

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G300	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/09/2015
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NAME OF PROVIDER OR SUPPLIER TRANSITIONAL SERVICES SUB LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 110 W PIKE ST MARTINSVILLE, IN 46151
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W000000	<p>This visit was for a Post Certification Revisit (PCR) to the full recertification and state licensure survey completed on 11/5/14. This visit included the PCRs to the investigations of complaints #IN00157027 and #IN00158326.</p> <p>Complaint #IN00157027: Not Corrected.</p> <p>Complaint #IN00158326: Not Corrected.</p> <p>Survey Dates: January 7, 8 and 9, 2015</p> <p>Facility Number: 000819 Provider Number: 15G300 AIM Number: 100249100</p> <p>Surveyor: Steven Schwing, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 1/14/15 by Ruth Shackelford, QIDP.</p>	W000000		
W000104	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility.</p>			

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

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

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	<p>Based on observation, interview and record review for 8 of 8 clients (A, B, C, D, E, F, G and H) living at the group home, the governing body failed to exercise operating direction over the facility by failing to ensure: 1) the recliners in the group home were in good repair, 2) holes in the walls were repaired, 3) client B's bedroom remained at an appropriate temperature and 4) the food was stored in a sanitary, rodent-free environment.</p> <p>Findings include:</p> <p>An observation was conducted at the group home on 1/7/15 from 3:27 PM to 5:48 PM and indicated the following:</p> <p>1) On 1/7/15 at 3:27 PM, a recliner with a broken back rest was observed on the front porch of the group home. On 1/7/15 at 4:14 PM, a recliner in the living room had a broken back rest. The recliner's foot rest was in the up position and could not be lowered. The bottom of the chair had a broken frame causing the sitting position to be crooked. This affected clients A, B, C, D, E, F, G and H.</p> <p>On 1/7/15 at 4:17 PM, the Program Director (PD) indicated the Home Manager (HM) had contacted the store</p>	W000104	<p>Recliners have been removed from the home. New chairs are being ordered to replace the recliners in the home. A checklist has been developed to monitor the status of the condition of the furniture. Holes/dents in the walls have been repaired. A checklist has been developed to monitor the status of any issues with the condition of the home regarding holes/dents in the walls. Client B's bedroom was checked for issues/concerns related to the temperature. His vent had been closed so it was reopened. A checklist has been developed to monitor that the temperature in all clients' bedrooms is comfortable on a regular basis. New totes with secure tight lids have been purchased for all food stored in the basement of the home. All areas have been cleaned to ensure there are no rodents or evidence of rodents and are sanitary. A checklist has been developed to monitor that the totes are secure and in good working order and that the area is clean and sanitary. Terminix comes to the group home bi-monthly to monitor for any rodents or pests or more often as requested. Terminix was in the home during the first week of January 2015. A checklist has been developed and will be completed at least weekly by the Home Manager to ensure that the needs identified for the home are</p>	02/08/2015	

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	<p>who provided the recliners to the group home to either get them repaired or replaced. The PD indicated both recliners were broken and needed to be repaired.</p> <p>On 1/7/15 at 4:19 PM, the HM indicated the store was coming to the home on Friday, 1/9/15, to repair or replaced the recliners.</p> <p>On 1/8/15 at 11:08 AM, the Area Director (AD) indicated the recliners were new since the survey completed on 11/5/14. The AD indicated the staff were supposed to call the store to replace them. The AD indicated he could not find a recliner sturdy enough to last. The AD indicated the recliners should be in good repair.</p> <p>2) On 1/7/15 at 4:14 PM, the living room wall next to the recliner was damaged. The damaged area was 1.5 feet by 3 feet in diameter. The wall was scuffed, marked, discolored, missing paint, dented and dinged. On 1/7/15 at 4:23 PM, a 3 inch diameter circular hole was observed in the dining room. The hole lined up with the door knob of the door leading to the medication administration area. This affected clients A, B, C, D, E, F, G and H.</p>		<p>monitored and corrected as required on an ongoing basis. The Program Director will review and follow up with the Home Manager to ensure the home is in good repair, sanitary, and comfortable for all clients. This checklist will be reviewed with the Area Director at least weekly at the Program Director/ Area Director weekly meeting. Staff in the home will be retrained on reporting any concerns/issues found in the home to the Home Manager and/or Program Director so they can be addressed timely for clients' health and safety. Responsible Party: Home Manager, Program Director, Area Director</p>		

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	<p>On 1/7/15 at 4:17 PM, the PD indicated the maintenance staff was at the home on 12/30/14 and was aware the walls needed to be repaired.</p> <p>On 1/8/15 at 11:08 AM, the AD indicated the maintenance staff needed to fix the walls and put in a chair rail.</p> <p>3) On 1/7/15 at 5:19 PM, client B indicated his bedroom was cold. Upon entering client B's bedroom, the bedroom was noticeably colder than the rest of the home. There was a 1 inch gap under the emergency exit door located in client B's bedroom. Sunlight was shining through the gap under the door and into client B's room. The gap under the door allowed a cold draft to enter client B's bedroom. The weather stripping under client B's door was peeling off. The outside temperature at the time of the observation was 2 degrees Fahrenheit.</p> <p>On 1/7/15 at 5:19 PM, the HM stated the maintenance staff "definitely" needed to come in and fix the door.</p> <p>On 1/8/15 at 11:08 AM, the AD stated client B's room should be "toasty warm" since a new heating system was installed. The AD indicated client B's door needed to be repaired so there was no gap at the bottom.</p>						

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	<p>4) On 1/7/15 at 4:06 PM when the food supply stored in the basement was reviewed, a mouse was observed in the storage cabinet with the food containers. The cabinet where the food containers were located was soiled with rice-sized, brown pellets. The pellets were also on the top of the storage cabinet. This affected clients A, B, C, D, E, F, G and H.</p> <p>On 1/7/15 at 4:06 PM, the Program Director (PD) indicated a pest control company had been to the home and set traps for mice. The PD indicated she needed to contact the pest control company again.</p> <p>On 1/8/15 at 10:22 AM, a review of a receipt from the pest control company was conducted. The receipt, dated 12/30/14, indicated the home was treated for mice. The receipt indicated, in part, "Rodent trap placement." The receipt indicated, "Pest found (dead). Mice(5)."</p> <p>On 1/7/15 at 4:09 PM, client H indicated he saw a mouse last week in client C's bedroom.</p> <p>On 1/7/15 at 4:17 PM, the HM indicated the pest control company was at the home on 12/30/14 and was scheduled for a</p>						

