported as required, appropriate staffing levels are in the home,</p>	02/10/2013	

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	<p>of verbal abuse/intimidation for client B.</p> <p>Findings include:</p> <p>1. Observations were conducted at the group home on 1/2/13 from 4:53 PM through 6:07 PM. At 6:05 PM client D was seated on his bed playing a video game with his bedroom door open. HM #1 (Home Manager) was standing in the group home hallway in between client D's bedroom and the group home kitchen area. Client A walked past client D's room and stopped in front of the door to watch client D play the video game. HM #1 stated to client A, "If you say he's been hitting you, then you need to stay out of his area."</p> <p>HM #1 was interviewed on 1/2/13 at 5:58 PM. When asked if the clients would have an outing the evening shift of 1/2/13, HM #1 stated, "No, the house has lost their outing today. We've had too many problems so we had to make an example and cancel the activities for this evening. [Client A] and [client D] have been fighting today and [client C] tore up a light fixture."</p> <p>Observations were conducted at the group home on 1/3/13 from 9:40 AM through 1:26 PM. At 12:00 PM client A approached PD (Program Director) #1 who was seated at the dining room table. PD #1 asked client A how things were going. Client A stated, "They keep messing with me because I'm the new guy. They keep going in my room and taking my stuff. [Client D] and [client E] keep</p>		<p>determining on-going staffing levels, all documents are available to staff, and staff document as required. AD or QA to review all investigations completed by the PD. PD/AD to review staffing levels in this home weekly for the next 5 weeks to determine if adjustments in staffing levels are needed. After 5 weeks staffing levels will be reviewed bi-weekly for 6 weeks. After 6 weeks staffing levels will be reviewed monthly for 2 months. Responsible Party: Regional Director, Area Director, and Program Director Addendum: The Regional Director will re-train the Area Director on what constitutes abuse/neglect/exploitation which will include training from the Quality Assurance Specialist on interviewing consumers and recognizing when an allegation of abuse/neglect/exploitation is being made even if the consumer is not able to necessarily use clear language in their report. The Area Director was also re-trained on consulting with her supervisor and/or QA if after an interview with a consumer she is unsure regarding what was reported. On-going the AD will take detailed notes during any consumer interview and provide those to her supervisor or QA to review thus ensuring she has not missed any</p>				

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	<p>talking about my mom and telling me I don't exist in this place."</p> <p>PD #1 was interviewed on 1/3/13 at 12:20 PM. PD #1 indicated client A did not have a history of making false allegations. When asked if client A was able to report abuse or neglect, PD #1 stated, "As far as I know he is. I don't think he has any history of false reporting."</p> <p>Client A was interviewed on 1/3/13 at 12:25 PM. Client A stated, "[Client C], [client D] and [client E] keep coming in my room at night and hitting me while I'm asleep. They come in and punch me and staff has to come and get them out of my room." When asked who punched him, client A indicated client D had come into his room while he was asleep at night and punched him in the face. When asked if he reported this to his staff, client A indicated HM #1 knew. When asked when the clients had hit him, client A stated, "All the time. Everyday. [Client D] hit me yesterday on the arm. It didn't bruise but it left a red mark." When asked if he felt safe in his house, client A stated, "No." When asked if he was afraid of client D and client E, client A stated, "Yeah, they keep hitting me."</p> <p>Staff #1 was interviewed on 1/3/13 at 12:35 PM. When asked how client A got along with his peers, staff #1 indicated clients C, D and E targeted client A. Staff #1 stated, "[Clients C, D and E] pick at [client A]. [Client D] will say stuff to him to try to get him mad. [Client D] tries to get [client A] to have a behavior.</p>		<p>allegation.</p> <p>Responsible Party: Regional Director, Quality Assurance</p> <p>The Regional Director and or Quality Assurance Specialist will complete trainings with the staff again regarding abuse/neglect/exploitation which will include a pre-test to test their knowledge from the training that has been completed with them previously by the Area Director and will include a post test after the Regional Director and or Quality Assurance has trained again on this subject.</p> <p>Responsible Party: Regional Director, Quality Assurance</p>	

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	<p>[Clients C, D and E] are always trying to scare [client A]; they want to bully him and make him scared." When asked if she thought client A was afraid or intimidated by his housemates, staff #1 stated, "Yes. I know that he is. [Client A] told me that he was and whenever the other guys [clients C, D and E] are around he [client A] will not leave staff's side. [Client A] is definitely intimidated by [clients C, D and E]." When asked if she had reported the incidents of client A's peers hitting or picking on client A, staff #1 stated, "Yeah, I wrote it in the staff log. [HM #1] knows."</p> <p>The group home staff communication log was reviewed on 1/3/13 at 1:15 PM. The review indicated the following narrative entries:</p> <p>-12/3/12, "[Client C] was playing with [client B] and scratched his neck. No forms to fill out."</p> <p>-12/30/12, "[Client C] pushed [client A]."</p> <p>-12/31/12, "Please be aware that staff found [client B]'s housemates placed hot sauce in [client B]'s mouth. This is physical and emotional abuse."</p> <p>2. Client D's record was reviewed on 1/3/13 at 3:30 PM. Client D's BPR (Behavior Progress Report) notes were reviewed. The review indicated the following:</p> <p>-11/4/12 at 6:31 PM, "[Client D] was in the</p>			

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	<p>living room with staff. [Client D] started to shouting (sic) at [client B] for no reason so that he [expletive] him off...."</p> <p>-11/28/12, "[Client D] kept taunting [client A] throughout staff shift (sic). Intimidating him and promising to hit him."</p> <p>-12/6/12, "[Client D] kept on advancing toward [client A] in a (sic) intimidating way, causing him to be afraid. Staff spoke to him and he still did not listen."</p> <p>-12/17/12, "[Client D] went about teasing housemates [client A], calling him names, picking on him, making him uncomfortable. Staff kept intervening for [client D] to stop (sic) [client D] persisted for many times (sic) eventually stopped (sic)."</p> <p>3. Client A's record was reviewed on 1/4/13 at 2:00 PM. Client A's Daily Support Log narrative dated 12/30/12 indicated, "7:00 AM, [client A] went to living room to watch television. [Client C] started making sexual statements to [client A]. Staff asked [client C] to step back from [client A's] space. [Client A] also stated to [client C] for him to leave him alone. Staff step (sic) out of the room for a few minutes and [client A] scream (sic) for staff. [Client A] reported that [client C] had push (sic) him."</p> <p>4. Client C's record was reviewed on 1/4/13 at 11:05 AM. Client C's Daily Support Record indicated the following narrative entries:</p>						

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	<p>-narrative dated 12/13/12 indicated, "6:51 AM, Staff found [client C] hitting [client B] on top of his head." The 12/13/12 narrative did not indicate if client B was injured as a result of being hit on the head.</p> <p>-narrative dated, 12/29/12 indicated, "[Client C] was walking around all night with a cell phone telling staff that he wasn't going to call 911 or police. At 6:00 AM (sic) was taking housemate's (client A's) picture asking him to talk nasty for him. Staff found [client C] and [client A] touch (sic) each other with their feet." The 12/29/12 narrative did not indicate where clients A and C were touching each other with their feet.</p> <p>-narrative dated 12/30/12 indicated, "7:00 AM, [client C] started turn (sic) up his music again. 8:16 AM [client C] push his housemate [client A] (sic) he was ask to stay away from [client A] and keep his hands to himself. [Client C] was saying things to [client A]. I ask (sic) what was some (sic) of the thing (sic) he was saying he wouldn't (sic) answer staff. [Client A] told staff that [client C] was asking him to suck his penis. [Client C] is getting in [client A's] space."</p> <p>5. Client B's record was reviewed on 1/3/13 at 10:34 AM. Client B's 1/1/13 physician's order form indicated client B's diagnoses included, but were not limited to, autism, blind, severe mental retardation, pica and constipation. Client B's PS (Progress Sheets) dated 12/1/12 through 12/31/12 were</p>						

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	<p>reviewed. The review indicated the following narrative entries:</p> <p>-12/30/12, 10:00 PM to 12:00 AM note indicated, "Rocking on his bed. Reddish orange spot around his mouth also this same color spotted on his pillow and pillowcase. It was reported that his housemates placed hot sauce on [client B]'s mouth (sic) this will be reported to [HM #1] and [PD #1]."</p> <p>The facility's BDDS reports and investigations were reviewed on 1/4/13 at 10:30 AM. The review did not indicate BDDS reports or investigations for the following incidents; (1) the 11/4/12 incident regarding client D's verbal abuse/intimidation toward client B; (2) the 11/28/12 incident regarding client D intimidating/threatening to hit client A; (3) the 12/6/12 incident regarding client D's intimidation/threatening client A; (4) the 12/13/12 incident regarding client C hitting client B on top of his head; (5) the 12/17/12 incident regarding client D intimidating/threatening client A; (6) the 12/29/12 incident regarding clients A and C sexual comments and touching; (7) the 12/30/12 incident regarding client A's allegation of physical aggression from client C; (8) the 12/30/12 incident regarding client C sexual requests from client A; (9) the 12/30/12 incident regarding hot sauce being placed on client B's mouth by his housemates; and/or (10) the 1/2/13 incident regarding alleged client to client aggression for clients D and A.</p>						

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	<p>Staff #1 was interviewed on 1/3/13 at 12:35 PM. Staff #1 stated, "I didn't work the night it happened but I heard about it. [Client D] put hot sauce on [client B]'s mouth. I didn't work that night but I know it got reported to [HM #1]." Staff #1 stated, "[Client C] is nice to [client B] when the other clients [client D] and [client E] are not around. If [client D] and [client E] are around [client C] is mean to [client B]. [Client C] will push [client B] away and say things to get him upset. [Client D] and [client E] pick at [client B]."</p> <p>PD #1 was interviewed on 1/3/13 at 1:20 PM. PD #1 indicated he was not aware of the 12/31/12 incident regarding client B having hot sauce placed on his mouth. PD #1 indicated the 12/31/12 incident regarding client B having hot sauce placed on his mouth was not reported to BDDS (Bureau of Developmental Disabilities Services), no investigation had been initiated and no safeguards had been put in place to prevent further abuse.</p> <p>HM #1 was interviewed on 1/4/13 at 11:20 AM. HM #1 stated, "When I came in the door, that morning (12/31/12), the guys told me about it. As soon as I come in the house the guys always come tell me, like what's going on. They said, 'someone put hot sauce on [client B's] mouth last night.'" HM #1 indicated he sent PD #1 a text message regarding the incident. HM #1 indicated an investigation was not completed and no safeguards were put in place to protect client B from further incidents.</p>						

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	<p>HM #1 and PD #1 were interviewed on 1/4/13 at 11:30 AM. HM #1 and PD #1 indicated the 11/4/12 incident regarding client D's verbal abuse/intimidation toward client B, the 12/13/12 incident regarding client C hitting client B on top of his head, the 12/17/12 incident regarding client D intimidating/threatening client A, the 12/29/12 incident regarding clients A and C sexual comments and touching, the 12/30/12 incident regarding client A's allegation of physical aggression from client C, the 12/30/12 incident regarding client C sexual requests from client A, the 12/30/12 incident regarding hot sauce being placed on client B's mouth by his housemates and the 1/2/13 allegation of client to client aggression regarding clients D and A should have been reported to BDDS and investigated.</p> <p>AD #1 (Administrative Staff) was interviewed on 1/3/13 at 3:58 PM. AS #1 indicated there were no BDDS reports regarding client D's 12/6/12 or 12/17/12 actions toward client A. AS #1 indicated she had not been aware of the 12/6/12 or 12/17/12 incidents. AS #1 indicated there was no BDDS report for the 1/2/13 incident between client D and client A. AS #1 indicated PD #1 had contacted her via phone on 1/2/13 regarding the 1/2/13 incident between client D and client A. AS #1 indicated PD #1 should have filed a BDDS report, initiated an investigation and put safeguards in place during the investigation. AS #1 indicated no safeguards had been put</p>						

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	<p>in place following the 1/2/13 allegation of abuse by client A regarding client D. AS #1 indicated the facility should have increased staffing levels in the home and/or increased the level of supervision for client A. AS #1 indicated there was not a BDDS report regarding the 12/31/12 incident regarding client B. AS #1 indicated she had not been made aware of the 12/31/12 incident regarding client B. AS #1 indicated staff should have reported the 12/31/12 incident regarding client B. AS #1 indicated there was not an investigation and no safe guards had been put in place regarding the 12/31/12 incident for client B. AS #1 indicated allegations of abuse, neglect and mistreatment should be reported to BDDS and the administrator within 24 hours. AS #1 indicated safeguards should be put in place during investigations of client to client abuse to prevent further abuse. AS #1 indicated intimidation was emotional abuse. AS #1 indicated the facility should have been aware of client A's fear and feelings of intimidation prior to 1/3/13 and safeguards should have been put in place.</p> <p>Confidential interview A stated, "I witnessed [client C] becoming irritated with [client B's] screaming. [Client C] stormed past me in the living room and into the kitchen where [client B] was at the time. [Client C] was yelling 'OMG (Oh My God), Shut the [expletive] up! I'm going to kill you!' and the obscene/threatening statements. Staff did not attempt to calm [client C] down. They were too busy handling the situation with [client</p>			

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	<p>B). [Client C] ended up going back into the living room making more threatening statements along the way. Staff did not come out of the dining area to follow up with [client C's] behavior. Again there was only one (1) staff in the home. We know [client B] is very high maintenance to care for most of the time but it's very difficult for staff to handle other clients when dealing with [client B]. Their attention is focused on him leaving the other clients open for behavior issues-teasing, taunting, entering rooms, etc."</p> <p>The facility's abuse and neglect policy entitled, "Quality and Risk Management" dated 4/11 was reviewed on 1/3/13 at 5:00 PM. The 4/11 Quality and Risk Management policy indicated, "Indiana Mentor follows the BDDS incident reporting policy as outlined in the provider standards. An incident described as follows shall be reported to the BDDS on the incident report form prescribed by the BDDS: 1. Alleged, suspected, or actual abuse, neglect, or exploitation of an individual. An incident in this category shall also be reported to Adult Protective Services or Child Protective Services as applicable. (a) Physical abuse, including but not limited to: (i) Intentionally touching another person in a rude, insolent or angry manner; (c) Emotional/verbal abuse, including but not limited to communicating with words or actions in a person's presence with intent to; (i) cause the individual to be placed in fear of retaliation;(iii) cause the individual to experience emotional distress or humiliation. E. failure to provide appropriate supervision,</p>						

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	<p>care or training." The 4/11 Quality and Risk Management form indicated, "Indiana Mentor is committed to ensuring the individuals we serve are provided with a safe and quality living environment." The 4/11 Quality and Risk Management form indicated, "Indiana Mentor is committed to completing a thorough investigation for any event out of the ordinary which jeopardized the health and safety of any individual served or other employee."</p> <p>This deficiency was cited on 11/29/12. The facility failed to implement a systemic plan of correction to prevent reoccurrence.</p> <p>9-3-2(a)</p>				

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W0153	<p>483.420(d)(2) STAFF TREATMENT OF CLIENTS</p> <p>The facility must 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.</p> <p>Based on observation, record review and interview for 10 of 16 allegations of abuse, neglect, mistreatment, exploitation and/or injuries of unknown origin reviewed, the facility failed to immediately notify BDDS (Bureau of Developmental Disabilities Services) in accordance with state law regarding four separate allegations of verbal abuse/intimidation for client A, three allegations of client to client aggression regarding clients A and C, two separate allegations of sexual coercion/exploitation regarding clients A and C and one allegation of verbal abuse/intimidation for client B.</p> <p>Findings include:</p> <p>1. Observations were conducted at the group home on 1/2/13 from 4:53 PM through 6:07 PM. At 6:05 PM client D was seated on his bed playing a video game with his bedroom door open. HM #1 (Home Manager) was standing in the group home hallway in between client D's bedroom and the group home kitchen area. Client A walked past client D's room and stopped in front of the door to watch client D play the video game. HM #1 stated to client A, "If you say he's been hitting you, then you need to stay out of his area."</p>	W0153	<p>The AD will re-train the staff on reporting requirements to include examples of what is reportable, when reports are to be made, who reports are to be made to, on-call procedures, consequences of not reporting as required, and documenting reporting ie who reported, who reported to, and what date, time it was reported, and what direction was provided by on call supervisor. The AD will retrain the staff on active treatment to include how to complete each client's training objectives, behavior development implementation, Risk Plan implementation, active treatment schedules, formal and informal training opportunities, and documentation. AD/RD scheduling Indiana MENTOR Management staff in the home beginning on 1/17/2013 24 hours per day to ensure the implementation of active treatment including implementation of training objectives, implementation of BSP's, providing training to staff as needed, ensuring incidents are reported as required, appropriate staffing levels are in the home,</p>	02/10/2013			