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	<p>follow-up visit on 1/10/15.</p> <p>On 1/8/15 at 10:35 AM, the nurse indicated the group home was working to remove the mice from the home. The nurse indicated the food was now being stored in plastic totes. The nurse indicated the food was being stored on the shelves and the mice got into the food. The nurse indicated the food the mice ate was discarded and all new food was purchased and placed in the totes. The nurse indicated it was a sanitary issue to have the food stored in an area where mice and mice feces were located.</p> <p>On 1/8/15 at 12:55 PM the AD indicated it was a sanitary issue and there should not be feces in the area where the food was stored.</p> <p>This deficiency was cited on 11/5/14. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>This federal tag relates to complaints #IN00157027 and #IN00158326.</p> <p>9-3-1(a)</p>				

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W000148	<p>483.420(c)(6) COMMUNICATION WITH CLIENTS, PARENTS &</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 1 of 2 clients in the sample (A) and one additional client (F), the facility failed to promptly notify the clients' guardians of any significant incidents or changes in the clients' condition.</p> <p>Findings include:</p> <p>On 1/9/15 at 12:41 PM, client F's guardian stated the group home had not had contact with her since "way before Christmas." The guardian stated, "Haven't heard a thing from any of them." The guardian stated she "assumed" everything was okay since she had not heard from the facility. Client F's guardian indicated she spoke to client F on a daily basis. Client F's guardian indicated she wanted to receive regular contact regarding client F from the group home staff.</p> <p>On 1/7/15 at 1:47 PM, client A's guardian indicated she had not spoken to the group</p>	W000148	<p>The Program Director and Home Manager were trained on contact of guardians and documentation of this contact on 1/26/15. Contact with all guardians must be made at least monthly, but more often if incidents or other activities occur. A form for documenting this contact was developed and will be completed anytime contact is made. The Program Director will review guardian contact weekly with the Area Director at the weekly Program Director/Area Director meeting to ensure contact is being made. Corrective action will be completed if this contact is not made according to the guidelines established. Responsible Party: Home Manager, Program Director, Area Director</p>	02/08/2015

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	<p>home staff. Client A's guardian indicated the Home Manager and Program Director had not contacted her. The guardian indicated the Area Director was supposed to call her but she had not heard from him. The guardian indicated she had every other day contact with client A but no contact with the group home staff. The guardian indicated she would like to receive regular contact from the group home regarding client A. The guardian indicated she saw client A over Christmas and his glasses were not the same as the last pair he was wearing when he visited. The guardian indicated she had not been contacted about client A's glasses being broken. The guardian indicated client A needed to have his glasses repaired or replaced since the ones he was wearing did not fit properly.</p> <p>On 1/7/15 at 11:07 AM, a review of the facility's incident/investigative reports was conducted and indicated the following:</p> <p>1) On 12/20/14 at 4:00 PM, client A was upset while riding in the van. Client A punched client H. Client H punched client A. There was no documentation client A's glasses were broken during the incident in the Bureau of Developmental Disabilities Services (BDDS) incident report, dated 12/21/14, or in the</p>						

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	<p>investigation dated 12/29/14. The BDDS report indicated the guardian was contacted on 12/21/14.</p> <p>An observation was conducted at the group home on 1/7/15 from 3:27 PM to 5:48 PM. During the observation, client A's glasses were crooked on his face and did not fit properly.</p> <p>On 1/7/15 at 3:41 PM, a review of client A's record indicated there was no documentation client A received new glasses in the past 6 months.</p> <p>On 1/8/15 at 11:57 AM, client H stated, regarding the 12/20/14 incident with client A, "[Client A] popped me and I hit him in the face. His glasses fell off and he stepped on them."</p> <p>2) On 11/6/14 at 3:40 PM, client F was in the van when client H attempted to get in. Client F yelled at client H to get him to move. Client F leaned forward and attempted to bite client H. Staff leaned forward to prevent client F from biting client H. Client H reached over staff and hit client F on the side of the head. The BDDS report, dated 11/6/14, indicated client F's guardian was notified of the incident on 10/7/14 (incorrect date).</p> <p>The investigation, dated 11/10/14,</p>			

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	<p>indicated, "[Client H] reported 'I was just trying to get in the van.' The investigation indicated, "[Client H] reported that [client F] was yelling at him to 'hurry up.' [Client H] reported he got 'p----- off when [client F] tried biting me so I hit him.'"</p> <p>On 1/7/15 at 3:43 PM, the Program Director (PD) indicated client A was wearing an old pair of glasses since his glasses were broken during a client to client incident in December 2014. The PD indicated client A's frames were not repairable. The PD indicated she did not have documentation the guardian was contacted with the exception of the documentation on the BDDS incident report. The PD indicated she did not keep documentation of her contact with the clients' guardians. The PD indicated the BDDS report incident dates were incorrect. The PD indicated the dates on the report should have been for November and not October.</p> <p>On 1/8/15 at 12:34 PM, the Area Director (AD) indicated the PD should keep documentation of when guardian contact was made.</p> <p>This deficiency was cited on 11/5/14. The facility failed to implement a systemic plan of correction to prevent</p>						

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W000149	<p>recurrence.</p> <p>This federal tag relates to complaint #IN00158326.</p> <p>9-3-2(a)</p> <p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on observation, record review and interview for 5 of 27 incident/investigative reports reviewed affecting clients A, B, D, F, G and H, the facility neglected to implement its policies and procedures to prevent client to client abuse, client neglect, conduct thorough investigations, and implement timely corrective actions to address client abuse and neglect.</p> <p>Findings include:</p> <p>On 1/7/15 at 11:07 AM, a review of the facility's incident/investigative reports was conducted and indicated the following:</p> <p>1) An incident report for this incident was not in the file given to the surveyor</p>	W000149	<p>Staff in the home will be re-trained on 2/3/15 on PIA, preventing client to client abuse, client neglect, how to document any adaptive equipment replacement when needed by taking consult forms to doctors when new equipment has been ordered, and reporting any concerns/issues found in the home to the Home Manager and/or Program Director so they can be addressed timely for clients' health and safety. Further incidents that occur where it is determined that staff fail to prevent client to client abuse or client neglect will result in corrective action up to termination. Observations will be continued at least weekly to monitor that staff are following client plans and are preventing client to client incidents. The</p>	02/08/2015

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	<p>for review. The incident report was reviewed on 1/8/15 at 11:03 AM.</p> <p>On 12/30/14 at 4:27 PM, the Bureau of Developmental Disabilities Services (BDDS) report, dated 12/31/14, indicated the Program Director (PD) received a text message from client H's guardian. The message indicated client H had called her and reported he was home alone at the group home. The PD called the group home to speak with client H. Client H confirmed he was at home alone. Client H indicated he had been taking a nap upstairs after refusing to go the day program. PD contacted staff #1 and she went to the group home. The PD called client H and spoke to him on the phone until staff #1 arrived. The BDDS report indicated, "Written warning will be given to 1st shift staff, [staff #8 and #9] for not ensuring location of client was confirmed with 2nd shift staff."</p> <p>There was no documentation staff #8 and #9 received a written warning.</p> <p>The investigation, dated 1/6/15, indicated, "Brief Summary of Incident: [Client H] was left home alone during shift change and transport." The investigation indicated, "Suspended Staff's Name/Title: No - could not be determined who was at fault." The</p>		<p>Program Director was retrained on completing and administering corrective actions as determined following the findings of investigations within 3 business days of the investigation completion on 1/26/15. All corrective actions completed will be reviewed with the Area Director weekly at the Program Director/Area Director weekly meeting and corrective action for the Program Director will be completed if the established timelines are not met, barring extenuating circumstances. The Area Director and Quality Assurance Specialist will review investigations as completed to monitor for thoroughness including completion of corrective actions. Responsible Party: Home Manager, Program Director, Area Director, Quality Assurance Specialist</p>	

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	<p>investigation indicated, "Recommendations/Corrective Measures to Prevent the Likelihood of Future Occurrences: White board is being purchased for the home for communication, staff training was completed on 12/31 about shift change procedure, corrective action with first shift staff due to not ensuring that each staff passed on the information about a client being upstairs and home." The investigation did not indicate whether or not the facility substantiated neglect. The investigation did not indicate the amount of time client H was alone at the group home.</p> <p>An observation was conducted at the group home on 1/7/15 from 3:27 PM to 5:48 PM. There was no white board at the group home for communication.</p> <p>On 1/8/15 at 11:57 AM, client H indicated he was in his room sleeping. Client H stated when he woke up, "I did not hear nothing." Client H indicated he went downstairs, no one was at home so he went outside and saw the van was gone. Client H indicated he called his mom. His mom called the Program Director. Staff #1 came to the home. Client H indicated he was not scared. Client H stated it was "peaceful" at the home while he was home alone.</p>						

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	<p>On 1/8/15 at 11:41 AM, the Area Director (AD) indicated none of the staff was suspended following the incident. The AD indicated the staff failed to communicate effectively during the shift change. The AD indicated the 1st shift staff failed to inform the 2nd shift staff client H was asleep in his room. The AD indicated when client H called his mom, he had been alone for 45 minutes. The AD indicated staff were retrained. The AD indicated the 1st shift staff were supposed to receive a verbal warning (written) but Human Resources needed to review the warning prior to it being given. On 1/8/15 at 11:45 AM, the AD stated the staff were "negligent" when they left client H at the home alone.</p> <p>On 1/8/15 at 11:45 AM, the Program Director (PD) indicated the staff had not received the written warnings. The PD indicated the staff were told they were going to receive a written warning but she did not have documentation the staff received the warnings. The PD indicated the group home staff met on 12/31/14 to discuss the incident. The PD indicated a white board was purchased on 1/8/15. The PD indicated she made a mistake by not completing the conclusion section of the investigation. The PD stated, "I overlooked it." The PD marked the</p>			
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	<p>investigation as staff did not follow protocol by failing to communicate client H was in his bedroom. The PD stated the staff were "negligent" when they left client H at the home alone.</p> <p>2) On 12/20/14 at 4:00 PM, client A was upset while riding in the van. Client A punched client H. Client H punched client A. There was no documentation client A's glasses were broken during the incident in the BDDS incident report, dated 12/21/14, or in the investigation dated 12/29/14. The investigation did not indicate whether or not the facility substantiated abuse.</p> <p>An observation was conducted at the group home on 1/7/15 from 3:27 PM to 5:48 PM. During the observation, client A's glasses were crooked on his face and did not fit properly.</p> <p>On 1/7/15 at 3:41 PM, a review of client A's record indicated there was no documentation client A received new glasses in the past 6 months.</p> <p>On 1/8/15 at 11:57 AM, client H stated, regarding the 12/20/14 incident with client A, "[Client A] popped me and I hit him in the face. His glasses fell off and he stepped on them."</p>						

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	<p>On 1/7/15 at 3:43 PM, the Program Director (PD) indicated client A was wearing an old pair of glasses since his glasses were broken during a client to client incident in December 2014. The PD indicated client A's frames were not repairable.</p> <p>On 1/8/15 at 11:08 AM the Area Director (AD) indicated client A's glasses were broken during an incident with client H. The AD indicated client A's glasses fell to the floor and client A stepped on them while changing seats in the van. The AD indicated the investigation should have indicated the glasses were broken. The AD indicated client A's glasses were at the shop being fixed. On 1/7/15 at 12:28 PM the AD indicated client to client aggression was considered abuse and the facility should prevent abuse. The AD indicated the facility had a policy and procedure prohibiting abuse of the clients.</p> <p>3) On 12/5/14 at 10:15 AM, client G removed his seat belt while in the van and pushed client B while trying to climb over the seats. The BDDS report, dated 12/6/14, indicated, in part, "[Staff #10] prompted [client B] to stay calm, as [client G] was pushing on him, until they got to the [name of city] Regional Office for assistance from (the) Area Director</p>						

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	<p>and Program Director. [Client B] was immediately removed from the van and taken into the office for a safer location and to have another staff at the office assist with getting him to his appointment." The investigation, dated 12/11/14, indicated, "Brief Summary of Incident: [client G] became physically aggressive while in the van on morning transport and aggressed on staff and tried climbing over the seats of the van and in the process pushed on [client B]." The investigation did not indicate whether or not client to client abuse was substantiated.</p> <p>On 1/7/15 at 12:28 PM the AD indicated client to client aggression was considered abuse and the facility should prevent abuse. The AD indicated the facility had a policy and procedure prohibiting abuse of the clients.</p> <p>On 1/8/15 at 11:45 AM, the PD indicated she did not indicate whether or not abuse was substantiated in her investigation.</p> <p>4) On 11/14/14 at 6:00 PM, staff #9 reported to the former Home Manager that former staff #11 told client H to "pull the tampon out of your vagina and shut up" and was trying to get client D to say the word "p----." The investigation, dated 11/19/14, indicated staff #9</p>			