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	<p>HM #1 was interviewed on 1/2/13 at 5:58 PM. When asked if the clients would have an outing the evening shift of 1/2/13, HM #1 stated, "No, the house has lost their outing today. We've had too many problems so we had to make an example and cancel the activities for this evening. [Client A] and [client D] have been fighting today and [client C] tore up a light fixture."</p> <p>2. The group home staff communication log was reviewed on 1/3/13 at 1:15 PM. The review indicated the following narrative entries:</p> <p>-12/3/12, "[Client C] was playing with [client B] and scratched his neck. No forms to fill out."</p> <p>-12/30/12, "[Client C] pushed [client A]."</p> <p>-12/31/12, "Please be aware that staff found [client B]'s housemates placed hot sauce in [client B]'s mouth. This is physical and emotional abuse."</p> <p>3. Client D's record was reviewed on 1/3/13 at 3:30 PM. Client D's BPR (Behavior Progress Report) notes were reviewed. The review indicated the following:</p> <p>-11/4/12 at 6:31 PM, "[Client D] was in the living room with staff. [Client D] started shouting (sic) at [client B] for no reason so that he [expletive] him off...."</p>		<p>determining on-going staffing levels, all documents are available to staff, and staff document as required. PD/AD to review staffing levels in this home weekly for the next 5 weeks to determine if adjustments in staffing levels are needed. After 5 weeks staffing levels will be reviewed bi-weekly for 6 weeks. After 6 weeks staffing levels will be reviewed monthly for 2 months. Responsible Party: Regional Director, Area Director, and Program Director Addendum: The Regional Director will re-train the Area Director on what constitutes abuse/neglect/exploitation which will include training from the Quality Assurance Specialist on interviewing consumers and recognizing when an allegation of abuse/neglect/exploitation is being made even if the consumer is not able to necessarily use clear language in their report. The Area Director was also re-trained on consulting with her supervisor and/or QA if after an interview with a consumer she is unsure regarding what was reported. On-going the AD will take detailed notes during any consumer interview and provide those to her supervisor or QA to review thus ensuing she has not missed any allegation. Responsible Party: Regional</p>		

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	<p>-11/28/12, "[Client D] kept taunting [client A] throughout staff shift (sic). Intimidating him and promising to hit him."</p> <p>-12/6/12, "[Client D] kept on advancing toward [client A] in a (sic) intimidating way, causing him to be afraid. Staff spoke to him and he still did not listen."</p> <p>-12/17/12, "[Client D] went about teasing housemates [client A], calling him names, picking on him, making him uncomfortable. Staff kept intervening for [client D] to stop (sic) [client D] persisted for many times (sic) eventually stopped (sic)."</p> <p>4. Client A's record was reviewed on 1/4/13 at 2:00 PM. Client A's Daily Support Log narrative dated 12/30/12 indicated, "7:00 AM, [client A] went to living room to watch television. [Client C] started making sexual statements to [client A]. Staff asked [client C] to step back from [client A's] space. [Client A] also stated to [client C] for him to leave him alone. Staff step (sic) out of the room for a few minutes and [client A] scream (sic) for staff. [Client A] reported that [client C] had push (sic) him."</p> <p>5. Client C's record was reviewed on 1/4/13 at 11:05 AM. Client C's Daily Support Record indicated the following narrative entries:</p> <p>-narrative dated 12/13/12 indicated, "6:51 AM, Staff found [client C] hitting [client B] on top of his head." The 12/13/12 narrative</p>		<p>Director, Quality Assurance</p> <p>The Regional Director and or Quality Assurance Specialist will complete trainings with the staff again regarding abuse/neglect/exploitation which will include a pre-test to test their knowledge from the training that has been completed with them previously by the Area Director and will include a post test after the Regional Director and or Quality Assurance has trained again on this subject.</p> <p>Responsible Party: Regional Director, Quality Assurance</p>				

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	<p>did not indicate if client B was injured as a result of being hit on the head.</p> <p>-narrative dated, 12/29/12 indicated, "[Client C] was walking around all night with a cell phone telling staff that he wasn't going to call 911 or police. At 6:00 AM (sic) was taking housemate's [client A's] picture asking him to talk nasty for him. Staff found [client C] and [client A] touched each other with their feet." The 12/29/12 narrative did not indicate where clients A and C were touching each other with their feet.</p> <p>-narrative dated 12/30/12 indicated, "7:00 AM, [client C] started turn (sic) up his music again. 8:16 AM [client C] push his housemates [client A] he was ask (sic) to stay away from [client A] and keep his hands to himself. [Client C] was saying things to [client A]. I ask (sic) what was (was) some of the thing (sic) he was saying he wouldn't (sic) answer staff. [Client A] told staff that [client C] was asking him to suck his penis. [Client C] is getting in [client A's] space."</p> <p>6. Client B's record was reviewed on 1/3/13 at 10:34 AM. Client B's 1/1/13 physician's order form indicated client B's diagnoses included, but were not limited to, autism, blind, severe mental retardation, pica and constipation. Client B's PS (Progress Sheets) dated 12/1/12 through 12/31/12 were reviewed. The review indicated the following narrative entries:</p> <p>-12/30/12, 10:00 PM to 12:00 AM note</p>			

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	<p>indicated, "Rocking on his bed. Reddish orange spot around his mouth also this same color spotted on his pillow and pillowcase. It was reported that his housemates placed hot sauce on [client B]'s mouth (sic) this will be reported to [HM #1] and [PD #1]."</p> <p>The facility's BDDS reports and investigations were reviewed on 1/4/13 at 10:30 AM. The review did not indicate BDDS reports for the following incidents; (1) the 11/4/12 incident regarding client D's verbal abuse/intimidation toward client B; (2) the 11/28/12 incident regarding client D intimidating/threatening to hit client A; (3) the 12/6/12 incident regarding client D's intimidation/threatening client A; (4) the 12/13/12 incident regarding client C hitting client B on top of his head; (5) the 12/17/12 incident regarding client D intimidating/threatening client A; (6) the 12/29/12 incident regarding clients A and C sexual comments and touching; (7) the 12/30/12 incident regarding client A's allegation of physical aggression from client C; (8) the 12/30/12 incident regarding client C sexual requests from client A; (9) the 12/30/12 incident regarding hot sauce being placed on client B's mouth by his housemates; and/or (10) the 1/2/13 incident regarding alleged client to client aggression for clients D and A.</p> <p>PD #1 was interviewed on 1/3/13 at 1:20 PM. PD #1 indicated he was not aware of the 12/31/12 incident regarding client B having hot sauce placed on his mouth. PD #1</p>						

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	<p>indicated the 12/31/12 incident regarding client B having hot sauce placed on his mouth was not reported to BDDS.</p> <p>HM #1 was interviewed on 1/4/13 at 11:20 AM. HM #1 stated, "When I came in the door, that morning (12/31/12), the guys told me about it. As soon as I come in the house the guys always come tell me, like what's going on. They said, 'someone put hot sauce on [client B's] mouth last night.'" HM #1 indicated he sent PD #1 a text message regarding the incident.</p> <p>HM #1 and PD #1 were interviewed on 1/4/13 at 11:30 AM. HM #1 and PD #1 indicated the 11/4/12 incident regarding client D's verbal abuse/intimidation toward client B, the 12/13/12 incident regarding client C hitting client B on top of his head, the 12/17/12 incident regarding client D intimidating/threatening client A, the 12/29/12 incident regarding clients A and C sexual comments and touching, the 12/30/12 incident regarding client A's allegation of physical aggression from client C, the 12/30/12 incident regarding client C sexual requests from client A the 12/30/12 incident regarding hot sauce being placed on client B's mouth by his housemates and the 1/2/13 allegation of client to client aggression regarding clients D and A should have been reported to BDDS.</p> <p>AD #1 (Administrative Staff) was interviewed on 1/3/13 at 3:58 PM. AS #1 indicated there were no BDDS reports</p>						

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	<p>regarding client D's 12/6/12 or 12/17/12 actions toward client A. AS #1 indicated she had not been aware of the 12/6/12 or 12/17/12 incidents. AS #1 indicated there was no BDDS report for the 1/2/13 incident between client D and client A. AS #1 indicated PD #1 had contacted her via phone on 1/2/13 regarding the 1/2/13 incident between client D and client A. AS #1 indicated PD #1 should have filed a BDDS report. AS #1 indicated there was not a BDDS report regarding the 12/31/12 incident regarding client B. AS #1 indicated she had not been made aware of the 12/31/12 incident regarding client B. AS #1 indicated staff should have reported the 12/31/12 incident regarding client B. AS #1 indicated allegations of abuse, neglect and mistreatment should be reported to BDDS and the administrator within 24 hours.</p> <p>This deficiency was cited on 11/29/12. The facility failed to implement a systemic plan of correction to prevent reoccurrence.</p> <p>9-3-2(a)</p>				

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W0154	<p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on observation, record review and interview for 10 of 16 allegations of abuse, neglect, mistreatment, exploitation and/or injuries of unknown origin reviewed, the facility failed to initiate an investigation following regarding four separate allegations of verbal abuse/intimidation for client A, three allegations of client to client aggression regarding clients A and C, two separate allegations of sexual coercion/exploitation regarding clients A and C and one allegation of verbal abuse/intimidation for client B.</p> <p>Findings include:</p> <p>1. Observations were conducted at the group home on 1/2/13 from 4:53 PM through 6:07 PM. At 6:05 PM client D was seated on his bed playing a video game with his bedroom door open. HM #1 (Home Manager) was standing in the group home hallway in between client D's bedroom and the group home kitchen area. Client A walked past client D's room and stopped in front of the door to watch client D play the video game. HM #1 stated to client A, "If you say he's been hitting you, then you need to stay out of his area."</p> <p>HM #1 was interviewed on 1/2/13 at 5:58 PM. When asked if the clients would have an outing the evening shift of 1/2/13, HM #1 stated, "No, the house has lost their outing</p>	W0154	<p>AD will re-train the PD on policy and procedures for the completion of investigations to include what incidents require an investigation, and the timelines for completing all investigations. AD to review all investigations completed by the PD. Responsible Party: Regional Director, Area Director, and Program Director Addendum: The Regional Director will re-train the Area Director on what constitutes abuse/neglect/exploitation which will include training from the Quality Assurance Specialist on interviewing consumers and recognizing when an allegation of abuse/neglect/exploitation is being made even if the consumer is not able to necessarily use clear language in their report. The Area Director was also re-trained on consulting with her supervisor and/or QA if after an interview with a consumer she is unsure regarding what was reported. On-going the AD will take detailed notes during any consumer interview and provide those to her supervisor or QA to review thus ensuing she has not missed any allegation.</p>	02/10/2013			

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	<p>today. We've had too many problems so we had to make an example and cancel the activities for this evening. [Client A] and [client D] have been fighting today and [client C] tore up a light fixture."</p> <p>2. The group home staff communication log was reviewed on 1/3/13 at 1:15 PM. The review indicated the following narrative entries:</p> <p>-12/3/12, "[Client C] was playing with [client B] and scratched his neck. No forms to fill out."</p> <p>-12/30/12, "[Client C] pushed [client A]."</p> <p>-12/31/12, "Please be aware that staff found [client B]'s housemates placed hot sauce in [client B]'s mouth. This is physical and emotional abuse."</p> <p>3. Client D's record was reviewed on 1/3/13 at 3:30 PM. Client D's BPR (Behavior Progress Report) notes were reviewed. The review indicated the following:</p> <p>-11/4/12 at 6:31 PM, "[Client D] was in the living room with staff. [Client D] started to shouting (sic) at [client B] for no reason so that he [expletive] him off...."</p> <p>-11/28/12, "[Client D] kept taunting [client A] throughout staff shift (sic). Intimidating him and promising to hit him."</p> <p>-12/6/12, "[Client D] kept on advancing</p>		<p>Responsible Party: Regional Director, Quality Assurance</p> <p>The Regional Director and or Quality Assurance Specialist will complete trainings with the staff again regarding abuse/neglect/exploitation which will include a pre-test to test their knowledge from the training that has been completed with them previously by the Area Director and will include a post test after the Regional Director and or Quality Assurance has trained again on this subject.</p> <p>Responsible Party: Regional Director, Quality Assurance</p>	

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	<p>toward [client A] in a (sic) intimidating way, causing him to be afraid. Staff spoke to him and he still did not listen."</p> <p>-12/17/12, "[Client D] went about teasing housemates [client A], calling him names, picking on him, making him uncomfortable. Staff kept intervening for [client D] to stop (sic) [client D] persisted for many times (sic) eventually stopped (sic)."</p> <p>4. Client A's record was reviewed on 1/4/13 at 2:00 PM. Client A's Daily Support Log narrative dated 12/30/12 indicated, "7:00 AM, [client A] went to living room to watch television. [Client C] started making sexual statements to [client A]. Staff asked [client C] to step back from [client A's] space. [Client A] also stated to [client C] for him to leave him alone. Staff step (sic) out of the room for a few minutes and [client A] scream (sic) for staff. [Client A] reported that [client C] had push (sic) him."</p> <p>5. Client C's record was reviewed on 1/4/13 at 11:05 AM. Client C's Daily Support Record indicated the following narrative entries:</p> <p>-narrative dated 12/13/12 indicated, "6:51 AM, Staff found [client C] hitting [client B] on top of his head." The 12/13/12 narrative did not indicate if client B was injured as a result of being hit on the head.</p> <p>-narrative dated, 12/29/12 indicated, "[Client C] was walking around all night with a cell</p>						

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	<p>phone telling staff that he wasn't going to call 911 or police. At 6:00 AM (sic) was taking housemates [client A's] picture asking him to talk nasty for him. Staff found [client C] and [client A] touch each other with their feet." The 12/29/12 narrative did not indicate where clients A and C were touching each other with their feet.</p> <p>-narrative dated 12/30/12 indicated, "7:00 AM, [client C] started turn (sic) up his music again. 8:16 AM [client C] push his housemates [client A] he was ask (sic) to stay away from [client A] and keep his hands to himself. [Client C] was saying things to [client A]. I ask (sic) what was (was) some of the thing (sic) he was saying he wouldn't (sic) answer staff. [Client A] told staff that [client C] was asking him to suck his penis. [Client C] is getting in [client A's] space."</p> <p>6. Client B's record was reviewed on 1/3/13 at 10:34 AM. Client B's 1/1/13 physician's order form indicated client B's diagnoses included, but were not limited to, autism, blind, severe mental retardation, pica and constipation. Client B's PS (Progress Sheets) dated 12/1/12 through 12/31/12 were reviewed. The review indicated the following narrative entries:</p> <p>-12/30/12, 10:00 PM to 12:00 AM note indicated, "Rocking on his bed. Reddish orange spot around his mouth also this same color spotted on his pillow and pillowcase. It was reported that his housemates placed hot sauce on [client B]'s mouth (sic) this will be</p>			

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	<p>reported to [HM #1] and [PD #1]."</p> <p>The facility's BDDS reports and investigations were reviewed on 1/4/13 at 10:30 AM. The review did not indicate investigations for the following incidents: (1) the 11/4/12 incident regarding client D's verbal abuse/intimidation toward client B; (2) the 11/28/12 incident regarding client D intimidating/threatening to hit client A; (3) the 12/6/12 incident regarding client D's intimidation/threatening client A; (4) the 12/13/12 incident regarding client C hitting client B on top of his head; (5) the 12/17/12 incident regarding client D intimidating/threatening client A; (6) the 12/29/12 incident regarding clients A and C sexual comments and touching; (7) the 12/30/12 incident regarding client A's allegation of physical aggression from client C; (8) the 12/30/12 incident regarding client C sexual requests from client A; (9) the 12/30/12 incident regarding hot sauce being placed on client B's mouth by his housemates; and/or (10) the 1/2/13 incident regarding alleged client to client aggression for clients D and A.</p> <p>PD #1 was interviewed on 1/3/13 at 1:20 PM. PD #1 indicated he was not aware of the 12/31/12 incident regarding client B having hot sauce placed on his mouth. PD #1 indicated the 12/31/12 incident regarding client B having hot sauce placed on his mouth was not investigated.</p> <p>HM #1 was interviewed on 1/4/13 at 11:20</p>			

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	<p>AM. HM #1 stated, "When I came in the door, that morning (12/31/12), the guys told me about it. As soon as I come in the house the guys always come tell me, like what's going on. They said, 'someone put hot sauce on [client B's] mouth last night.'" HM #1 indicated he sent PD #1 a text message regarding the incident. HM #1 indicated an investigation was not completed.</p> <p>HM #1 and PD #1 were interviewed on 1/4/13 at 11:30 AM. HM #1 and PD #1 indicated the 11/4/12 incident regarding client D's verbal abuse/intimidation toward client B, the 12/13/12 incident regarding client C hitting client B on top of his head, the 12/17/12 incident regarding client D intimidating/threatening client A, the 12/29/12 incident regarding clients A and C sexual comments and touching, the 12/30/12 incident regarding client A's allegation of physical aggression from client C, the 12/30/12 incident regarding client C sexual requests from client A the 12/30/12 incident regarding hot sauce being placed on client B's mouth by his housemates and the 1/2/13 allegation of client to client aggression regarding clients D and A should have been investigated.</p> <p>AD #1 (Administrative Staff) was interviewed on 1/3/13 at 3:58 PM. AS #1 indicated there were no investigations regarding client D's 12/6/12 or 12/17/12 actions toward client A. AS #1 indicated there was no investigation for the 1/2/13 incident between client D and client A. AS</p>						

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	<p>#1 indicated PD #1 should have initiated an investigation regarding the 1/2/13 incident between clients D and A. AS #1 indicated there was not an investigation regarding the 12/31/12 incident for client B. AS #1 indicated allegations of abuse, neglect, mistreatment, exploitation and/or injuries of unknown origin should be investigated.</p> <p>This deficiency was cited on 11/29/12. The facility failed to implement a systemic plan of correction to prevent reoccurrence.</p> <p>9-3-2(a)</p>			

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W0158	<p>483.430 FACILITY STAFFING The facility must ensure that specific facility staffing requirements are met. Based on record review and interview, the facility failed to meet the Condition of Participation: Facility Staffing for 3 of 3 sampled clients (A, B and C) plus 2 additional clients (D and E). The facility failed to ensure the QMRP provided client B received aggressive and consistent training, treatment and services in accordance with his needs and ISP. The facility failed to ensure the QMRP (Qualified Mental Retardation Professional) had training objectives in place to assist client B with medication administration, money management, recreational/leisure skills, cooking, reading, identifying his address, promoting self advocacy, conversation/communication, maintaining contact with his family/friends, social skills and/or daily exercise. The facility failed to ensure client B's ISP (Individual Support Plan) included the needed supports and services regarding how staff was to assist client B engage in daily programming. The facility failed to monitor the QMRP to ensure the facility implemented the client's active treatment schedule during during formal and informal training opportunities. The facility failed to ensure the QMRP reviewed/monitored client C's program to</p>	W0158	<p>The AD will retrain the PD/QMRP on: active treatment requirements that include: development of an ISP to ensure aggressive and consistent training and treatment plan, and development of active treatment schedules, and need for guardian approval of all plans, and immediate implementation of plans developed by the IDT, and yearly completion and/or review of Comprehensive Functional Assessment for every consumer. The AD will retrain the staff on active treatment to include how to complete each client's training objectives, behavior development implementation, Risk Plan implementation, active treatment schedules, formal and informal training opportunities, and documentation. PD will complete a Comprehensive Functional Assessment on all clients to ensure all are current. PD will consult with AD to ensure that client B's ISP meets his current needs. PD will complete an Active Treatment Schedule for each consumer that meets consumers current needs/programing. AD will re-train the PD on restrictive programs which will include what is considered restrictive, as well as the need for guardian approval then get</p>	02/10/2013			

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	<p>determine when objectives needed revisions. The facility failed to ensure the QMRP annually reviewed clients A, B and C's CFAs (Comprehensive Functional Assessments). The facility failed to ensure the facility's HRC (Human Rights Committee) reviewed, approved and monitored restrictive programs. The facility failed to ensure the QMRP obtained the clients' guardian approval before implementation of a BSP, use of behavior medications or restrictive programs for clients A, B, C, D and E. The QMRP failed to ensure the facility ensured client B's program included the use of and withdrawal criteria for psychotropic medication used for behavior management. The facility failed to ensure there were adequate staff levels in the group home during the morning and evening shifts for clients A, B, C, D and E. The facility failed to ensure staff were trained to work with client B.</p> <p>Findings include:</p> <p>1. The facility failed to ensure the QMRP ensured client B received aggressive and consistent training, treatment and services in accordance with his needs and ISP. The facility failed to ensure the QMRP ensured client B had training objectives to assist with medication administration, money management, recreational/leisure skills, cooking, reading, identifying his address, promoting self advocacy, conversation/communication, maintaining contact with his family/friends, social skills and/or daily exercise. The facility failed to ensure the QMRP ensured client B's ISP included the needed supports and services regarding how staff was to assist client B engage in daily programming. The facility failed to ensure the QMRP ensured the facility implemented the clients active treatment schedule during during</p>		<p>HRC approval for any restrictive plans. PD will ensure he as all required approvals for consumers ISP, RMAP, BSP, HRC. AD/RD scheduling Indiana MENTOR Management staff in the home beginning on 1/17/2013 24 hours per day to ensure the implementation of active treatment including implementation of training objectives, implementation of BSP's, providing training to staff as needed, ensuring incidents are reported as required, appropriate staffing levels are in the home, determining on-going staffing levels, all documents are available to staff, and staff document as required. AD to retrain PD on completion of monthly reports to include when they are due, what information needs to be included, and when and how to revise training objectives. PD to complete monthly reports for all clients for December 2012 and January 2013. PD to revise all objectives that have either met criteria or have shown no progress in the past three months. AD to complete a random review of records and observation at least quarterly to ensure that ISP's are current and include required information, CFA's are current, required approvals have been obtained, active treatment is being provided, BSP's contain criteria for the withdraw of drugs used to</p>	
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	<p>formal and informal training opportunities. The facility failed to ensure the QMRP reviewed/monitored client C's program to determine when objectives needed revisions. The facility failed to ensure the QMRP ensured the clients A, B and C's CFAs were reviewed annually. The facility failed to ensure the QMRP ensured the facility's HRC reviewed, approved and monitored restrictive programs. The facility failed to ensure the QMRP ensured the facility obtained the clients' guardian approval before implementation of a BSP, use of behavior medications or restrictive programs for clients A, B, C, D and E. The QMRP failed to ensure the facility ensured client B's program included the use of and withdrawal criteria for psychotropic medication used for behavior management. Please see W159.</p> <p>2. The facility failed to ensure there were adequate staff levels in the group home during the morning and evening shifts for clients A, B, C, D and E. Please see W186.</p> <p>3. The facility failed to ensure staff were trained to work with client B. Please see W189.</p> <p>This deficiency was cited on 11/29/12. The facility failed to implement a systemic plan of correction to prevent reoccurrence.</p> <p>This federal tag relates to complaint #IN00119419.</p> <p>9-3-3(a)</p>		<p>manage behavior, and ensure that staffing levels are appropriate. AD to retrain PD and work with Behavior Consultant on the need for all BSP's to include criteria for the withdrawal of those drugs used to manage behavior. Behavior Consultant to review all BSP's to ensure each contain a criteria for withdrawal of drugs used to manage behavior. PD/AD to review staffing levels in this home weekly for the next 5 weeks to determine if adjustments in staffing levels are needed. After 5 weeks staffing levels will be reviewed bi-weekly for 6 weeks. After 6 weeks staffing levels will be reviewed monthly for 2 months. The AD will be retrained on supervising the QMRP to ensure the QMRP is following Active Treatment requirements including the development of an ISP to ensure aggressive and consistent training and treatment plan; development of active treatment schedules, the need for guardian approval of all plans, and immediate implementation of plans developed by the IDT, and yearly completion and/or review of Comprehensive Functional Assessment for every consumer. Responsible Party: Regional Director, Area Director, and Program Director</p>		

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W0159	<p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Based on observation, record review and interview for 2 of 3 sampled clients (A and B) plus 2 additional clients (D and E), the QMRP failed to coordinate and monitor client A, B, D and E's programs. The QMRP (Qualified Mental Retardation Professional) failed to ensure client B received aggressive and consistent training, treatment and services in accordance with his needs and ISP (Individual Support Plan). The QMRP failed to ensure client B had training objectives to assist with medication administration, money management, recreational/leisure skills, cooking, reading, identifying his address, promoting self advocacy, conversation/communication, maintaining contact with his family/friends, social skills and/or daily exercise. The QMRP failed to ensure client B's ISP (Individual Support Plan) included the needed supports and services regarding how staff was to assist client B engage in daily programming. The QMRP failed to ensure the facility implemented the clients' active treatment schedule during during formal and informal training opportunities. The QMRP failed to</p>	W0159	<p>The AD will retrain the PD/QMRP on: active treatment requirements that include: development of an ISP to ensure aggressive and consistent training and treatment plan, and development of active treatment schedules, and need for guardian approval of all plans, and immediate implementation of plans developed by the IDT, and yearly completion and/or review of Comprehensive Functional Assessment for every consumer. PD will complete a Comprehensive Functional Assessment on all clients to ensure all are current. PD will consult with AD to ensure that client B's ISP meets his current needs. PD will complete an Active Treatment Schedule for each consumer that meets consumers current needs/programing. AD to review the next 3 ISP's completed by this PD to ensure it is an aggressive and consistent training program and treatment plan. AD/RD scheduling Indiana MENTOR Management staff in the home beginning on 1/17/2013 24 hours per day to ensure the implementation of active treatment including implementation of training objectives, implementation of BSP's,</p>	02/10/2013			

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	<p>review/monitor client C's program to determine when objectives needed revisions. The QMRP failed to ensure the clients A, B and C's CFAs (Comprehensive Functional Assessments) were reviewed annually. The QMRP failed to ensure the facility's HRC (Human Rights Committee) reviewed, approved and monitored restrictive programs. The QMRP failed to ensure the facility obtained the clients' guardian approval before implementation of a BSP (Behavior Support Plan), use of behavior medications or restrictive programs for clients A, B, C, D and E. The QMRP failed to ensure the facility ensured client B's program included the use of and withdrawal criteria for psychotropic medication used for behavior management.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. The QMRP failed to ensure client B received aggressive and consistent training, active treatment and services in accordance with his needs and ISP. Please see W195.</li> <li>2. The QMRP failed to ensure client B had training objectives to assist with medication administration, money management, recreational/leisure skills, cooking, reading, identifying his address, promoting self advocacy, conversation/communication, maintaining contact with his family/friends, social skills and/or daily exercise. Please see W227.</li> <li>3. The QMRP failed to ensure client B's ISP included the needed supports and services regarding how staff was to assist client B engage in daily programming. Please see W240.</li> <li>4. The QMRP failed to ensure the facility implemented client B's active treatment schedule</li> </ol>		<p>providing training to staff as needed, ensuring incidents are reported as required, appropriate staffing levels are in the home, determining on-going staffing levels, all documents are available to staff, and staff document as required. PD/AD to review staffing levels in this home weekly for the next 5 weeks to determine if adjustments in staffing levels are needed. After 5 weeks staffing levels will be reviewed bi-weekly for 6 weeks. After 6 weeks staffing levels will be reviewed monthly for 2 months. Responsible Party: Regional Director, Area Director, and Program Director</p>	

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	<p>during during formal and informal training opportunities. Please see W249.</p> <p>5. The QMRP failed to ensure the clients A, B and C's CFAs were reviewed annually. Please see W259.</p> <p>6. The QMRP failed to ensure the facility's HRC failed to review, approve and monitor restrictive programs for clients A and B. Please see W262.</p> <p>7. The QMRP failed to ensure the facility obtained the clients' guardian approval before implementation of a BSP, use of behavior medications or restrictive programs for clients A, B, C, D and E. Please see W263.</p> <p>8. The QMRP failed to ensure the facility ensured client B's program included the use of and withdrawal criteria for psychotropic medication used for behavior management. Please see W312.</p> <p>This deficiency was cited on 11/29/12. The facility failed to implement a systemic plan of correction to prevent reoccurrence.</p> <p>This federal tag relates to complaint #IN00119419.</p> <p>9-3-3(a)</p>				

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W0186	<p>483.430(d)(1-2) DIRECT CARE STAFF</p> <p>The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans.</p> <p>Direct care staff are defined as the present on-duty staff calculated over all shifts in a 24-hour period for each defined residential living unit.</p> <p>Based on record review and interview for 3 of 3 sampled clients (A, B and C) plus 2 additional clients (D and E), the facility failed to ensure there were adequate staff levels in the group home during the morning and evening shifts for clients A, B, C, D and E.</p> <p>Findings include:</p> <p>The facility's 12/29/12 POC (Plan of Correction) was reviewed on 1/11/13 at 2:00 PM. The 12/29/12 POC indicated, "The HM was retrained on the need for appropriate staffing levels of this particular home, with increases due to the nature of some of the behaviors."</p> <p>Confidential interview A stated on 12/28/12, "I witnessed [client C] becoming irritated with [client B's] screaming. [Client C] stormed past me in the living room and into the kitchen where [client B] was at the time. [Client C] was yelling "OMG (Oh My God), Shut the [expletive] up! I'm going to kill you!" and the obscene/threatening statements.</p>	W0186	AD/RD scheduling Indiana MENTOR Management staff in the home beginning on 1/17/2013 24 hours per day to ensure the implementation of active treatment including implementation of training objectives, implementation of BSP's, providing training to staff as needed, ensuring incidents are reported as required, appropriate staffing levels are in the home, determining on-going staffing levels, all documents are available to staff, and staff document as required. PD/AD to review staffing levels in this home weekly for the next 5 weeks to determine if adjustments in staffing levels are needed. After 5 weeks staffing levels will be reviewed bi-weekly for 6 weeks. After 6 weeks staffing levels will be reviewed monthly for 2 months. AD to create tracking sheet for direct care hours completed by the PD and HM as well as all staff in the home. Responsible Party: RD, AD, PD, HM Completion Date: 2.10.13 Addendum: After the 6 weeks of	02/10/2013	

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	<p>Staff did not attempt to calm [client C] down. They were too busy handling the situation with [client B]. [Client C] ended up going back into the living room making more threatening statements along the way. Staff did not come out of the dining area to follow up with [client C's] behavior. Again there was only one (1) staff in the home. We know [client B] is very high maintenance to care for most of the time but it's very difficult for staff to handle other clients when dealing with [client B]. Their attention is focused on him leaving the other clients open for behavior issues-teasing, taunting, entering rooms, etc."</p> <p>The group home's time detail forms from 12/1/12 through 12/31/12 were reviewed on 1/9/13 at 12:11 PM. The review indicated the following:</p> <p>-12/3/12, one staff on duty from 7:00 AM through 3:00 PM and one staff on duty from 3:00 PM through 11:00 PM.</p> <p>-12/4/12, one staff on duty from 3:00 PM through 11:00 PM.</p> <p>-12/5/12, no documentation of staff on duty from 3:00 PM through 9:00 PM.</p> <p>-12/6/12, no documentation of staff on duty from 8:00 PM through 9:00 PM</p> <p>-12/7/12, one staff on duty from 7:00 AM through 3:00 PM, no documentation of staff on duty from 3:00 PM through 9:00 PM.</p> <p>-12/8/12, one staff on duty from 6:00 PM through 10:00 PM.</p>		<p>staffing levels being reviewed by the PD/AD bi-weekly; the PD/AD will continue to reievew staffing levels monthly on an on-going basis and make necessary changes based on the occupancy/consumers present in the home. Responsible Party: Area Director, Program Director</p>	

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	-12/10/12, one staff on duty from 3:00 PM through 9:00 PM.			
	-12/11/12, one staff on duty from 3:00 PM through 9:00 PM.			
	-12/12/12, one staff on duty from 8:00 AM through 3:00 PM.			
	-12/13/12, one staff on duty from 7:00 AM through 3:00 PM.			
	-12/14/12, no documentation of staff from 12:00 PM through 3:00 PM, one staff on duty from 3:00 PM through 9:00 PM.			
	-12/15/12, no documentation of staff on duty from 10:00 AM through 9:00 PM.			
	-12/16/12, no documentation of staff on duty from 11:00 AM through 9:00 PM.			
	-12/17/12, one staff on duty from 8:00 AM through 1:00 PM, one staff on duty form 4:00 PM through 10:00 PM.			
	-12/18/12, one staff on duty from 8:00 AM through 2:00 PM, no documentation of staff from 2:00 PM through 3:00 PM, one staff on duty from 3:00 PM through 10:00 PM.			
	-12/19/12, one staff on duty from 8:00 AM through 2:00 PM, no documentation of staff from 2:00 PM through 3:00 PM, one staff on duty from 3:00 PM through 9:00 PM.			
	-12/20/12, one staff on duty from 8:30 AM through 3:00 PM.			
	-12/21/12, no documentation of staff from 9:30			