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	<p>reported staff #11 said the words, "Shut the f--- up" at least 6 times during a 2.5 hour period while they were running errands. Staff #9 reported staff #11 would "talk about the guys to the other staff in front of the guys." In the investigation, staff #3 indicated, "[Staff #11] tried to get [client D] to say p----, t----, p---- and she then laughed." Staff #3 reported, "[Staff #11] told [client H] he needed to get his p---- out of his mouth because [client H] was getting excited when he was talking to [staff #9] the other staff." The investigation indicated in the Conclusion section of the report, "There is evidence to support that [staff #11] was verbally abusive to both [clients H and D]."</p> <p>Staff #11 was terminated on 11/19/14. The Termination Notice, dated 11/19/14, indicated, in part, "Indiana MENTOR is terminating [staff #11's] employment due to [staff #11] being verbally inappropriate to clients... This is in direct violation of Indiana Mentor's policies. Specifically, this violates the policies outlined in the Employee Information Guide which states: 'Guiding Principles of treating out consumers with respect and dignity, verbal or physical abuse and neglect of any kind will not be tolerated' and 'any acts of disrespect, abuse, and/or neglect toward the individuals we support will</p>						

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	<p>not be tolerated'; therefore, we are terminating [staff #11's] employment. [Staff #11] acknowledged these policies on 10/10/14."</p> <p>On 1/7/15 at 12:28 PM the AD indicated the facility staff were prohibited from abusing the clients and the facility should prevent abuse of the clients. The AD indicated the facility had a policy and procedure prohibiting abuse of the clients. On 1/7/15 at 11:27 AM, the AD indicated staff #11's employment with Mentor was terminated due to substantiated verbal abuse.</p> <p>5) On 11/6/14 at 3:40 PM, client F was in the van when client H attempted to get in. Client F yelled at client H to get him to move. Client F leaned forward and attempted to bite client H. Staff leaned forward to prevent client F from biting client H. Client H reached over staff and hit client F on the side of the head.</p> <p>The investigation, dated 11/10/14, indicated, "[Client H] reported 'I was just trying to get in the van.' The investigation indicated, "[Client H] reported that [client F] was yelling at him to 'hurry up.' [Client H] reported he got 'p----- off when [client F] tried biting me so I hit him.'" The investigation indicated in the Conclusion section,</p>						

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	<p>"Evidence supports staff did not intervene appropriately." The Recommendations section indicated, "Training on staff placement in home and vehicles. Prevention of client to client aggression completed on 11/10/14." The investigation did not indicate whether or not abuse was substantiated.</p> <p>On 1/7/15 at 12:28 PM the AD indicated client to client aggression was considered abuse and the facility should prevent abuse. The AD indicated the facility had a policy and procedure prohibiting abuse of the clients.</p> <p>On 1/8/15 at 11:45 AM, the PD indicated she did not indicate whether or not abuse was substantiated in her investigation.</p> <p>The facility's policy and procedures related to abuse and neglect were reviewed on 1/7/15 at 11:45 AM. The policy indicated the following, "Any allegation of abuse or human rights violation is thoroughly investigated by the Area Director in consultation with Human Resources Department and/or Quality Assurance/Risk Management Department." The policy indicated, "Indiana MENTOR programs maintain a written list of rights, which take into account the requirements of applicable laws, regulations, and purchasing</p>						

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W000154	<p>agencies. This list of rights should include, but is not limited to: e. Ensure the clients are not subjected to physical, verbal, sexual, or psychological abuse or punishment... o. The following actions are prohibited by employees of Indiana MENTOR: 1) abuse, neglect, exploitation or mistreatment of an individual including misuse of an individual's funds. 2) violation of an individual's rights." The policy indicated, "Indiana MENTOR is committed to completing a thorough investigation for any event out of the ordinary which jeopardizes the health and safety of any individual served or other employee."</p> <p>This deficiency was cited on 11/5/14. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>This federal tag relates to complaints #IN00157027 and #IN00158326.</p> <p>9-3-2(a)</p> <p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.</p>						

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	<p>Based on observation, record review and interview for 4 of 27 incident/investigative reports reviewed affecting clients A, B, F, G and H, the facility failed to conduct thorough investigations.</p> <p>Findings include:</p> <p>On 1/7/15 at 11:07 AM, a review of the facility's incident/investigative reports was conducted and indicated the following:</p> <p>1) An incident report for this incident was not in the file given to the surveyor for review. The incident report was reviewed on 1/8/15 at 11:03 AM.</p> <p>On 12/30/14 at 4:27 PM, the Bureau of Developmental Disabilities Services (BDDS) report, dated 12/31/14, indicated the Program Director (PD) received a text message from client H's guardian. The message indicated client H had called her and reported he was home alone at the group home. The PD called the group home to speak with client H. Client H confirmed he was at home alone. Client H indicated he had been taking a nap upstairs after refusing to go the day program. PD contacted staff #1 and she went to the group home. The PD called client H and spoke to him on the phone</p>	W000154	<p>The Area Director and Quality Assurance Specialist will review investigations as completed to monitor for thoroughness including completion of corrective actions. Thorough investigations are written using the terminology of evidence supports or does not support that abuse occurred. Indiana Mentor will review current procedures to ensure all investigations are thoroughly investigated. A white board has been placed in the house and implemented by staff to ensure communication between shifts of important client/household information. A checklist has been developed and will be completed at least weekly by the Home Manager to ensure that the needs identified for the home are monitored and corrected as required on an ongoing basis. This includes the use of the white board used in the home by staff daily. The Program Director will review and follow up with the Home Manager to ensure the home is in good repair, sanitary, and comfortable for all clients. This checklist will be reviewed with the Area Director at least weekly at the Program Director/ Area Director weekly meeting.</p> <p>Staff in the home will be retrained on reporting any concerns/issues found in the home to the Home Manager and/or Program Director so they can be addressed timely for clients' health and safety.</p>	02/08/2015			

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	<p>until staff #1 arrived. The BDDS report indicated, "Written warning will be given to 1st shift staff, [staff #8 and #9] for not ensuring location of client was confirmed with 2nd shift staff."</p> <p>There was no documentation staff #8 and #9 received a written warning.</p> <p>The investigation, dated 1/6/15, indicated, "Brief Summary of Incident: [Client H] was left home alone during shift change and transport." The investigation indicated, "Suspended Staff's Name/Title: No - could not be determined who was at fault." The investigation indicated, "Recommendations/Corrective Measures to Prevent the Likelihood of Future Occurrences: White board is being purchased for the home for communication, staff training was completed on 12/31 about shift change procedure, corrective action with first shift staff due to not ensuring that each staff passed on the information about a client being upstairs and home." The investigation did not indicate whether or not the facility substantiated neglect. The investigation did not indicate the amount of time client H was alone at the group home.</p> <p>An observation was conducted at the</p>		<p>Responsible Party: Home Manager, Program Director, Area Director, Quality Assurance Specialist</p>				