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	<p>AM through 9:30 PM.</p> <p>-12/22/12, one staff on duty from 8:00 AM through 2:00 PM, one staff on duty from 3:00 PM through 9:00 PM.</p> <p>-12/23/12, one staff on duty form 8:00 AM through 3:30 PM, one staff on duty from 3:30 PM through 9:00 PM.</p> <p>-12/24/12, no documentation of staff on duty from 2:00 PM through 10:00 PM.</p> <p>-12/25/12, one staff on duty 8:00 AM through 12:00 PM, one staff on duty 12:00 PM through 5:00 PM, no documentation of staff on duty from 5:00 PM through 11:00 PM.</p> <p>-12/26/12, no documentation of staff on duty from 9:00 AM through 1:00 PM, one staff on duty from 1:00 PM through 9:00 PM.</p> <p>-12/27/12, one staff on duty from 7:00 AM through 1:00 PM, one staff on duty from 3:00 PM through 10:00 PM.</p> <p>-12/28/12, no documentation of staff on duty from 8:30 AM through 9:00 PM.</p> <p>-12/29/12, one staff on duty from 8:00 AM through 3:00 PM, no documentation of staff on duty from 3:00 PM through 9:00 PM.</p> <p>-12/30/12, no documentation of staff from 9:00 AM through 10:00 PM.</p> <p>-12/31/12, one staff on duty from 8:00 AM through 1:00 PM, one staff on duty from 3:00 PM through 10:00 PM.</p> <p>Observations were conducted at the group home</p>						

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	<p>on 1/2/13 from 4:53 PM through 6:05 PM. At 5:00 PM clients A, B, C, D and E were present in the group home with staff #2 and staff #3. Staff #2 indicated staff #3 was a shadow and was in training. At 5:40 PM HM #1 arrived at the house. The group home had one staff and one shadow working in the group home while clients A, B, C, D and E were present.</p> <p>Interview with staff #2 on 1/2/13 at 4:55 PM indicated he was working with staff #3 who was a shadow. Staff #2 indicated there should be two staff on duty during each shift while the clients are awake.</p> <p>HM #1 was interviewed on 1/2/13 at 5:45 PM. HM #1 indicated staff #3 was in training and was shadowing. HM #1 indicated there should be two staff on each shift or 1 staff to 4 clients ratio if there were less than 5 clients in the home due to visits, holidays or school. HM #1 indicated he was responsible for the group home staffing schedule. HM #1 indicated he picked up shifts to fill open shifts when needed in the group home. HM #1 indicated when he worked a shift at the group home he was supposed to document the times worked in the clients' DSRs (Daily Support Record).</p> <p>Client B's record was reviewed on 1/3/13 at 10:34 AM. Client B's DSRs from 12/1/12 through 12/31/12 were reviewed. Client B's DSRs indicated HM #1 worked in the home on the following dates:</p> <p>-12/1/12 from 1:00 PM through 9:00 PM</p> <p>-12/14/12 from 10:00 AM through 9:00 PM.</p> <p>-12/15/12 from 11:00 AM through 9:00 PM.</p>				

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	<p>-12/16/12 from 11:00 AM through 9:00 PM.</p> <p>-12/18/12 from 2:00 PM through 9:00 PM.</p> <p>-12/21/12 from 9:00 AM through 9:00 PM.</p> <p>Interview with PD #1 on 1/4/13 at 10:45 AM indicated there should be two staff on duty each shift. When asked if the one staff to four client ratio was enough staff for this group home, PD #1 stated, "I think it has to be based on the home. It depends. I would say at this home due to the functioning level and behaviors of these clients 1 staff to 4 clients is not enough."</p> <p>This deficiency was cited on 11/29/12. The facility failed to implement a systemic plan of correction to prevent reoccurrence.</p> <p>9-3-3(a)</p>				

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W0189	<p>483.430(e)(1) STAFF TRAINING PROGRAM The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently.</p> <p>Based on observation, record review and interview for 1 of 3 sampled clients (B), the facility failed to ensure staff were trained to work with client B.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 1/3/13 from 9:40 AM through 1:26 PM. Client B was present in the home throughout the observation period. Client B was asleep in his bed from 9:40 AM through 1:00 PM. At 1:00 PM client B got up from his bed and went into client C's bedroom and went back to sleep in client C's bed. Client C was not in the bed at the time. At 1:20 PM PD #1 (Program Director) stated to staff #3, "We need to try to keep him up. [Client B] needs to be out of his bed and doing something." Staff #3 replied to PD #1, "How? We try but he refuses."</p> <p>Client B's record was reviewed on 1/3/13 at 10:34 AM. Client B's Physicians Order form dated 1/1/13 indicated client B's diagnoses included: autism, blind, severe mental retardation, pica and constipation.</p>	W0189	<p>The AD will retrain the staff on active treatment to include how to complete each client's training objectives, behavior development implementation, Risk Plan implementation, active treatment schedules, formal and informal training opportunities, and documentation.</p> <p>PD will consult with AD to ensure that client B's ISP meets his current needs.</p> <p>AD to review the next 3 ISP's completed by this PD to ensure it is an aggressive and consistent training program and treatment plan.</p> <p>Responsible Party: AD, PD Completion Date: 2.10.13</p>	02/10/2013			

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	<p>Interview with staff #3 on 1/3/13 at 1:25 PM indicated client B's ISP did not address how to keep client B awake and/or engaged in programming. When asked how staff were to support client B to engage in programming, staff #3 stated, "I don't know. We try to do different things but he refuses. Do you have any suggestions on what we can do to be better... to keep him up?" Staff #3 indicated she had not received any specific training regarding how to work with client B.</p> <p>PD #1 and HM (Home Manager) #1 were interviewed on 1/4/13 at 10:45 AM. HM #1 stated, "This has been [client B's] pattern. Sleeps during the day and awake at night. We've just been telling staff to keep him up during the day, maybe use the trampoline." When asked how staff were to keep client B awake during the day and if there was a plan to tell staff how to keep client B awake, PD #1 stated, "Some things could be better. No, there is no plan." PD #1 indicated staff had not been given specific training regarding how direct care staff were to work with client B.</p> <p>This deficiency was cited on 11/29/12. The facility failed to implement a systemic plan of correction to prevent reoccurrence.</p>						

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	This federal tag relates to complaint #IN00119419.  9-3-3(a)			

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W0195	<p><b>483.440</b> <b>ACTIVE TREATMENT SERVICES</b> The facility must ensure that specific active treatment services requirements are met. Based on observation, record review and interview for 3 of 3 sampled clients (A, B and C) plus 2 additional clients (D and E), the facility failed to meet the Condition of Participation: Active Treatment Services. The facility failed to ensure client B received aggressive and consistent training, treatment and services in accordance with his needs and ISP (Individual Support Plan). The facility failed to ensure client B had training objectives to assist with medication administration, money management, recreational/leisure skills, cooking, reading, identifying his address, promoting self advocacy, conversation/communication, maintaining contact with his family/friends, social skills and/or daily exercise. The facility failed to ensure client B's ISP included the needed supports and services regarding how staff was to assist client B engage in daily programming. The facility failed to implement client B's active treatment schedule during during formal and informal training opportunities. The facility's HRC (Human Rights Committee) failed to review, approve and monitor restrictive programs for clients A, B and C. The facility failed to obtain the clients' guardian approval before</p>	W0195	<p>The AD will retrain the PD/QMRP on: active treatment requirements that include: development of an ISP to ensure aggressive and consistent training and treatment plan, and development of active treatment schedules, and need for guardian approval of all plans, and immediate implementation of plans developed by the IDT, and yearly completion and/or review of Comprehensive Functional Assessment for every consumer.</p> <p>The AD will re-train the staff on reporting requirements to include examples of what is reportable, when reports are to be made, who reports are to be made to, on-call procedures, consequences of not reporting as required, and documenting reporting ie who reported, who reported to, and what date, time it was reported, and what direction was provided by on call supervisor.</p> <p>PD will consult with AD to ensure that client B's ISP meets his current needs.</p> <p>PD will complete an Active Treatment Schedule for each consumer that meets consumers current needs/programing.</p> <p>AD to review the next 3 ISP's completed by this PD to ensure it is an aggressive and consistent training program and treatment plan.</p>	02/10/2013

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	<p>implementation of a BSP (Behavior Support Plan), use of behavior medications or restrictive programs for clients A, B, C, D and E.</p> <p>Findings include:</p> <p>1. The facility failed to ensure client B received aggressive and consistent training, treatment and services in accordance with his needs and ISP (Individual Support Plan). Please see W196.</p> <p>2. The facility failed to ensure client B had training objectives to assist with medication administration, money management, recreational/leisure skills, cooking, reading, identifying his address, promoting self advocacy, conversation/communication, maintaining contact with his family/friends, social skills and/or daily exercise. Please see W227.</p> <p>3. The facility failed to ensure client B's ISP included the needed supports and services regarding how staff was to assist client B engage in daily programming. Please see W240.</p> <p>4. The facility failed to implement client B's active treatment schedule during during formal and informal training</p>		<p>AD/RD scheduling Indiana MENTOR Management staff in the home beginning on 1/17/2013 24 hours per day to ensure the implementation of active treatment including implementation of training objectives, implementation of BSP's, providing training to staff as needed, ensuring incidents are reported as required, appropriate staffing levels are in the home, determining on-going staffing levels, all documents are available to staff, and staff document as required.</p> <p>Responsible Party: RD, AD, PD, HM Completion Date: 2.10.13</p>				

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	<p>opportunities. Please see W249.</p> <p>5. The facility's HRC (Human Rights Committee) failed to review, approve and monitor restrictive programs for clients A, B and C. Please see W262.</p> <p>6. The facility failed to obtain the clients' guardian approval before implementation of a BSP (Behavior Support Plan), use of behavior medications or restrictive programs for clients A, B, C, D and E. Please see W263.</p> <p>This federal tag relates to complaint #IN00119419.</p> <p>9-3-4(a)</p>						

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W0196	<p><b>483.440(a)(1)</b> <b>ACTIVE TREATMENT</b> Each client must receive a continuous active treatment program, which includes aggressive, consistent implementation of a program of specialized and generic training, treatment, health services and related services described in this subpart, that is directed toward:</p> <ul style="list-style-type: none"> <li>(i) The acquisition of the behaviors necessary for the client to function with as much self determination and independence as possible; and</li> <li>(ii) The prevention or deceleration of regression or loss of current optimal functional status.</li> </ul> <p>Based on record review and interview for 1 of 3 sampled clients (B), the facility failed to ensure client B received aggressive and consistent training, treatment and services in accordance with his needs and ISP (Individual Support Plan).</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 1/3/13 from 9:40 AM through 1:26 PM. Client B was present in the home throughout the observation period. Client B was asleep in his bed from 9:40 AM through 1:00 PM. At 1:00 PM client B got up from his bed and went into client C's bedroom and went back to sleep in client C's bed. Client C was not in the bed at the time.</p>	W0196	<p>The AD will retrain the PD/QMRP on: active treatment requirements that include: development of an ISP to ensure aggressive and consistent training and treatment plan, and development of active treatment schedules, and need for guardian approval of all plans, and immediate implementation of plans developed by the IDT, and yearly completion and/or review of Comprehensive Functional Assessment for every consumer.</p> <p>The AD will re-train the staff on reporting requirements to include examples of what is reportable, when reports are to be made, who reports are to be made to, on-call procedures, consequences of not reporting as required, and documenting reporting ie who reported, who reported to, and what date, time it was reported, and what direction was provided by on</p>	02/10/2013	

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	<p>Client B's record was reviewed on 1/3/13 at 10:34 AM. Client B's Physicians Order form dated 1/1/13 indicated client B's diagnosis included: autism, blind, severe mental retardation, pica and constipation. Client B's ISP dated 10/23/12 indicated client B needed the following supports/training:</p> <ul style="list-style-type: none"> <li>-increase medication administration skills through a formal goal.</li> <li>-increase money management skills through a formal goal.</li> <li>-provide informal training for recreation and leisure skills.</li> <li>-provide formal training for improving cooking skills.</li> <li>-provide formal training for reading sight words.</li> <li>-provide formal training to identify address.</li> <li>-provide formal training to improve self advocacy.</li> <li>-engage in casual conversation.</li> <li>-assist in maintaining contacts with family and friends.</li> </ul>		<p>call supervisor. PD will consult with AD to ensure that client B's ISP meets his current needs. PD will complete an Active Treatment Schedule for each consumer that meets consumers current needs/programing. AD to review the next 3 ISP's completed by this PD to ensure it is an aggressive and consistent training program and treatment plan. AD/RD scheduling Indiana MENTOR Management staff in the home beginning on 1/17/2013 24 hours per day to ensure the implementation of active treatment including implementation of training objectives, implementation of BSP's, providing training to staff as needed, ensuring incidents are reported as required, appropriate staffing levels are in the home, determining on-going staffing levels, all documents are available to staff, and staff document as required. The PD will be creating and implementing training objectives for all consumers in the home. The program nurse will get a sensory evaluation scheduled for client B. Once the results of the sensory evaluation are received the PD will incorporate those results into client B's training objectives. Responsible Party: RD,AD, PD, HM Completion Date: 2.10.13</p>		

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	<p>-informally assist with building new relationships.</p> <p>-informally encourage exercise.</p> <p>Client B's record indicated the following goals:</p> <p>1. "Will display appropriate continence by urinating or having bowel movements in the interior of the toilet. When prompted to complete the ____ goal, the client named ____ will complete the goal with no more than ____ number of steps needing a(n) type of prompt for ____ number of time during the month."</p> <p>2. "Goal: ____ will physically help prepare his medication. When prompted to complete the ____ goal, the client named ____ will complete the goal with no more than ____ number of steps needing a(n) type of prompt for ____ number of time during the month. Procedure: tell client it 's time to work on ____ . 2. For each step (go one at a time) staff should read and/or model the step completely."</p> <p>3. "Will physically identify large and small items. When prompted to complete the ____ goal, the client named ____ will complete the goal with no more than ____ number of steps needing a(n) type of prompt for ____ number of time during the month."</p>			
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	<p>4. "Will physically sign to request to sit on his sensory chair. When prompted to complete the ____ goal, the client named ____ will complete the goal with no more than ____ number of steps needing a(n) type of prompt for ____ number of time during the month. Reinforcement: every ____ steps that are completed give the client a minor reward. If the client completes the objective with no more than ____ number of steps needing a(n) type of prompt during a given attempt, give the client a reward at the end."</p> <p>5. "Will sit in a chair at the dining room table and physically identify his cup and plate. When prompted to complete the ____ goal, the client named ____ will complete the goal with no more than ____ number of steps needing a(n) type of prompt for ____ number of time during the month. Reinforcement: every ____ steps that are completed give the client a minor reward. If the client completes the objective with no more than ____ number of steps needing a(n) type of prompt during a given attempt, give the client a reward at the end."</p> <p>PD #1 was interviewed on 1/3/13 at 12:27 PM. When asked about client B's goals, PD #1 stated, "These are the goals the behavioral specialist designed, we have been on hold on these goals that she had written. [AD #1 (Administrative Staff)]'s telling me we are not supposed to use these, these are more behavioral. But we just basically are doing</p>			

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	<p>what [previous placement] is telling us, with the [bathroom] goal, the hand over hand protocols for the staff to use with assisting. We don't have any goals right now that we have been documenting. We have them here but they haven't been approved. Actually, I have them on my computer but we aren't using the goals yet."</p> <p>Client B's Daily Progress Sheets from 12/1/12 through 1/3/13 were reviewed. The review indicated the following:</p> <p>-12/1/12, 3:00 PM through 9:00 PM shift, "[Client B] was in his room asleep when staff arrived."</p> <p>-12/2/12, "At 12:01 AM, [client B] is asleep. [Client B] is up at 2:45 AM. At 3:00 AM [client B] is in bed rocking with the blanket over his head. [Client B] is making drum sounds by hitting his stomach. Staff continue to monitor. At 5:30 AM [client B] started standing up then he would fall on his mattress and bump off it for 5 minutes. At 5:30 AM [client B] is making loud sound waking up his housemates. At 6:00 AM [client B] pulled off his clothes again."</p> <p>-12/3/12, "[Client B] was in his room rocking with his blanket around him. [Client B] is still awake at 12:00 AM."</p> <p>-12/4/12, "At 12:01 AM, [client B] is up he (sic) was up most of the night. At 5:10 AM [client B] is now trying to lay down."</p>			

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	<p>-12/4/12, "At 5:00 PM [client B] had his dinner and later fell asleep in his room."</p> <p>-12/5/12, "[Client B] is still awake at 12:01 AM. [Client B] is rocking in his bed. At 12:38 AM [client B] fell asleep. [Client B] is back up at 2:25 AM. [Client B] was up until 7:00 AM."</p> <p>-12/5/12, "12:00 AM to 8:00 AM shift, Still awake, fell asleep at 1:00 AM."</p> <p>-12/5/12, "10:00 AM to 2:30 PM shift, [client B] in his room asleep when staff arrived."</p> <p>-12/6/12, "12:00 AM to 8:30 AM shift, up at 12:00 AM sitting in bed rocking. Went to sleep at 2:30 AM."</p> <p>-12/6/12, "10:00 AM to 3:00 PM shift, [client B] is in his room when staff arrived."</p> <p>-12/7/12, "12:00 AM to 7:57 AM shift, was still up at 12:00 AM."</p> <p>-12/7/12, "5:00 PM to 8:00 PM shift, was in his room taking a nap. At 6:30 PM staff woke him up for his dinner."</p> <p>-12/10/12, "12:01 AM through 7:55 AM, was still up at 12:01 AM. [Client B] urinated on the floor around 12:15 AM. Staff assisted with cleaning up. [Client B] was not sleeping (sic) he started screaming at 12:30 PM until 2:00 AM. [Client B] was dry. (sic) staff gave [client B] a cup of milk. [Client B] did not want milk. Staff also tried a glass of water.</p>			

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	<p>[Client B] refused water. Staff gave [client B] some Tylenol at 1:00 AM after 30 minutes [client B] got quiet (sic) he stopped screaming and sat down on his bed and rocked. At 3:00 AM [client B] took his clothes off and urinated all over his room. Staff assisted with cleaning up. [Client B] sat down on his bed and rocked. [Client B] was still awake and rocking at 4:00 AM. At 6:00 AM fell asleep wet (sic) gave shower and had medication at 7:00 AM (sic) went back to bed."</p> <p>-12/11/12, "10:00 AM to 2:00 PM, [client B] was asleep when staff arrived."</p> <p>-12/12/12, "12:00 AM to 7:30 AM, was up at 12:01 AM. At 12:30 AM had gotten undressed and wet his room floor. Staff arrived with clean up. [Client B] went back on his bed and kept rocking. At 2:00 AM [client B] was still awake and rocking. An hour later at 3:00 AM [client B] was checked on and was still awake undressed. Staff assisted [client B] with getting his clothes back on. At 5:00 AM [client B] is not sleeping. [Client B] had put (sic) his clothes off and was sitting on his bed (sic) he was wet and his room floor was wet too. At 7:00 AM still up, ate breakfast and returned to his room."</p> <p>-12/14/12, "3:00 PM shift, [client B] was in his bed when staff arrived."</p> <p>-12/15/12, "12:00 AM to 10:00 AM, was still up at 12:00 AM. [Client B] is still moving</p>			

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	<p>around and make (sic) little sound at 12:34 AM and 1:22 AM."</p> <p>-12/15/12, "11:00 AM to 9:00 PM, [client B] was sleep (sic) when staff shift began. Woke up ate lunch (sic) then walked around before returning to room."</p> <p>-12/16/12, "12:00 AM to 11:00 AM, [client B] was still up at 12:01 AM he (sic) was up all night. Staff gave [client B] a bath at 2:00 AM due to him have a BM (Bowel Movement). [Client B] is still awake (sic) out room at 4:28 AM."</p> <p>-12/17/12, "12:00 AM to 8:00 AM shift, still awake at 12:00 AM, at 1:30 AM up dances (sic). At 1:00 AM playing with his penis and walking around his room. [Client B] was bending over his bear still playing with himself. At 2:00 AM was making sound due to his housemates moving around. At 2:10 AM [client B] was asked to go to bed and get some sleep. [Client B] fell asleep for 20 minutes and he is back up rocking with his bear. [Client B] was up most of the night."</p> <p>-12/19/12, "12:00 AM, still awake (sic) he is walking around his room, 1:15 AM [client B] is walking around the hall. At 2:00 AM started making noise in front of his roommate bedroom door. Staff guide him back to his room. [Client B] started yelling and falling down on his bed and biting himself on the left hand. [Client B] stop (sic) making noise at 2:20 AM."</p>			

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	<p>-12/20/12, "[Client B] was not sleeping at 2:00 AM. Sitting on his bed rocking. Was up all night long."</p> <p>-12/20/12, "9:00 PM to 12:00 AM shift, ... rocking the entire night until past 12:00 AM."</p> <p>-12/23/12, "2:30 AM was screaming. Sat down on his bed and rocked until medications at 6:30 AM."</p> <p>-12/23/12, "8:00 AM to 3:00 PM, had his breakfast and went back to sleep."</p> <p>-12/23/12, "3:30 PM to 11:00 PM, had medication rocked on bed."</p> <p>-12/24/12, "12:00 AM to 8:00 AM, up at 12:00 AM, came out and was screaming and walking around, gave a cup of water, returned to room, sat on his bed and rocked."</p> <p>-12/24/12, "8:00 AM to 2:00 PM in his room asleep when staff came on duty."</p> <p>-12/24/12, "3:00 PM to 10:00 PM, was asleep when staff arrived, ate dinner and returned to his room."</p> <p>-12/24/12, "At 3:00 AM started screaming, [client B] remained in his room. Staff assisted [client B] with personal hygiene...fell asleep at 5:00 AM. [Client B] was woke (sic) at 6:30 AM and was assisted with AM medication and breakfast. [Client B] did not eat all his breakfast, was screaming wanting to go back to his room to sleep."</p>			

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	<p>-12/25/12, "8:00 AM to 12:00 PM, was asleep when staff arrived."</p> <p>-12/25/12, "3:00 PM to 11:00 PM was in his room upon staff arrival. Ate dinner and returned to his room."</p> <p>-12/25/12, "11:00 PM to 12:00 AM, was in his room sitting down on his bed and rocking. [Client B] was still up at 12:00 AM."</p> <p>-12/26/12, "12:00 AM to 9:00 AM, was still up at 12:00 AM.... Rocking, still up at 2:00 AM and making noise, finally sleep around 4:00 AM."</p> <p>-12/27/12, "12:00 AM to 7:00 AM, was up most of the night. Staff gave his medications and breakfast, 7:00 AM back in bed."</p> <p>-12/27/12, "12:00 PM to 2:30 PM, asleep when staff arrived."</p> <p>-12/28/12, "12:00 AM to 8:00 AM, up at 12:00 AM and 1:00 AM rocking on his bed. [Client B] was up all night."</p> <p>-12/28/12, "11:30 AM to 9:00 PM, was asleep upon staff arrival. [Client B] woke up to eat lunch and staff redirected him back to his room."</p> <p>-12/28/12, "9:00 PM to 12:00 AM, was in bed asleep fully dressed, up at 12:00 AM rocking in his bed."</p>			

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	<p>-12/29/12, "12:00 AM, still up at 2:00 AM making yelling and screaming (sic)."</p> <p>-12/29/12, "3:00 AM, rocking on his bed. At 7:15 AM was taking back to his room for safety."</p> <p>-12/29/12, "8:00 AM to 3:00 PM, asleep when staff arrived. Pants down playing with penis."</p> <p>-12/31/12, "12:00 AM, awake at 12:00 AM, rocking. At 1:00 AM until 4:30 AM still awake."</p> <p>-12/31/12, "2:00 PM to 10:00 PM, asleep upon staff arrival. [Client B] woke up to eat dinner."</p> <p>-1/2/13, "12:00 AM to 8:00 AM, up most of the night, was given bath at 4:15 AM."</p> <p>-1/2/13, "8:00 AM to 3:00 PM, asleep when staff arrived."</p> <p>-1/3/12, "12:00 AM to 7:30 AM, came out (of room) at 12:30 AM and walked around until 1:00 AM and went back to his room. Sat down and rocked until 3:00 AM. At 3:30 AM walked around making noise until 4:15 AM. (sic) Went back to his room and sat down and rocked at (sic) 6:00 AM."</p> <p>PD #1 (Program Director) and Staff #3 were interviewed at 12:45 PM. PD #1 and Staff #3 indicated client B had been in his bed since 9:40 AM and had not gotten up or participated in</p>			

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	<p>programming. Staff #3 indicated client B slept during the day and stayed awake at night. Staff #3 indicated client B would refuse programming during the day. PD #1 indicated client B was visually blind and was not synchronized to day and night time. PD #1 indicated client B would stay awake at night and then want to sleep during the day. PD #1 indicated client B refused to participate in programming.</p> <p>This federal tag relates to complaint #IN00119419.</p> <p>9-3-4(a)</p>				

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W0227	<p><b>483.440(c)(4)</b> <b>INDIVIDUAL PROGRAM PLAN</b> The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. Based on record review and interview for 1 of 3 sampled clients (B), the facility failed to ensure client B had training objectives to assist with medication administration, money management, recreational/leisure skills, cooking, reading, identifying his address, promoting self advocacy, conversation/communication, maintaining contact with his family/friends, social skills and/or daily exercise.</p> <p>Findings include:</p> <p>Client B's record was reviewed on 1/3/13 at 10:34 AM. Client B's Physicians Order form dated 1/1/13 indicated client B's diagnosis included: autism, blind, severe mental retardation, pica and constipation. Client B's ISP dated 10/23/12 indicated client B needed the following supports/training:</p> <ul style="list-style-type: none"> <li>-increase medication administration skills through a formal goal.</li> <li>-increase money management skills through a formal goal.</li> </ul>	W0227	<p>The AD will retrain the PD/QMRP on: active treatment requirements that include: development of an ISP to ensure aggressive and consistent training and treatment plan, and development of active treatment schedules, and need for guardian approval of all plans, and immediate implementation of plans developed by the IDT, and yearly completion and/or review of Comprehensive Functional Assessment for every consumer.</p> <p>PD will complete a Comprehensive Functional Assessment on all clients to ensure all are current.</p> <p>PD will consult with AD to ensure that client B's ISP meets his current needs.</p> <p>PD will complete an Active Treatment Schedule for each consumer that meets consumers current needs/programing.</p> <p>AD to review the next 3 ISP's completed by this PD to ensure it is an aggressive and consistent training program and treatment plan.</p> <p>AD/RD scheduling Indiana MENTOR Management staff in the home beginning on 1/17/2013 24 hours per day to ensure the implementation of active treatment including implementation of training</p>	02/10/2013			

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	<p>-provide informal training for recreation and leisure skills.</p> <p>-provide formal training for improving cooking skills.</p> <p>-provide formal training for reading sight words.</p> <p>-provide formal training to identify address.</p> <p>-provide formal training to improve self advocacy.</p> <p>-engage in casual conversation.</p> <p>-assist in maintaining contacts with family and friends.</p> <p>-informally assist with building new relationships.</p> <p>-informally encourage exercise.</p> <p>Client B's record indicated the following goals:</p> <p>1. "Will display appropriate continence by urinating or having bowel movements in the interior of the toilet. When prompted to complete the ____ goal, the client named ____ will complete the goal with no</p>		<p>objectives, implementation of BSP's, providing training to staff as needed, ensuring incidents are reported as required, appropriate staffing levels are in the home, determining on-going staffing levels, all documents are available to staff, and staff document as required.</p> <p>AD to complete a random review of records and observation at least quarterly to ensure that ISP's are current and include required information, CFA's are current, required approvals have been obtained, active treatment is being provided, BSP's contain criteria for the withdraw of drugs used to manage behavior, and ensure that staffing levels are appropriate.</p> <p>The PD will be creating and implementing training objectives for all consumers in the home.</p> <p>Responsible Party: RD, AD, PD, HM Completion Date: 2.10.13</p>	

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	<p>more than ____ number of steps needing a(n) type of prompt for ____ number of time during the month."</p> <p>2. "Goal: ____ will physically help prepare his medication. When prompted to complete the ____ goal, the client named ____ will complete the goal with no more than ____ number of steps needing a(n) type of prompt for ____ number of time during the month. Procedure: tell client it ' s time to work on ____ . 2. For each step (go one at a time) staff should read and/or model the step completely."</p> <p>3. "Will physically identify large and small items. When prompted to complete the ____ goal, the client named ____ will complete the goal with no more than ____ number of steps needing a(n) type of prompt for ____ number of time during the month."</p> <p>4. "Will physically sign to request to sit on his sensory chair. When prompted to complete the ____ goal, the client named ____ will complete the goal with no more than ____ number of steps needing a(n) type of prompt for ____ number of time during the month. Reinforcement: every ____ steps that are completed give the client a minor reward. If the client completes the objective with no more than ____ number of steps needing a(n) ____ type of prompt during a given attempt, give the client a reward at the end."</p>			

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	<p>5. "Will sit in a chair at the dining room table and physically identify his cup and plate. When prompted to complete the ____ goal, the client named ____ will complete the goal with no more than ____ number of steps needing a(n) type of prompt for ____ number of time during the month. Reinforcement: every ____ steps that are completed give the client a minor reward. If the client completes the objective with no more than ____ number of steps needing a(n) ____ type of prompt during a given attempt, give the client a reward at the end."</p> <p>PD #1 was interviewed on 1/3/13 at 12:27 PM. When asked about client B's goals, PD #1 stated, "These are the goals the behavioral specialist designed, we have been on hold on these goals that she had written. [AD #1 (Administrative Staff)]'s telling me we are not supposed to use these, these are more behavioral. But we just basically are doing what [previous placement] is telling us, with the [bathroom] goal, the hand over hand protocols for the staff to use with assisting. We don't have any goals right now that we have been documenting. We have them here but they haven't been approved. Actually, I have them on my computer but we aren't using the goals yet."</p> <p>This federal tag relates to complaint #IN00119419.</p> <p>9-3-4(a)</p>				

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W0240	<p>483.440(c)(6)(i) INDIVIDUAL PROGRAM PLAN The individual program plan must describe relevant interventions to support the individual toward independence.</p> <p>Based on observation, record review and interview for 1 of 3 sampled clients (B), the facility failed to ensure client B's ISP (Individual Support Plan) included the needed supports and services regarding how staff was to assist client B to engage in daily programming.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 1/3/13 from 9:40 AM through 1:26 PM. Client B was present in the home throughout the observation period. Client B was asleep in his bed from 9:40 AM through 1:00 PM. At 1:00 PM client B got up from his bed and went into client C's bedroom and went back to sleep in client C's bed. Client C was not in the bed at the time. At 1:20 PM PD #1 (Program Director) stated to staff #3, "We need to try to keep him up. [Client B] needs to be out of his bed and doing something." Staff #3 replied to PD #1, "How? We try but he refuses."</p> <p>Interview with staff #3 on 1/3/13 at 1:25 PM indicated client B's ISP did not address how to keep client B awake and/or engaged in programming. When</p>	W0240	<p>The AD will retrain the PD/QMRP on: active treatment requirements that include: development of an ISP to ensure aggressive and consistent training and treatment plan, and development of active treatment schedules, and need for guardian approval of all plans, and immediate implementation of plans developed by the IDT, and yearly completion and/or review of Comprehensive Functional Assessment for every consumer.</p> <p>PD will consult with AD to ensure that client B's ISP meets his current needs.</p> <p>PD will complete an Active Treatment Schedule for each consumer that meets consumers current needs/programing.</p> <p>AD to review the next 3 ISP's completed by this PD to ensure it is an aggressive and consistent training program and treatment plan.</p> <p>AD/RD scheduling Indiana MENTOR Management staff in the home beginning on 1/17/2013 24 hours per day to ensure the implementation of active treatment including implementation of training objectives, implementation of BSP's, providing training to staff as needed, ensuring incidents are reported as required, appropriate staffing levels are in the home, determining</p>	02/10/2013			