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	<p>group home on 1/7/15 from 3:27 PM to 5:48 PM. There was no white board at the group home for communication.</p> <p>On 1/8/15 at 11:57 AM, client H indicated he was in his room sleeping. Client H stated when he woke up, "I did not hear nothing." Client H indicated he went downstairs, no one was at home so he went outside and saw the van was gone. Client H indicated he called his mom. His mom called the Program Director. Staff #1 came to the home. Client H indicated he was not scared. Client H stated it was "peaceful" at the home while he was home alone.</p> <p>On 1/8/15 at 11:41 AM, the Area Director (AD) indicated none of the staff was suspended following the incident. The AD indicated the staff failed to communicate effectively during the shift change. The AD indicated the 1st shift staff failed to inform the 2nd shift staff client H was asleep in his room. The AD indicated when client H called his mom, he had been alone for 45 minutes. The AD indicated the time client H was home alone should have been in the investigation. The AD indicated staff were retrained. The AD indicated the 1st shift staff were supposed to receive a verbal warning (written) but Human Resources needed to review the warning</p>						

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	<p>prior to it being given. On 1/8/15 at 11:45 AM, the AD stated the staff were "negligent" when they left client H at the home alone.</p> <p>On 1/8/15 at 11:45 AM, the Program Director (PD) indicated the staff had not received the written warnings. The PD indicated the staff were told they were going to receive a written warning but she did not have documentation the staff received the warnings. The PD indicated the group home staff met on 12/31/14 to discuss the incident. The PD indicated a white board was purchased on 1/8/15. The PD indicated she made a mistake by not completing the conclusion section of the investigation. The PD stated, "I overlooked it." The PD marked the investigation as staff did not follow protocol by failing to communicate client H was in his bedroom. The PD stated the staff were "negligent" when they left client H at the home alone.</p> <p>2) On 12/20/14 at 4:00 PM, client A was upset while riding in the van. Client A punched client H. Client H punched client A. There was no documentation client A's glasses were broken during the incident in the BDDS incident report, dated 12/21/14, or in the investigation dated 12/29/14. The investigation did not indicate whether or not the facility</p>			

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	<p>substantiated abuse.</p> <p>An observation was conducted at the group home on 1/7/15 from 3:27 PM to 5:48 PM. During the observation, client A's glasses were crooked on his face and did not fit properly.</p> <p>On 1/7/15 at 3:41 PM, a review of client A's record indicated there was no documentation client A received new glasses in the past 6 months.</p> <p>On 1/8/15 at 11:57 AM, client H stated, regarding the 12/20/14 incident with client A, "[Client A] popped me and I hit him in the face. His glasses fell off and he stepped on them."</p> <p>On 1/7/15 at 3:43 PM, the Program Director (PD) indicated client A was wearing an old pair of glasses since his glasses were broken during a client to client incident in December 2014. The PD indicated client A's frames were not repairable.</p> <p>On 1/8/15 at 11:08 AM the Area Director (AD) indicated client A's glasses were broken during an incident with client H. The AD indicated client A's glasses fell to the floor and client A stepped on them while changing seats in the van. The AD indicated the investigation should have</p>						

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	<p>indicated the glasses were broken. The AD indicated client A's glasses were at the shop being fixed.</p> <p>3) On 12/5/14 at 10:15 AM, client G removed his seat belt while in the van and pushed client B while trying to climb over the seats. The BDDS report, dated 12/6/14, indicated, in part, "[Staff #10] prompted [client B] to stay calm, as [client G] was pushing on him, until they got to the [name of city] Regional Office for assistance from (the) Area Director and Program Director. [Client B] was immediately removed from the van and taken into the office for a safer location and to have another staff at the office assist with getting him to his appointment." The investigation, dated 12/11/14, indicated, "Brief Summary of Incident: [client G] became physically aggressive while in the van on morning transport and aggressed on staff and tried climbing over the seats of the van and in the process pushed on [client B]." The investigation did not indicate whether or not client to client abuse was substantiated.</p> <p>On 1/8/15 at 11:45 AM, the PD indicated she did not indicate whether or not abuse was substantiated in her investigation.</p> <p>4) On 11/6/14 at 3:40 PM, client F was</p>						

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	<p>in the van when client H attempted to get in. Client F yelled at client H to get him to move. Client F leaned forward and attempted to bite client H. Staff leaned forward to prevent client F from biting client H. Client H reached over staff and hit client F on the side of the head.</p> <p>The investigation, dated 11/10/14, indicated, "[Client H] reported 'I was just trying to get in the van.' The investigation indicated, "[Client H] reported that [client F] was yelling at him to 'hurry up.' [Client H] reported he got 'p----- off when [client F] tried biting me so I hit him.'" The investigation indicated in the Conclusion section, "Evidence supports staff did not intervene appropriately." The Recommendations section indicated, "Training on staff placement in home and vehicles. Prevention of client to client aggression completed on 11/10/14." The investigation did not indicate whether or not abuse was substantiated.</p> <p>On 1/8/15 at 11:45 AM, the PD indicated she did not indicate whether or not abuse was substantiated in her investigation.</p> <p>This deficiency was cited on 11/5/14. The facility failed to implement a systemic plan of correction to prevent recurrence.</p>						

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W000157	<p>This federal tag relates to complaint #IN00158326.</p> <p>9-3-2(a)</p> <p>483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken. Based on observation, record review and interview for 2 of 27 incident/investigative reports reviewed affecting clients A and H, the facility failed to implement timely corrective actions to address client abuse and neglect.</p> <p>Findings include:</p> <p>On 1/7/15 at 11:07 AM, a review of the facility's incident/investigative reports was conducted and indicated the following:</p> <p>1) An incident report for this incident was not in the file given to the surveyor for review. The incident report was reviewed on 1/8/15 at 11:03 AM.</p>	W000157	The Program Director was retrained on completing and administering corrective actions as determined following the findings of investigations within 3 business days of the investigation completion on 1/26/15. All corrective actions completed will be reviewed with the Area Director weekly at the Program Director/Area Director weekly meeting and corrective action for the Program Director will be completed if the established timelines are not met, barring extenuating circumstances. Responsible Party: Home Manager, Program Director, Area Director	02/08/2015	