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	<p>asked how staff were to support client B to engage in programming, staff #3 stated, "I don't know. We try to do different things but he refuses. Do you have any suggestions on what we can do to be better... to keep him up?"</p> <p>Client B's record was reviewed on 1/3/13 at 10:34 AM. Client B's Physicians Order form dated 1/1/13 indicated client B's diagnosis included: autism, blind, severe mental retardation, pica and constipation. Client B's ISP dated 10/23/12 did not indicate how staff were to address client B's sleep pattern and/or how to engage client B in daily programming.</p> <p>Client B's record indicated the following goals:</p> <p>1. "Will display appropriate continence by urinating or having bowel movements in the interior of the toilet. When prompted to complete the ____ goal, the client named ____ will complete the goal with no more than ____ number of steps needing a(n) type of prompt for ____ number of time during the month."</p> <p>2. "Goal: ____ will physically help prepare his medication. When prompted to complete the ____ goal, the client named ____ will complete the goal with no more than ____ number of steps needing a(n) type of prompt for ____"</p>		<p>on-going staffing levels, all documents are available to staff, and staff document as required. Responsible Party: RD,AD,PD,HM Completion Date: 2.10.13</p>				

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	<p>number of time during the month. Procedure: tell client it ' s time to work on ____ . 2. For each step (go one at a time) staff should read and/or model the step completely."</p> <p>3. "Will physically identify large and small items. When prompted to complete the ____ goal, the client named ____ will complete the goal with no more than ____ number of steps needing a(n) type of prompt for ____ number of time during the month."</p> <p>4. "Will physically sign to request to sit on his sensory chair. When prompted to complete the ____ goal, the client named ____ will complete the goal with no more than ____ number of steps needing a(n) type of prompt for ____ number of time during the month. Reinforcement: every ____ steps that are completed give the client a minor reward. If the client completes the objective with no more than ____ number of steps needing a(n) ____ type of prompt during a given attempt, give the client a reward at the end."</p> <p>5. "Will sit in a chair at the dining room table and physically identify his cup and plate. When prompted to complete the ____ goal, the client named ____ will complete the goal with no more than ____ number of steps needing a(n) type of prompt for ____ number of time during the month. Reinforcement: every ____ steps that are completed give the client a minor reward. If the client completes the objective with no</p>			

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	<p>more than ____ number of steps needing a(n) ____ type of prompt during a given attempt, give the client a reward at the end."</p> <p>PD #1 was interviewed on 1/3/13 at 12:27 PM. When asked about client B's goals, PD #1 stated, "These are the goals the behavioral specialist designed, we have been on hold on these goals that she had written. [AD #1 (Administrative Staff)]'s telling me we are not supposed to use these, these are more behavioral. But we just basically are doing what [previous placement] is telling us, with the [bathroom] goal, the hand over hand protocols for the staff to use with assisting. We don't have any goals right now that we have been documenting. We have them here but they haven't been approved. Actually, I have them on my computer but we aren't using the goals yet."</p> <p>Client B's Daily Progress Sheets from 12/1/12 through 1/3/13 were reviewed. The review indicated the following:</p> <p>-12/1/12, 3:00 PM through 9:00 PM shift, "[Client B] was in his room asleep when staff arrived."</p> <p>-12/2/12, "At 12:01 AM, [client B] is asleep. [Client B] is up at 2:45 AM. At 3:00 AM [client B] is in bed rocking with the blanket over his head. [Client B] is making drum sounds by hitting his stomach. Staff continue to monitor. At 5:30 AM [client B] started standing up then he would fall on his mattress and bump off it for 5 minutes. At</p>						

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	<p>5:30 AM [client B] is making loud sound waking up his housemates. At 6:00 AM [client B] pulled off his clothes again."</p> <p>-12/3/12, "[Client B] was in his room rocking with his blanket around him. [Client B] is still awake at 12:00 AM."</p> <p>-12/4/12, "At 12:01 AM, [client B] is up he (sic) was up most of the night. At 5:10 AM [client B] is now trying to lay down."</p> <p>-12/4/12, "At 5:00 PM [client B] had his dinner and later fell asleep in his room."</p> <p>-12/5/12, "[Client B] is still awake at 12:01 AM. [Client B] is rocking in his bed. At 12:38 AM [client B] fell asleep. [Client B] is back up at 2:25 AM. [Client B] was up until 7:00 AM."</p> <p>-12/5/12, "12:00 AM to 8:00 AM shift, Still awake, fell asleep at 1:00 AM."</p> <p>-12/5/12, "10:00 AM to 2:30 PM shift, [client B] in his room asleep when staff arrived."</p> <p>-12/6/12, "12:00 AM to 8:30 AM shift, up at 12:00 AM sitting in bed rocking. Went to sleep at 2:30 AM."</p> <p>-12/6/12, "10:00 AM to 3:00 PM shift, [client B] is in his room when staff arrived."</p> <p>-12/7/12, "12:00 AM to 7:57 AM shift, was still up at 12:00 AM."</p>			

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	<p>-12/7/12, "5:00 PM to 8:00 PM shift, was in his room taking a nap. At 6:30 PM staff woke him up for his dinner."</p> <p>-12/10/12, "12:01 AM through 7:55 AM, was still up at 12:01 AM. [Client B] urinated on the floor around 12:15 AM. Staff assisted with cleaning up. [Client B] was not sleeping (sic) he started screaming at 12:30 PM until 2:00 AM. [Client B] was dry. (sic) staff gave [client B] a cup of milk. [Client B] did not want milk. Staff also tried a glass of water. [Client B] refused water. Staff gave [client B] some Tylenol at 1:00 AM after 30 minutes [client B] got quiet (sic) he stopped screaming and sat down on his bed and rocked. At 3:00 AM [client B] took his clothes off and urinated all over his room. Staff assisted with cleaning up. [Client B] sat down on his bed and rocked. [Client B] was still awake and rocking at 4:00 AM. At 6:00 AM fell asleep wet (sic) gave shower and had medication at 7:00 AM (sic) went back to bed."</p> <p>-12/11/12, "10:00 AM to 2:00 PM, [client B] was asleep when staff arrived."</p> <p>-12/12/12, "12:00 AM to 7:30 AM, was up at 12:01 AM. At 12:30 AM had gotten undressed and wet his room floor. Staff arrived with clean up. [Client B] went back on his bed and kept rocking. At 2:00 AM [client B] was still awake and rocking. An hour later at 3:00 AM [client B] was checked on and was still awake undressed. Staff assisted [client B] with getting his clothes</p>						

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	<p>back on. At 5:00 A [client B] is not sleeping. [Client B] had put his clothes off and was sitting on his bed (sic) he was wet and his room floor was wet too. At 7:00 AM still up, ate breakfast and returned to his room."</p> <p>-12/14/12, "3:00 PM shift, [client B] was in his bed when staff arrived."</p> <p>-12/15/12, "12:00 AM to 10:00 AM, was still up at 12:00 AM. [Client B] is still moving around and make (sic) little sound at 12:34 AM and 1:22 AM."</p> <p>-12/15/12, "11:00 AM to 9:00 PM, [client B] was sleep (sic) when staff shift began. Woke up ate lunch (sic) then walked around before returning to room."</p> <p>-12/16/12, "12:00 AM to 11:00 AM, [client B] was still up at 12:01 AM he (sic) was up all night. Staff gave [client B] a bath at 2:00 AM due to him have (sic) a BM (Bowel Movement). [Client B] is still awake (sic) out room at 4:28 AM."</p> <p>-12/17/12, "12:00 AM to 8:00 AM shift, still awake at 12:00 AM, at 1:30 AM up dances (sic). At 1:00 AM playing with his penis and walking around his room. [Client B] was bending over his bear still playing with himself. At 2:00 AM was making sound due to his housemates moving around. At 2:10 AM [client B] was asked to go to bed and get some sleep. [Client B] fell asleep for 20 minutes and he is back up rocking with his bear. [Client B] was up most of the night."</p>			

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	<p>-12/19/12, "12:00 AM, still awake (sic) he is walking around his room, 1:15 AM [client B] is walking around the hall. At 2:00 AM started making noise in front of his roommate bedroom door. Staff guide him back to his room. [Client B] started yelling and falling down on his bed and biting himself on the left hand. [Client B] stop (sic) making noise at 2:20 AM."</p> <p>-12/20/12, "[Client B] was not sleeping at 2:00 AM. Sitting on his bed rocking. Was up all night long."</p> <p>-12/20/12, "9:00 PM to 12:00 AM shift, ... rocking the entire night until past 12:00 AM."</p> <p>-12/23/12, "2:30 AM was screaming. Sat down on his bed and rocked until medications at 6:30 AM."</p> <p>-12/23/12, "8:00 AM to 3:00 PM, had his breakfast and went back to sleep."</p> <p>-12/23/12, "3:30 PM to 11:00 PM, had medication rocked on bed."</p> <p>-12/24/12, "12:00 AM to 8:00 AM, up at 12:00 AM, came out and was screaming and walking around, gave a cup of water, returned to room sat on his bed and rocked."</p> <p>-12/24/12, "8:00 AM to 2:00 PM in his room asleep when staff came on duty."</p> <p>-12/24/12, "3:00 PM to 10:00 PM, was asleep</p>						

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	<p>when staff arrived, ate dinner and returned to his room."</p> <p>-12/24/12, "At 3:00 AM started screaming, [client B] remained in his room. Staff assisted [client B] with personal hygiene...fell asleep at 5:00 AM. [Client B] was woke (sic) at 6:30 AM and was assisted with AM medication and breakfast. [Client B] did not eat all his breakfast, was screaming, wanting to go back to his room to sleep."</p> <p>-12/25/12, "8:00 AM to 12:00 PM, was asleep when staff arrived."</p> <p>-12/25/12, "3:00 PM to 11:00 PM was in his room upon staff arrival. Ate dinner and returned to his room."</p> <p>-12/25/12, "11:00 PM to 12:00 AM, was in his room sitting down on his bed and rocking. [Client B] was still up at 12:00 AM."</p> <p>-12/26/12, "12:00 AM to 9:00 AM, was still up at 12:00 AM.... Rocking, still up at 2:00 AM and making noise, finally sleep around 4:00 AM."</p> <p>-12/27/12, "12:00 AM to 7:00 AM, was up most of the nite. Staff gave his medications and breakfast, 7:00 AM back in bed."</p> <p>-12/27/12, "12:00 PM to 2:30 PM, asleep when staff arrived."</p> <p>-12/28/12, "12:00 AM to 8:00 AM, up at 12:00 AM and 1:00 AM rocking on his bed.</p>			

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	<p>[Client B] was up all night."</p> <p>-12/28/12, "11:30 AM to 9:00 PM, was asleep upon staff arrival. [Client B] woke up to eat lunch and staff redirected him back to his room."</p> <p>-12/28/12, "9:00 PM to 12:00 AM, was in bed asleep fully dressed, up at 12:00 AM rocking in his bed."</p> <p>-12/29/12, "12:00 AM, still up at 2:00 AM making yelling and screaming (sic)."</p> <p>-12/29/12, "3:00 AM, rocking on his bed. At 7:15 AM was taking back to his room for safety."</p> <p>-12/29/12, "8:00 AM to 3:00 PM, asleep when staff arrived. Pants down playing with penis."</p> <p>-12/31/12, "12:00 AM, awake at 12:00 AM, rocking. At 1:00 AM until 4:30 AM still awake."</p> <p>-12/31/12, "2:00 PM to 10:00 PM, asleep upon staff arrival. [Client B] woke up to eat dinner."</p> <p>-1/2/13, "12:00 AM to 8:00 AM, up most of the nite, was given bath at 4:15 AM."</p> <p>-1/2/13, "8:00 AM to 3:00 PM, asleep when staff arrived."</p> <p>-1/3/12, "12:00 AM to 7:30 AM, came out (of</p>			

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	<p>room) at 12:30 AM and walked around until 1:00 AM and went back to his room. Sat down and rocked until 3:00 AM. At 3:30 AM walked around making noise until 4:15 AM. (sic) Went back to his room and sat down and rocked at (sic) 6:00 AM."</p> <p>PD #1 (Program Director) and Staff #3 were interviewed on 1/3/13 at 12:45 PM. PD #1 and Staff #3 indicated client B had been in his bed since 9:40 AM and had not gotten up or participated in programming. Staff #3 indicated client B slept during the day and stayed awake at night. Staff #3 indicated client B would refuse programming during the day. PD #1 indicated client B was visually blind and was not synchronized to day and night time. PD #1 indicated client B would stay awake at night and then want to sleep during the day. PD #1 indicated client B refused to participate in programming.</p> <p>PD #1 and HM (Home Manager) #1 were interviewed on 1/4/13 at 10:45 AM. HM #1 stated, "This has been [client B's] pattern. Sleeps during the day and awake at night. We've just been telling staff to keep him up during the day, maybe use the trampoline." When asked how staff were to keep client B awake during the day and if there was a plan to tell staff how to keep client B awake, PD #1 stated, "Some things could be better. No, there is no plan."</p> <p>This federal tag relates to complaint #IN00119419.</p> <p>9-3-4(a)</p>			

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W0249	<p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review and interview for 1 of 3 sampled clients (B), the facility failed to implement the client's active treatment schedule during during formal and informal training opportunities.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 1/3/13 from 9:40 AM through 1:26 PM. Client B was present in the home throughout the observation period. Client B was asleep in his bed from 9:40 AM through 1:00 PM. At 1:00 PM client B got up from his bed and went into client C's bedroom and went back to sleep in client C's bed. Client C was not in the bed at the time.</p> <p>Client B's record was reviewed on 1/3/13 at 10:34 AM. Client B's Physicians Order form dated 1/1/13 indicated client B's diagnoses included: autism, blind, severe mental retardation, pica and constipation. Client B's ISP dated 10/23/12 indicated</p>	W0249	<p>The AD will retrain the PD/QMRP on: active treatment requirements that include: development of an ISP to ensure aggressive and consistent training and treatment plan, and development of active treatment schedules, and need for guardian approval of all plans, and immediate implementation of plans developed by the IDT, and yearly completion and/or review of Comprehensive Functional Assessment for every consumer.</p> <p>The AD will retrain the staff on active treatment to include how to complete each client's training objectives, behavior development implementation, Risk Plan implementation, active treatment schedules, formal and informal training opportunities, and documentation.</p> <p>PD will complete a Comprehensive Functional Assessment on all clients to ensure all are current.</p> <p>PD will consult with AD to ensure that client B's ISP meets his current needs.</p> <p>PD will complete an Active Treatment Schedule for each</p>	02/10/2013			

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	<p>client B needed the following supports/training:</p> <ul style="list-style-type: none"> <li>-increase medication administration skills through a formal goal.</li> <li>-increase money management skills through a formal goal.</li> <li>-provide informal training for recreation and leisure skills.</li> <li>-provide formal training for improving cooking skills.</li> <li>-provide formal training for reading sight words.</li> <li>-provide formal training to identify address.</li> <li>-provide formal training to improve self advocacy.</li> <li>-engage in casual conversation.</li> <li>-assist in maintaining contacts with family and friends.</li> <li>-informally assist with building new relationships.</li> <li>-informally encourage exercise.</li> </ul>		<p>consumer that meets consumers current needs/programing. AD to review the next 3 ISP's completed by this PD to ensure it is an aggressive and consistent training program and treatment plan. AD/RD scheduling Indiana MENTOR Management staff in the home beginning on 1/17/2013 24 hours per day to ensure the implementation of active treatment including implementation of training objectives, implementation of BSP's, providing training to staff as needed, ensuring incidents are reported as required, appropriate staffing levels are in the home, determining on-going staffing levels, all documents are available to staff, and staff document as required. AD to complete a random review of records and observation at least quarterly to ensure that ISP's are current and include required information, CFA's are current, required approvals have been obtained, active treatment is being provided, BSP's contain criteria for the withdraw of drugs used to manage behavior, and ensure that staffing levels are appropriate. Responsible Party: RD, AD, PD, HM Completion Date: 2.10.13</p>		