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	<p>On 12/30/14 at 4:27 PM, the Bureau of Developmental Disabilities Services (BDDS) report, dated 12/31/14, indicated the Program Director (PD) received a text message from client H's guardian. The message indicated client H had called her and reported he was home alone at the group home. The PD called the group home to speak with client H. Client H confirmed he was at home alone. Client H indicated he had been taking a nap upstairs after refusing to go the day program. PD contacted staff #1 and she went to the group home. The PD called client H and spoke to him on the phone until staff #1 arrived. The BDDS report indicated, "Written warning will be given to 1st shift staff, [staff #8 and #9] for not ensuring location of client was confirmed with 2nd shift staff."</p> <p>There was no documentation staff #8 and #9 received a written warning.</p> <p>The investigation, dated 1/6/15, indicated, "Brief Summary of Incident: [Client H] was left home alone during shift change and transport." The investigation indicated, "Suspended Staff's Name/Title: No - could not be determined who was at fault." The investigation indicated, "Recommendations/Corrective Measures</p>						

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	<p>to Prevent the Likelihood of Future Occurrences: White board is being purchased for the home for communication, staff training was completed on 12/31 about shift change procedure, corrective action with first shift staff due to not ensuring that each staff passed on the information about a client being upstairs and home." The investigation did not indicate whether or not the facility substantiated neglect. The investigation did not indicate the amount of time client H was alone at the group home.</p> <p>An observation was conducted at the group home on 1/7/15 from 3:27 PM to 5:48 PM. There was no white board at the group home for communication.</p> <p>On 1/8/15 at 11:57 AM, client H indicated he was in his room sleeping. Client H stated when he woke up, "I did not hear nothing." Client H indicated he went downstairs, no one was at home so he went outside and saw the van was gone. Client H indicated he called his mom. His mom called the Program Director. Staff #1 came to the home. Client H indicated he was not scared. Client H stated it was "peaceful" at the home while he was home alone.</p> <p>On 1/8/15 at 11:41 AM, the Area</p>			

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	<p>Director (AD) indicated none of the staff were suspended following the incident. The AD indicated the staff failed to communicate effectively during the shift change. The AD indicated the 1st shift staff failed to inform the 2nd shift staff client H was asleep in his room. The AD indicated when client H called his mom, he had been alone for 45 minutes. The AD indicated staff were retrained. The AD indicated the 1st shift staff were supposed to receive a verbal warning (written) but Human Resources needed to review the warning prior to it being given. On 1/8/15 at 11:45 AM, the AD stated the staff were "negligent" when they left client H at the home alone.</p> <p>On 1/8/15 at 11:45 AM, the Program Director (PD) indicated the staff had not received the written warnings. The PD indicated the staff were told they were going to receive a written warning but she did not have documentation the staff received the warnings. The PD indicated the group home staff met on 12/31/14 to discuss the incident. The PD indicated a white board was purchased on 1/8/15. The PD indicated she made a mistake by not completing the conclusion section of the investigation. The PD stated, "I overlooked it." The PD marked the investigation as staff did not follow protocol by failing to communicate client</p>			

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	<p>H was in his bedroom. The PD stated the staff were "negligent" when they left client H at the home alone.</p> <p>2) On 12/20/14 at 4:00 PM, client A was upset while riding in the van. Client A punched client H. Client H punched client A. There was no documentation client A's glasses were broken during the incident in the BDDS incident report, dated 12/21/14, or in the investigation dated 12/29/14. The investigation did not indicate whether or not the facility substantiated abuse.</p> <p>An observation was conducted at the group home on 1/7/15 from 3:27 PM to 5:48 PM. During the observation, client A's glasses were crooked on his face and did not fit properly.</p> <p>On 1/7/15 at 3:41 PM, a review of client A's record indicated there was no documentation client A received new glasses in the past 6 months.</p> <p>On 1/8/15 at 11:57 AM, client H stated, regarding the 12/20/14 incident with client A, "[Client A] popped me and I hit him in the face. His glasses fell off and he stepped on them."</p> <p>On 1/7/15 at 3:43 PM, the Program Director (PD) indicated client A was</p>			

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W000198	<p>wearing an old pair of glasses since his glasses were broken during a client to client incident in December 2014. The PD indicated client A's frames were not repairable.</p> <p>On 1/8/15 at 11:08 AM the Area Director (AD) indicated client A's glasses were broken during an incident with client H. The AD indicated client A's glasses fell to the floor and client A stepped on them while changing seats in the van. The AD indicated the investigation should have indicated the glasses were broken. The AD indicated client A's glasses were at the shop being fixed.</p> <p>This deficiency was cited on 11/5/14. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>This federal tag relates to complaints #IN00157027 and#IN00158326.</p> <p>9-3-2(a)</p> <p>483.440(b)(1) ADMISSIONS, TRANSFERS, DISCHARGE Clients who are admitted by the facility must</p>						

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	<p>be in need of and receiving active treatment services.</p> <p>Based on observation, record review and interview for 1 of 4 clients in the sample (C), the facility failed to ensure client C was in need of and received active treatment services.</p> <p>Findings include:</p> <p>An observation was conducted at the group home on 1/7/15 from 3:27 PM to 5:48 PM. On 1/7/15 at 4:33 PM, client C arrived home. Client C used a smartphone to access the internet and send a text. On 1/7/15 at 5:29 PM, client C was playing a video game in his bedroom. Client C accessed the internet to play the game cooperatively with other players. Client C switched games on his video console and accessed the internet to update the game and join a second cooperative on-line game.</p> <p>On 1/7/15 at 5:43 PM, client C indicated he was waiting to move out of the group home and into his own apartment.</p> <p>A review of client C's record was conducted on 1/7/15 at 5:00 PM. Client C's Individualized Support Plan (ISP), dated 8/22/14, indicated client C was an emancipated adult. The ISP indicated the following: "Assessment of dining skills:</p>	W000198	<p>The Program Director is continuing to work with BDDS to complete all required documentation regarding assisting Client C to receive the needed services to be more independent in the community and move from the group home.</p> <p>Responsible Party: Program Director, Area Director</p>	02/08/2015