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	<p>Client B's record indicated the following goals:</p> <p>1. "Will display appropriate continence by urinating or having bowel movements in the interior of the toilet. When prompted to complete the ____ goal, the client named ____ will complete the goal with no more than ____ number of steps needing a(n) type of prompt for ____ number of time during the month."</p> <p>2. "Goal: ____ will physically help prepare his medication. When prompted to complete the ____ goal, the client named ____ will complete the goal with no more than ____ number of steps needing a(n) type of prompt for ____ number of time during the month. Procedure: tell client it 's time to work on ____ . 2. For each step (go one at a time) staff should read and/or model the step completely."</p> <p>3. "Will physically identify large and small items. When prompted to complete the ____ goal, the client named ____ will complete the goal with no more than ____ number of steps needing a(n) type of prompt for ____ number of time during the month."</p> <p>4. "Will physically sign to request to sit on his sensory chair. When prompted to complete the ____ goal, the client named ____ will complete the goal with no more than ____ number of steps needing a(n) type of prompt for ____</p>			
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	<p>number of time during the month. Reinforcement: every ____ steps that are completed give the client a minor reward. If the client completes the objective with no more than ____ number of steps needing a(n)____ type of prompt during a given attempt, give the client a reward at the end."</p> <p>5. "Will sit in a chair at the dining room table and physically identify his cup and plate. When prompted to complete the ____ goal, the client named____ will complete the goal with no more than ____ number of steps needing a(n) type of prompt for ____ number of time during the month. Reinforcement: every____ steps that are completed give the client a minor reward. If the client completes the objective with no more than ____ number of steps needing a(n)____ type of prompt during a given attempt, give the client a reward at the end."</p> <p>Client B's active treatment schedule, undated indicated the following routine/schedule should have been implemented during the 1/3/13 observation period from 9:40 AM to 1:45 PM:</p> <p>-9:00 AM to 10:00 AM, "Pick up his room, laundry." -10:00 AM to 11:00 AM, "Exercise activity." -11:00 AM to 12:00 PM, "Finance goal." -12:00 PM to 1:00 PM, "Lunch Preparation."</p>				

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	<p>-1:00 PM to 2:00 PM, "Sensory Activity."</p> <p>PD #1 was interviewed on 1/3/13 at 12:27 PM. When asked about client B's goals, PD #1 stated, "These are the goals the behavioral specialist designed, we have been on hold on these goals that she had written. [AD #1 (Administrative Staff)]'s telling me we are not supposed to use these, these are more behavioral. But we just basically are doing what [previous placement] is telling us, with the [bathroom] goal, the hand over hand protocols for the staff to use with assisting. We don't have any goals right now that we have been documenting. We have them here but they haven't been approved. Actually, I have them on my computer but we aren't using the goals yet."</p> <p>PD #1 (Program Director) and Staff #3 were interviewed on 1/3/13 at 12:45 PM. PD #1 and Staff #3 indicated client B had been in his bed since 9:40 AM and had not gotten up or participated in programming. Staff #3 indicated client B slept during the day and stayed awake at night. Staff #3 indicated client B would refuse programming during the day. PD #1 indicated client B was visually blind and was not synchronized to day and night time. PD #1 indicated client B would stay awake at night and then want to sleep during the day. PD #1 indicated client B refused to participate in programming.</p> <p>This federal tag relates to complaint #IN00119419.</p> <p>9-3-4(a)</p>						

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W0259	<p>483.440(f)(2) PROGRAM MONITORING &amp; CHANGE At least annually, the comprehensive functional assessment of each client must be reviewed by the interdisciplinary team for relevancy and updated as needed. Based on record review and interview for 3 of 3 sampled clients (A, B and C), the facility failed to ensure clients A, B and C's CFAs (Comprehensive Functional Assessments) were reviewed annually.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. Client A's record was reviewed on 1/4/13 at 2:00 PM. Client A's record did not indicate documentation of a CFA.</li> <li>2. Client B's record was reviewed on 1/3/13 at 10:34 AM. Client B's record did not indicate documentation of a CFA.</li> <li>3. Client C's record was reviewed on 1/4/13 at 11:05 AM. Client C's CFA was undated. Client C's CFA was mixed with client C's informed consent assessment and water temperature assessments that were dated 12/10/10.</li> </ol> <p>Interview with PD #1 (Program Director) on 1/4/13 at 4:30 PM indicated there were no additional CFAs to review for clients A and B. PD #1 indicated client C's CFA had not been updated since 12/10/10.</p>	W0259	<p>The AD will retrain the PD/QMRP on: active treatment requirements that include: development of an ISP to ensure aggressive and consistent training and treatment plan, and development of active treatment schedules, and need for guardian approval of all plans, and immediate implementation of plans developed by the IDT, and yearly completion and/or review of Comprehensive Functional Assessment for every consumer. PD will complete a Comprehensive Functional Assessment on all clients to ensure all are current. AD to review the next 3 ISP's completed by this PD to ensure it is an aggressive and consistent training program and treatment plan. AD to complete a random review of records and observation at least quarterly to ensure that ISP's are current and include required information, CFA's are current, required approvals have been obtained, active treatment is being provided, BSP's contain criteria for the withdraw of drugs used to manage behavior, and ensure that staffing levels are appropriate. Responsible Party: RD, AD, PD, HM Completion Date: 2.10.13</p>	02/10/2013			

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	This deficiency was cited on 11/29/12. The facility failed to implement a systemic plan of correction to prevent reoccurrence.  9-3-4(a)				

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W0262	<p>483.440(f)(3)(i) PROGRAM MONITORING &amp; CHANGE The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights. Based on record review and interview for 2 of 3 sampled clients (A and B), the facility's HRC (Human Rights Committee) failed to review, approve and monitor restrictive programs.</p> <p>Findings include:</p> <p>1. Client A's record was reviewed on 1/4/13 at 2:00 PM. Client A's Physicians Order form dated 12/1/12 through 12/31/12 indicated client A was taking Risperidone 2 milligrams (Antipsychotic), Divalproex 500 milligrams (Bipolar) and Intuniv 3 milligrams (Attention Deficit Hyperactivity Disorder). Client A's record did not indicate HRC review/approval for the use of psychotropic medications. Client A's record did not indicate HRC review/approval of the group home locking stove control knobs, knives, sharp objects, aerosol cans, food, cleaning supplies and the thermostat.</p> <p>2. Client B's record was reviewed on 1/3/13 at 10:34 AM. Client B's Physician</p>	W0262	<p>AD will retrain the PD on Indiana MENTOR's Policy regarding the required approval of the Human Right's Committee before implementation of restrictions. PD will obtain HRC approval for clients A and B for all restrictive measures, including but not limited to locking up potentially harmful items, the thermostat, stove control knobs, all sharp objects aerosol cans, food, and cleaning supplies. PD will obtain HRC approval for the use of behavior controlling (psychotropic) medications for clients A and B. AD will complete a random review of records at least quarterly to ensure that required approvals have been obtained and remain current. Completion Date: 2.10.2013</p>	02/10/2013	

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	<p>Order form dated 1/1/13 indicated client B was taking Risperidone 0.5 milligram tablet (Antipsychotic), Trazodone 100 milligram tablet (Depression) and Risperidone 1 milligram tablet. Client B's record did not indicate HRC review/approval for the use of psychotropic medications. Client B's record did not indicate HRC review/approval of the group homes locking stove control knobs, knives and sharp objects, aerosol cans, cleaning supplies and the thermostat.</p> <p>Interview with PD #1 (Program Director) on 1/4/13 at 3:45 PM indicated the facility HRC had not reviewed or approved clients A and B's BSPs (Behavior Support Plans) which would include the use of psychotropic medications and restrictions within the group home.</p> <p>This deficiency was cited on 11/29/12. The facility failed to implement a systemic plan of correction to prevent reoccurrence.</p> <p>9-3-4(a)</p>				

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W0263	<p>483.440(f)(3)(ii) PROGRAM MONITORING &amp; CHANGE The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian.</p> <p>Based on record review and interview for 3 of 3 sampled clients (A, B and C) plus 2 additional clients (D and E), the facility failed to obtain the clients' guardian approval before implementation of a BSP (Behavior Support Plan), use of behavior medications or restrictive programs.</p> <p>Findings include:</p> <p>1. Client A's record was reviewed on 1/4/13 at 2:00 PM. Client A's Physician Order form dated 10/22/12 indicated client A was taking Risperidone 0.5 milligram tablet (Antipsychotic), Trazodone 100 milligram tablet (Depression) and Risperidone 1 milligram tablet. Client A's record did not indicate written informed consent for the use of psychotropic medications. Client A's record did not indicate written informed consent for the group homes locking stove control knobs, knives and sharp objects, aerosol cans, cleaning supplies and the thermostat. Client A's record indicated client A had a guardian.</p> <p>2. Client B's record was reviewed on</p>	W0263	<p>The AD will retrain the PD/QMRP on: active treatment requirements that include: development of an ISP to ensure aggressive and consistent training and treatment plan, and development of active treatment schedules, and need for guardian approval of all plans, and immediate implementation of plans developed by the IDT, and yearly completion and/or review of Comprehensive Functional Assessment for every consumer.</p> <p>PD will ensure he as all required approvals for consumers ISP, RMAP, BSP, HRC.</p> <p>AD to review the next 3 ISP's completed by this PD to ensure it is an aggressive and consistent training program and treatment plan.</p> <p>Responsible Party: RD, AD, PD Completion Date: 2.10.13</p>	02/10/2013	

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	<p>1/3/13 at 10:34 AM. Client B's Physician Order form dated 1/1/13 indicated client B was taking Risperidone 0.5 milligram tablet (Antipsychotic), Trazodone 100 milligram tablet (Depression) and Risperidone 1 milligram tablet. Client B's record did not indicate written informed consent for the use of psychotropic medications. Client B's record did not indicate written informed consent for the group homes locking stove control knobs, knives and sharp objects, aerosol cans, cleaning supplies and the thermostat. Client B's ISP (Individual Support Plan) dated 10/23/12 indicated client B had a guardian.</p> <p>3. Client C's record was reviewed on 1/4/13 at 11:05 AM. Client C's ISP dated 12/10/11 indicated client C had a legal guardian. Client C's BSP dated 7/19/12 indicated the use of Ziprasidone 160 milligram tablet (antipsychotic), Oxycarbazepine 1800 milligrams, (seizures), Trazodone 50 milligrams (antipsychotic), Haloperidol 25 milligrams (antipsychotic) and Propranolol 80 milligrams (anxiety).</p> <p>Client C's HRC (Human Rights Committee) form dated 10/3/12 indicated the following restrictions:</p> <p>-money management: client C was</p>				

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	<p>restricted to carrying no more than \$1.00 on his person at a time.</p> <p>-knives and sharp objects locked in the house.</p> <p>-household cleaning closet has been locked.</p> <p>-the house thermostat has been locked.</p> <p>-community access was restricted.</p> <p>-one to one supervision.</p> <p>-possession checks</p> <p>-room checks</p> <p>Client C's record did not indicate written informed consent from client C's guardian for the use of psychotropic medications or restrictive programs.</p> <p>4. Client D's record was reviewed on 1/4/13 at 10:00 AM. Client D's record indicated client D had a guardian. Client D's HRC form dated 10/3/12 indicated the following restrictions:</p> <p>-money management: client D was restricted to carrying no more than \$2.00 on his person at a time.</p> <p>-knives and sharp objects locked in the house.</p> <p>-household cleaning closet has been locked.</p>						

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	<p>-the house thermostat has been locked.</p> <p>-community access was restricted.</p> <p>Client D's record did not indicate written informed consent from client D's guardian for the use of restrictive programs.</p> <p>5. Client E's record was reviewed on 1/4/13 at 10:15 AM.. Client E's record indicated client E had a guardian. Client E's HRC form dated 10/3/12 indicated the following restrictions:</p> <p>-money management: client E was restricted to carrying no more than \$1.00 on his person at a time.</p> <p>-knives and sharp objects locked in the house.</p> <p>-household cleaning closet has been locked.</p> <p>-the house thermostat has been locked.</p> <p>-community access was restricted.</p> <p>-client E was monitored every 10 minutes by staff.</p> <p>-the use of the following psychotropic medications: Aripiprazole 5 milligram tablet (antidepressant) and methylphenidate 45 milligrams (attention deficit disorder).</p> <p>Client E's record did not indicate written informed consent from client E's guardian for the restrictive programs or use of psychotropic medications.</p> <p>Interview with PD #1 (Program Director) on 1/4/13 at 3:45 PM indicated written informed consent was needed for the use of psychotropic medications, locking of stove control knobs,</p>				

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	knives and sharp objects, aerosol cans, cleaning supplies and the thermostat.  This deficiency was cited on 11/29/12. The facility failed to implement a systemic plan of correction to prevent reoccurrence.  9-3-4(a)			

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W0312	<p>483.450(e)(2) DRUG USAGE Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. Based on record review and interview for 1 of 3 sampled clients (B), who used behavior controlling medications, the facility failed to ensure the client's program included the use of and withdrawal criteria for psychotropic medication used for behavior management.</p> <p>Findings include:</p> <p>Client B's record was reviewed on 1/3/13 at 10:34 AM. Client B's Physician Order form dated 1/1/13 indicated client B was taking Risperidone 0.5 milligram tablet (Antipsychotic), Trazodone 100 milligram tablet (Depression) and Risperidone 1 milligram tablet. Client B's 10/26/12 BSP (Behavior Support Plan) did not indicate the use of or reduction criteria for Risperidone 0.5 milligram tablet, Trazodone 100 milligram tablet and/or Risperidone 1 milligram tablet.</p> <p>Interview with PD #1 (Program Director) on 1/4/13 at 3:45 PM indicated client B's 10/26/12 BSP had not been completed</p>	W0312	<p>AD to complete a random review of records and observation at least quarterly to ensure that ISP's are current and include required information, CFA's are current, required approvals have been obtained, active treatment is being provided, BSP's contain criteria for the withdraw of drugs used to manage behavior, and ensure that staffing levels are appropriate.</p> <p>AD to retrain PD and work with Behavior Consultant on the need for all BSP's to include criteria for the withdrawal of those drugs used to manage behavior.</p> <p>Behavior Consultant to review all BSP's to ensure each contain a criteria for withdrawal of drugs used to manage behavior.</p> <p>Responsible Party: AD, PD, BC Completion Date: 2.10.13</p>	02/10/2013	

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	and did not indicate withdrawal criteria for psychotropic medications.  9-3-5(a)			

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W0407	<p>483.470(a)(1) CLIENT LIVING ENVIRONMENT The facility must not house clients of grossly different ages, developmental levels, and social needs in close physical or social proximity unless the housing is planned to promote the growth and development of all those housed together. Based on record review and interview for 1 of 3 sampled clients (B), the facility placed client B in a home with housemates that were of significantly different social needs.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 1/3/13 from 9:40 AM through 1:26 PM. Client B was present in the home throughout the observation period. Client B was asleep in his bed from 9:40 AM through 1:00 PM. At 1:00 PM client B got up from his bed and went into client C's bedroom and went back to sleep in client C's bed. Client C was not in the bed at the time.</p> <p>Client B's record was reviewed on 1/3/13 at 10:34 AM. Client B's Daily Progress Sheets from 12/1/12 through 1/3/13 were reviewed. The review indicated the following:</p> <p>-12/1/12, 3:00 PM through 9:00 PM shift, "[Client B] was in his room asleep when staff arrived."</p>	W0407	<p>AD/PD to work to get Client B moved to a more appropriate placement. Alternate placement identified and guardian approved other children's home. Just received client B's LOC. Client at other home moving out in next 2 weeks – visits being arranged. Responsible Party: AD, PD, HM Completion Date: 2.10.13</p>	02/10/2013			

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	<p>-12/2/12, "At 12:01 AM, [client B] is asleep. [Client B] is up at 2:45 AM. At 3:00 AM [client B] is in bed rocking with the blanket over his head. [Client B] is making drum sounds by hitting his stomach. Staff continue to monitor. At 5:30 AM [client B] started standing up then he would fall on his mattress and bump off it for 5 minutes. At 5:30 AM [client B] is making loud sound waking up his housemates. At 6:00 AM [client B] pulled off his clothes again."</p> <p>-12/3/12, "[Client B] was in his room rocking with his blanket around him. [Client B] is still awake at 12:00 AM."</p> <p>-12/4/12, "At 12:01 AM, [client B] is up he (sic) was up most of the night. At 5:10 AM [client B] is now trying to lay down."</p> <p>-12/4/12, "At 5:00 PM [client B] had his dinner and later fell asleep in his room."</p> <p>-12/5/12, "[Client B] is still awake at 12:01 AM. [Client B] is rocking in his bed. At 12:38 AM [client B] fell asleep. [Client B] is back up at 2:25 AM. [Client B] was up until 7:00 AM."</p> <p>-12/5/12, "12:00 AM to 8:00 AM shift, Still awake, fell asleep at 1:00 AM."</p> <p>-12/5/12, "10:00 AM to 2:30 PM shift, [client B] in his room asleep when staff arrived."</p> <p>-12/6/12, "12:00 AM to 8:30 AM shift, up at</p>			