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	<p>Independent. Assessment of food and liquid intake: Independent. Assessment of food Service skills: Independent. Willingness to wear glasses: Independent. Assessment of ability to care for glasses: Independent. List any information that has changed to include success in past goals: [Client C] is aware of what time his medications are to be taken. [Client C] comes to the med room independently." Client C did not have a Behavior Support Plan or psychotropic medication. Client C's ISP indicated, "Assessment of verbal communication skills: Independent. Assessment of non-verbal communication skills: Independent. Assessment of receptive language skills: Independent. Can he/she make sense of various environments: Yes. Assessment of fine motor skills that he/she cannot do: N/A. Assessment of fine motor skills that he/she can do: Independent. Assessment of gross motor skills that he/she can do: Independent. Assessment of gross motor skills he/she cannot do: N/A. Assessment of his/her ability to ambulate: Independent. Assessment of his/her ability to care for adaptive equipment: Independent. Assessment of how he problem solves: Requires minimal assistance. Assessment of how he follows directions: [Client C] is capable of following 6 or more step directions. Assessment of</p>			

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	<p>ability to mix hot water safely: Independent. Assessment of ability to evacuate during a fire drill: Independent. Assessment of ability to perform household tasks: Requires verbal prompting at times. Assessment of ability/limitations to care for personal hygiene: Requires verbal prompting at times. Assessment of ability/limitations to groom self: Independent. Assessment of ability/limitations in food preparation: Requires assistance at times. Assessment of financial skills/limitations: Requires assistance at times. Assessment of pedestrian skills: Independent. Assessment of ability to provide informed consent: Requires assistance at times. List who helps provide informed consent when he/she is unable to: Mother and Interdisciplinary Team. Assessment of leisure skills: Independent."</p> <p>Client C's ISP indicated he had the following training objectives: Client C will increase his independence with his financial skills (fill out and turn in invoices for work completed); brush teeth twice a day; pick a meal to cook, go shopping for the ingredients and cook the meal; participate in his alone time of up to 6 hours each week by notifying staff of his destination and being back by the agreed upon time; prepare meds correctly and check them before meds are</p>				

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	<p>administered; and use key to unlock the basement door.</p> <p>Client C's Vocational Profile Summary, dated 5/2/14, indicated client C works full time at a sheltered workshop, Monday through Friday, 8:00 AM to 4:00 PM. The summary indicated client C had "good communication skills" and "good with time awareness." The summary indicated, "very productive, very important position at work."</p> <p>Client C's Camelot Behavioral Checklist, dated 5/2/14, indicated client C was independent in the following areas: eating behaviors, dressing and undressing, toilet use, cares for own health (sought help for injury or illness, stayed on special diet if necessary, performed simple first aid on self, took own medication, and got prescriptions filled), knowledge of self (knew full name, names of family members, his age, address and telephone number), bathing, hair care, grooming, physical development (stands alone, balance on tip toes, balance on one foot, balance on one foot with arms crossed), walking, posture, body movements (with the exception of doing a chin up on a bar), hand movements, sensory development (discriminated colors, forms, sizes, tastes, sounds, smells, temperature, weight and</p>						

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	textures), home duties (sweeping with broom, used a dust pan, emptied trash, make his bed, mop the floors, dust the furniture, cleaned windows and mirrors, cleaned walls, tub, sink and toilet, changed linens regularly, used a vacuum, cleaned stove and refrigerator, and simple home repairs), clothing care (hang up clothes, put clothes away, folded clothes, dried clothes, washed clothes, ironed clothes, select water temperature, and used bleach), cooking (cleared and wiped the table, dry dishes, put dishes away, washed dishes, set table, prepared foods requiring no mixing, select proper pans for cooking, stored and refrigerated foods, baked food, boiled food, prepared food for mixing, fried food, grilled food, prepared a complete meal, and sautéed food), yard care (sweep, shovel snow, raked leaves, pulled weeds, watered the lawn, and mowed the lawn), operation of appliances (toaster, clothes dryer, washing machine, iron, vacuum, coffee pot, electric range, garbage disposal, can opener, coin operated washing machine and dryer and dishwasher), vocational behavior (knew his supervisor, asked for help when needed, understood and followed directions, arrived to work on time, stayed at work for required period, worked without supervision, responded well to criticism, use lunch facilities, responded appropriately to supervisor,			

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	started work without prompting, responded to co-workers appropriately, productive, operated time clock, handled tools safely, responded to job interview, requested more work when needed, took care of tools, and responded appropriately to customers), jobs skills (sort, fold, stack, janitorial work, yard work, packing jobs, stapling jobs, tying jobs, assembled by screwing parts, inserted and sealed jobs, painted, operated machinery and use a commercial dishwasher), economic behavior (bought toiletry items, knew food prices, bought groceries, knew clothing sizes, bought own clothes, and bought a variety of foods), money handling (knew equivalents, counted change, planned for specific purchases, made bank deposits, budgeted money, opened savings account, cash checks, and made savings withdrawals), independent travel (walked safely to destination, rode bike safely to destination, rode bus, and rode in taxi), travel skills (understood directions - right/left/up/down, recognized police as a source of help, read addresses, responded to traffic lights and signs, found and used public toilets, read common signs, knew location of local landmarks, asked for and followed directions, knew North, South, East and West, and read maps), numerical skills (counted to 100 by 1's, counted to 100 by						

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	10's, wrote numbers to 100, read numbers to 100, counted to 100 by 5's, understood greater, less and equal, read number words to 100, added with carrying, and multiplication), time (knew days of week, dates of month, read a calendar, seasons, holidays, could tell time and scheduled events by time), communication skills (selected an object if named, followed simple instructions, listened when other spoke, followed ordinal instructions, followed numerical instructions and followed conditional instructions), expressive language (spoke in phrases, asked questions, used nouns in speech, used verbs in speech, pitch of voice was appropriate, spoke in sentences, voice quality, resonance was appropriate, imitated new words, rate and rhythm of speech was appropriate, intensity of speech was appropriate, described situations and events, articulated well, used pronouns in speech, used prepositions in speech, used adjectives and adverbs in speech), reading (could get information from pictures and packages, knew alphabet, recognized safety words, recognized functional words, remembered what he read, read books, alphabetized, read packages, and read newspapers), writing (copied, traced, traced letters, spelled names, copied letters, spelled common words, printed or wrote notes and messages, wrote letters,				

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	<p>and used dictionary), use of telephone (answered phone, dialed number, took messages, placed call from private phone, found number in alphabetically list, found emergency numbers, and found number in yellow pages), spectator events (watched TV, listened to radio, played records or tapes, went to athletic events, went to movies, plays or concerts, and read magazines and newspapers), participation in social events (joined on-going activities, initiated own leisure time, did arts and crafts, played cards and table games, danced, played board games, swam, played team sports, jogged, and bowled), interaction with others (expressed emotion, greeted appropriately, looked at person while speaking, maintained appropriate social distance, engaged in conversation, apologized appropriately, waited while others spoke, and introduced self to others), responsibility (followed smoking rules, understood and respected private property, and knew and followed the law), response to emergencies (cleaned up debris from small accidents, could call the police and fire department, could activate the fire alarm, and could call doctor), security (identified own belongings, returned borrowed items and used lock and key).</p> <p>On 1/7/15 at 11:27 AM, the Area</p>						