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	<p>12:00 AM sitting in bed rocking. Went to sleep at 2:30 AM."</p> <p>-12/6/12, "10:00 AM to 3:00 PM shift, [client B] is in his room when staff arrived."</p> <p>-12/7/12, "12:00 AM to 7:57 AM shift, was still up at 12:00 AM."</p> <p>-12/7/12, "5:00 PM to 8:00 PM shift, was in his room taking a nap. At 6:30 PM staff woke him up for his dinner."</p> <p>-12/10/12, "12:01 AM through 7:55 AM, was still up at 12:01 AM. [Client B] urinated on the floor around 12:15 AM. Staff assisted with cleaning up. [Client B] was not sleeping (sic) he started screaming at 12:30 PM until 2:00 AM. [Client B] was dry. (sic) staff gave [client B] a cup of milk. [Client B] did not want milk. Staff also tried a glass of water. [Client B] refused water. Staff gave [client B] some Tylenol at 1:00 AM after 30 minutes [client B] got quiet (sic) he stopped screaming and sat down on his bed and rocked. At 3:00 AM [client B] took his clothes off and urinated all over his room. Staff assisted with cleaning up. [Client B] sat down on his bed and rocked. [Client B] was still awake and rocking at 4:00 AM. At 6:00 AM fell asleep wet (sic) gave shower and had medication at 7:00 AM (sic) went back to bed."</p> <p>-12/11/12, "10:00 AM to 2:00 PM, [client B] was asleep when staff arrived."</p>						

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	<p>-12/12/12, "12:00 AM to 7:30 AM, was up at 12:01 AM. At 12:30 AM had gotten undressed and wet his room floor. Staff arrived with clean up. [Client B] went back on his bed and kept rocking. At 2:00 AM [client B] was still awake and rocking. An hour later at 3:00 AM [client B] was checked on and was still awake undressed. Staff assisted [client B] with getting his clothes back on. At 5:00 A [client B] is not sleeping. [Client B] had put his clothes off and was sitting on his bed (sic) he was wet and his room floor was wet too. At 7:00 AM still up, ate breakfast and returned to his room."</p> <p>-12/14/12, "3:00 PM shift, [client B] was in his bed when staff arrived."</p> <p>-12/15/12, "12:00 AM to 10:00 AM, was still up at 12:00 AM. [Client B] is still moving around and make (sic) little sound at 12:34 AM and 1:22 AM."</p> <p>-12/15/12, "11:00 AM to 9:00 PM, [client B] was sleep (sic) when staff shift began. Woke up ate lunch (sic) then walked around before returning to room."</p> <p>-12/16/12, "12:00 AM to 11:00 AM, [client B] was still up at 12:01 AM he (sic) was up all night. Staff gave [client B] a bath at 2:00 AM due to him have a BM (Bowel Movement). [Client B] is still awake (sic) out room at 4:28 AM."</p> <p>-12/17/12, "12:00 AM to 8:00 AM shift, still awake at 12:00 AM, at 1:30 AM up dances</p>			

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	<p>(sic). At 1:00 AM playing with his penis and walking around his room. [Client B] was bending over his bear still playing with himself. At 2:00 AM was making sound due to his housemates moving around. At 2:10 AM [client B] was asked to go to bed and get some sleep. [Client B] fell asleep for 20 minutes and he is back up rocking with his bear. [Client B] was up most of the night."</p> <p>-12/19/12, "12:00 AM, still awake (sic) he is walking around his room, 1:15 AM [client B] is walking around the hall. At 2:00 AM started making noise in front of his roommate bedroom door. Staff guide him back to his room. [Client B] started yelling and falling down on his bed and biting himself on the left hand. [Client B] stop (sic) making noise at 2:20 AM."</p> <p>-12/20/12, "[Client B] was not sleeping at 2:00 AM. Sitting on his bed rocking. Was up all night long."</p> <p>-12/20/12, "9:00 PM to 12:00 AM shift, ... rocking the entire night until past 12:00 AM."</p> <p>-12/23/12, "2:30 AM was screaming. Sat down on his bed and rocked until medications at 6:30 AM."</p> <p>-12/23/12, "8:00 AM to 3:00 PM, had his breakfast and went back to sleep."</p> <p>-12/23/12, "3:30 PM to 11:00 PM, had medication rocked on bed."</p>			

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	<p>-12/24/12, "12:00 AM to 8:00 AM, up at 12:00 AM, came out and was screaming and walking around, gave a cup of water, returned to room sat on his bed and rocked."</p> <p>-12/24/12, "8:00 AM to 2:00 PM in his room asleep when staff came on duty."</p> <p>-12/24/12, "3:00 PM to 10:00 PM, was asleep when staff arrived, ate dinner and returned to his room."</p> <p>-12/24/12, "At 3:00 AM started screaming, [client B] remained in his room. Staff assisted [client B] with personal hygiene...fell asleep at 5:00 AM. [Client B] was woke at 6:30 AM and was assisted with AM medication and breakfast. [Client B] did not eat all his breakfast, was screaming wanting to go back to his room to sleep."</p> <p>-12/25/12, "8:00 AM to 12:00 PM, was asleep when staff arrived."</p> <p>-12/25/12, "3:00 PM to 11:00 PM was in his room upon staff arrival. Ate dinner and returned to his room."</p> <p>-12/25/12, "11:00 PM to 12:00 AM, was in his room sitting down on his bed and rocking. [Client B] was still up at 12:00 AM."</p> <p>-12/26/12, "12:00 AM to 9:00 AM, was still up at 12:00 AM.... Rocking, still up at 2:00 AM and making noise, finally sleep around 4:00 AM."</p>						

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	<p>-12/27/12, "12:00 AM to 7:00 AM, was up most of the nite. Staff gave his medications and breakfast, 7:00 AM back in bed."</p> <p>-12/27/12, "12:00 PM to 2:30 PM, asleep when staff arrived."</p> <p>-12/28/12, "12:00 AM to 8:00 AM, up at 12:00 AM and 1:00 AM rocking on his bed. [Client B] was up all night."</p> <p>-12/28/12, "11:30 AM to 9:00 PM, was asleep upon staff arrival. [Client B] woke up to eat lunch and staff redirected him back to his room."</p> <p>-12/28/12, "9:00 PM to 12:00 AM, was in bed asleep fully dressed, up at 12:00 AM rocking in his bed."</p> <p>-12/29/12, "12:00 AM, still up at 2:00 AM making yelling and screaming (sic)."</p> <p>-12/29/12, "3:00 AM, rocking on his bed. At 7:15 AM was taken back to his room for safety."</p> <p>-12/29/12, "8:00 AM to 3:00 PM, asleep when staff arrived. Pants down playing with penis."</p> <p>-12/31/12, "12:00 AM, awake at 12:00 AM, rocking. At 1:00 AM until 4:30 AM still awake."</p> <p>-12/31/12, "2:00 PM to 10:00 PM, asleep upon staff arrival. [Client B] woke up to eat</p>						

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	<p>dinner."</p> <p>-1/2/13, "12:00 AM to 8:00 AM, up most of the nite, was given bath at 4:15 AM."</p> <p>-1/2/13, "8:00 AM to 3:00 PM, asleep when staff arrived."</p> <p>-1/3/12, "12:00 AM to 7:30 AM, came out (of room) at 12:30 AM and walked around until 1:00 AM and went back to his room. Sat down and rocked until 3:00 AM. At 3:30 AM walked around making noise until 4:15 AM. (sic) Went back to his room and sat down and rocked at (sic) 6:00 AM."</p> <p>Client B's Physicians Order form dated 1/1/13 indicated client B's diagnoses included: autism, blind, severe mental retardation, pica and constipation.</p> <p>Client B's IDE (Interdisciplinary Diagnostic and Evaluation) form dated 12/4/07 (Most Current Assessment Available) indicated, "[Client B's] diagnosis includes mental retardation/developmental delay, autism, blindness, and sleep apnea. [Client B] has been blind since birth, related to a diagnosis of congenital retinal digenesis/familial exudative retinopathy. [Client B] has only one eye; his left eye has been surgically removed." The 12/4/07 IDE indicated, "[Client B] is nonverbal and has no consistent method of alternative communication. [Client B] says a few words and uses some signs, but on an inconsistent and sporadic basis." The 12/4/07 IDE indicated, "[Client B] presents with numerous autistic behaviors. [Client B] was observed to display these behaviors during the testing session. [Client B] rocked quickly in a rocking chair, with intermittent sudden stops.</p>			

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	<p>[Client B] put his finger deep into his eye socket several times. [Foster parent] noted that [client B] has destroyed the pupil in this eye. [Client B] was also observed to engage in ritualistic hand movements. [Client B] is sensitive to touch, even though he does initiate affectionate physical contact. [Client B] has numerous sensory defensive responses to sound, textures and tastes. [Foster parent] noted that [client B] has daily incident of screaming, banging his head, biting his hand and grabbing at others/pulling their hair. [Client B] engages in these behaviors when he is in an extreme emotional state, including when he is excited and when he is agitated/angry. [Client B] is also closely monitored for incidents of smearing and eating feces."</p> <p>The 12/4/07 IDE indicated, "A Developmental Evaluation was completed on June 22, 2005 by.... On the Wisconsin Behavior Rating Scale, age equivalents were found to range from 9 months (socialization) to 25 months (dressing). Overall, [Client B] was noted to have very limited functional independence."</p> <p>The 12/4/07 IDE indicated, "[Client B] received and I.Q. Equivalence score of 13, placing his cognitive functioning in the profound range of mental retardation (below 20)." The 12/4/07 IDE indicated, "[Client B] received a physical age score of 20 months. [Client B] is able to open a door with a doorknob, and he can jump on a trampoline." The 12/4/07 IDE indicated, "The self help age scale measures the ability to cope independently with the environment, as well as skills with tasks such as eating, dressing and working. On this scale, [client B] received a self-help age score of 18 months." The 12/4/07 IDE indicated, "The Social Age Scale measures interpersonal relationship abilities, including emotional needs for people. The skills used to relate to friends, relatives and others in social situation are measures on this scale. [Client B]</p>			

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	<p>received a social age score of 8 months. [Client B] seeks attention from others, makes vocalizations, shows negative reactions, and responds to his name being called 25% of the time." The 12/4/07 IDE indicated, "[Client B] needs to reside in a nurturing environment that provides 24 hour supervision to ensure his safety. [Client B] also requires total physical care with meeting all of his daily living needs."</p> <p>Client B's ISP (Individual Support Plan) dated 10/23/13 indicated the following:</p> <p>- "What makes him/her happy: Rocking back n (sic) forth on his chair, walking around with staff."</p> <p>- "What types of activities does he/she participate in the community: van rides, walking, [name of restaurant]."</p> <p>PD #1 (Program Director) and Staff #3 were interviewed at 12:45 PM. PD #1 and Staff #3 indicated client B had been in his bed since 9:40 AM and had not gotten up or participated in programming. Staff #3 indicated client B slept during the day and stayed awake at night. Staff #3 indicated client B would refuse programming during the day. PD #1 indicated client B was visually blind and was not synchronized to day and night time. PD #1 indicated client B would stay awake at night and then want to sleep during the day. PD #1 indicated client B refused to participate in programming.</p> <p>Staff #1 was interviewed on 1/3/13 at 12:35 PM. Staff #1 indicated client B did not interact with his peers. Staff #1 stated, "The other guys really don't have too much to do with [client B]. [Client C] will sometimes let [client B] walk with him but if the other guys are around he is mean to [client B]. These</p>			

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	<p>guys are all into video games and going out and doing things. They are young guys and higher functioning than [client B]." When asked if client B was an appropriate client for the group home, Staff #1 stated, "No, personally I don't think so."</p> <p>PD #1 was interviewed on 1/3/13 at 12:27 PM. PD #1 indicated clients A, C, D and E were higher functioning than client B. PD #1 indicated clients A, C, D and E were active teenagers. PD #1 indicated clients A, C, D and E did not interact with client B. When asked if client B was appropriately placed in the group home, PD #1 stated, "No."</p> <p>The group home staff communication log was reviewed on 1/3/13 at 1:15 PM. The review indicated the following narrative entries:</p> <p>-12/3/12, "[Client C] was playing with [client B] and scratched his neck. No forms to fill out."</p> <p>-12/31/12, "Please be aware that staff found [client B]'s housemates placed hot sauce in [client B]'s mouth. This is physical and emotional abuse."</p> <p>Client D's record was reviewed on 1/3/13 at 3:30 PM. Client D's BPR (Behavior Progress Report) notes were reviewed. The review indicated the following:</p> <p>-11/4/12 at 6:31 PM, "[Client D] was in the living room with staff. [Client D] started to</p>			

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	<p>shouting (sic) at [client B] for no reason so that he [expletive] him off...."</p> <p>Client C's record was reviewed on 1/4/13 at 11:05 AM. Client C's Daily Support Record indicated the following narrative entries:</p> <p>-narrative dated 12/13/12 indicated, "6:51 AM, Staff found [client C] hitting [client B] on top of his head." The 12/13/12 narrative did not indicate if client B was injured as a result of being hit on the head.</p> <p>Client B's guardian was interviewed on 1/8/13 at 10:30 AM. Client B's guardian stated, "I have had some concerns about this home and if it was appropriate for [client B]. I think a different group home with some younger guys would be better. I did get the sense the other guys weren't really happy about him being there."</p> <p>Confidential interview A stated, "I witnessed [client C] becoming irritated with [client B's] screaming. [Client C] stormed past me in the living room and into the kitchen where [client B] was at the time. [Client C] was yelling "OMG (Oh My God), Shut the [expletive] up! I'm going to kill you!" and the obscene/threatening statements. Staff did not attempt to calm [client C] down. They were too busy handling the situation with [client B]. [Client C] ended up going back into the living room making more threatening statements along the way. Staff did not come out of the dining area to follow up with [client C's] behavior. Again there was only</p>			

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	<p>one (1) staff in the home. We know [client B] is very high maintenance to care for most of the time but it's very difficult for staff to handle other clients when dealing with [client B]. Their attention is focused on him leaving the other clients open for behavior issues-teasing, taunting, entering rooms, etc."</p> <p>Confidential interview B stated, "After a two hour meeting, it became apparent group home staff didn't want [client B] in the home. The group home manager said they don't know how to deal with blind clients. During the transition meeting, BDDS (Bureau of Developmental Disabilities Services) said the group home was not set up with adaptive equipment or set up for blind clients."</p> <p>This federal tag relates to complaint #IN00119419.</p> <p>9-3-7(a)</p>				

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W0436	<p>483.470(g)(2) SPACE AND EQUIPMENT</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>Based on observation, record review and interview for 1 of 2 clients (B) with adaptive equipment, the facility failed to ensure client B utilized a walker.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 1/2/13 from 4:53 PM through 6:05 PM. Client B was observed in the home throughout the observation period. Client B was visually impaired in that he did not have vision in either of his eyes. Client B ambulated through the house while holding staff's arms to guide and support. Client B was not encouraged to use and did not use a walker during the observation period.</p> <p>Observations were conducted at the group home on 1/8/13 from 12:20 PM through 1:45 PM. Client B was observed in the home throughout the observation period. Client B did not use a walker to ambulate throughout the house.</p> <p>Client B's record was reviewed on 1/3/13</p>	W0436	<p>PD will consult with AD to ensure that client B's ISP meets his current needs.</p> <p>AD/RD scheduling Indiana MENTOR Management staff in the home beginning on 1/17/2013 24 hours per day to ensure the implementation of active treatment including implementation of training objectives, implementation of BSP's, providing training to staff as needed, ensuring incidents are reported as required, appropriate staffing levels are in the home, determining on-going staffing levels, all documents are available to staff, and staff document as required.</p> <p>Responsible Party: RD, AD, PD Completion Date: 2.10.13</p>	02/10/2013			

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	<p>at 10:34 AM. Client B's ISP (Individual Support Plan) dated 10/23/12 indicated client B's adaptive equipment was a walker. Client B's ISP dated 10/23/12 indicated, "[Client B] has a walker that he uses to get around the house." Client B's ISP did not indicate a training objective to teach/encourage client B to use his walker.</p> <p>Interview with PD #1 (Program Director) on 1/8/13 at 1:30 PM indicated client B had a walker. PD #1 indicated client B refused to use his walker.</p> <p>This deficiency was cited on 11/29/12. The facility failed to implement a systemic plan of correction to prevent reoccurrence.</p> <p>This federal tag relates to complaint #IN00119419.</p> <p>9-3-7(a)</p>			