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	<p>Director (AD) indicated the Bureau of Developmental Disabilities Services (BDDS) Service Coordinator (SC) was contacted following the survey on 11/5/14. The AD indicated the BDDS SC indicated the facility could not proceed with moving client C out of the group home until the Conditions of Participation (COP) were removed from the home. The AD indicated there had been no progress in moving client C out of the group home.</p> <p>On 1/7/15 at 3:49 PM, the Program Director (PD) indicated she contacted the BDDS office following the 11/5/14 survey. The PD indicated she was told the group home could not do anything until the COPs were removed at the home. The PD indicated she spoke to the BDDS Coordinator last week to check in and informed the Coordinator that the Indiana State Department of Health had not returned for a follow-up survey. The PD indicated the Coordinator sent her forms to get the process started with moving client C out of the home.</p> <p>This deficiency was cited on 11/5/14. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-4(a)</p>						

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W000436	<p>483.470(g)(2) SPACE AND EQUIPMENT 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, interview and record review for 1 of 4 clients in the sample (A), the facility failed to ensure his glasses were replaced in a timely manner.</p> <p>Findings include:</p> <p>On 1/7/15 at 11:07 AM, a review of the facility's incident/investigative reports was conducted and indicated the following: On 12/20/14 at 4:00 PM, client A was upset while riding in the van. Client A punched client H. Client H punched client A. There was no documentation client A's glasses were broken during the incident in the Bureau of Developmental Disabilities Services incident report, dated 12/21/14, or in the investigation dated 12/29/14.</p> <p>An observation was conducted at the group home on 1/7/15 from 3:27 PM to</p>	W000436	<p>Staff in the home will be re-trained on 2/3/15 on how to document any adaptive equipment replacement when needed by taking consult forms to doctors when new equipment has been ordered.</p> <p>The Home Manager and Program Director will monitor client paperwork to ensure that all adaptive equipment is maintained or ordered correctly as needed.</p> <p>Responsible Party: Home Manager, Program Director, Area Director</p>	02/08/2015	

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	<p>5:48 PM. During the observation, client A's glasses were crooked on his face and did not fit properly.</p> <p>On 1/7/15 at 3:41 PM, a review of client A's record indicated there was no documentation client A received new glasses in the past 6 months.</p> <p>On 1/8/15 at 11:57 AM, client H stated, regarding the 12/20/14 incident with client A, "[Client A] popped me and I hit him in the face. His glasses fell off and he stepped on them."</p> <p>On 1/7/15 at 3:43 PM, the Program Director (PD) indicated client A was wearing an old pair of glasses since his glasses were broken during a client to client incident in December 2014. The PD indicated client A's frames were not repairable.</p> <p>On 1/8/15 at 11:08 AM the Area Director (AD) indicated client A's glasses were broken during an incident with client H. The AD indicated client A's glasses fell to the floor and client A stepped on them while changing seats in the van. The AD indicated the investigation should have indicated the glasses were broken. The AD indicated client A's glasses were at the shop being fixed.</p>						

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W000454	<p>9-3-7(a)</p> <p>483.470(l)(1) INFECTION CONTROL The facility must provide a sanitary environment to avoid sources and transmission of infections. Based on observation, interview and record review for 8 of 8 clients living in the group home (A, B, C, D, E, F, G and H), the facility failed to ensure the area in the basement where food was stored was free of mice.</p> <p>Findings include:</p> <p>On 1/7/15 at 4:06 PM when the food supply stored in the basement was reviewed, a mouse was observed in the storage cabinet with the food containers. The cabinet where the food containers were located was soiled with rice-sized, brown pellets. The pellets were also on the top of the storage cabinet. This affected clients A, B, C, D, E, F, G and H.</p> <p>On 1/7/15 at 4:06 PM, the Program Director (PD) indicated a pest control company had been to the home and set traps for mice. The PD indicated she needed to contact the pest control company again.</p>	W000454	<p>New totes with secure tight lids have been purchased for all food stored in the basement of the home. All areas have been cleaned to ensure there are no rodents or evidence of rodents and are sanitary. A checklist has been developed to monitor that the totes are secure and in good working order and that the area is clean and sanitary.</p> <p>Terminix comes to the group home bi-monthly to monitor for any rodents or pests or more often as requested. Terminix was in the home during the first week of January 2015.</p> <p>A checklist has been developed and will be completed at least weekly by the Home Manager to ensure that the needs identified for the home are monitored and corrected as required on an ongoing basis. The Program Director will review and follow up with the Home Manager to ensure the home is in good repair, sanitary, and comfortable for all clients.</p>	02/08/2015			

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	<p>On 1/8/15 at 10:22 AM, a review of a receipt from the pest control company was conducted. The receipt, dated 12/30/14, indicated the home was treated for mice. The receipt indicated, in part, "Rodent trap placement." The receipt indicated, "Pest found (dead). Mice(5)."</p> <p>On 1/7/15 at 4:09 PM, client H indicated he saw a mouse last week in client C's bedroom.</p> <p>On 1/7/15 at 4:17 PM, the HM indicated the pest control company was at the home on 12/30/14 and was scheduled for a follow-up visit on 1/10/15.</p> <p>On 1/8/15 at 10:35 AM, the nurse indicated the group home was working to remove the mice from the home. The nurse indicated the food was now being stored in plastic totes. The nurse indicated the food was being stored on the shelves and the mice got into the food. The nurse indicated the food the mice ate was discarded and all new food was purchased and placed in the totes. The nurse indicated it was a sanitary issue to have the food stored in an area where mice and mice feces were located.</p> <p>On 1/8/15 at 12:55 PM the AD indicated it was a sanitary issue and there should</p>		<p>This checklist will be reviewed with the Area Director at least weekly at the Program Director/ Area Director weekly meeting.</p> <p>Staff in the home will be retrained on reporting any concerns/issues found in the home to the Home Manager and/or Program Director so they can be addressed timely for clients' health and safety.</p> <p>Responsible Party: Home Manager, Program Director, Area Director</p>	

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	not be feces in the area where the food was stored. 9-3-7(a)				