

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G364	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  06/10/2016
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NAME OF PROVIDER OR SUPPLIER  REM OCCAZIO LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 10311 E JACKSON SELMA, IN 47383
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W 0000  Bldg. 00	<p>This visit was for a PCR (Post Certification Revisit) to the investigation of complaint #IN00188285 completed on 4/1/2016.</p> <p>Complaint #IN00188285: Not Corrected.</p> <p>This visit was in conjunction with the pre-determined full recertification and state licensure survey. This visit included the investigation of complaint #IN00198742.</p> <p>Dates of Survey: 6/7, 6/8, 6/9, and 6/10/2016.</p> <p>Facility number: 000878 Provider number: 15G364 AIM number: 100249230</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review of this report completed on 6/20/16 by #09182.</p>	W 0000		
W 0104  Bldg. 00	<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, record review, and interview, for 4 of 4 sample clients (clients A, B, C, and D) and 3 additional clients (clients E, F, and G), the governing body failed to exercise operating direction over the facility to ensure maintenance and repairs were completed at the group home for clients A, B, C, D, E, F, and G.</p> <p>Findings include:</p> <p>Observations and interviews were conducted at the group home on 6/7/16 from 3:00pm until 6:10pm and on 6/8/16 from 5:30am until 7:35am. Clients A, B, C, D, E, F, and G were observed at the group home. During the observation period the following needed repairs were observed with the Residential Manager (RM):</p> <p>-On 6/7/16 at 3:15pm, the RM stated four of four (4 of 4) tiled hallways had "worn and stained" floor tiles. The RM indicated the group home was in the process of obtaining bids for the floor tiles to be replaced. The RM stated the tile finish was "discolored," worn, the edges on the hallway tiles in "some" areas were damaged, and the edges of the tiles were hazardous to clients A, B, C, D, E, F, and G.</p> <p>-The RM indicated the dining room and</p>	W 0104	<p><b>W 104 Governing Body</b> The facility must exercise general policy, budget, and operating direction over the facility.</p> <p><b>1. What corrective action will be accomplished?</b></p> <ul style="list-style-type: none"> <li>· A new company has been found to complete the flooring work at the group home.</li> <li>· The tile floors are scheduled to be replaced on July 12th-14th.</li> <li>· The process for reporting maintenance concerns was reviewed with the Program Coordinator and Program Directors/QIDP's on 6-29-16.</li> </ul> <p><b>2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b></p> <ul style="list-style-type: none"> <li>· All residents have the potential to be affected by the same deficient practice.</li> <li>· The tile floors are scheduled to be replaced on July 12th-14th.</li> <li>· The process for reporting maintenance concerns was reviewed with the Program Coordinator and Program Directors/QIDP's on 6-29-16.</li> <li>· The Program Coordinator will address and report maintenance concerns as they arise.</li> <li>· The Program Director/QIDP will review the maintenance needs of the home during their supervisory visits.</li> </ul>	07/10/2016			

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	<p>kitchen tile was worn, stained, and needed to be replaced.</p> <p>On 6/9/16 at 9:25am, an interview with Area Director (AD) was conducted. The AD indicated clients A, B, C, D, E, F, and G lived at the group home. The AD indicated the group home was to undergo a remodel, repairs were "in process" of being completed, and the tile floors "Just had a bid approved" to replace the tile floors. The AD indicated no date of installation had been scheduled at this time. The AD indicated no further information was available for review.</p> <p>On 6/10/16 at 2:20pm, an interview with the AD was conducted. The AD indicated the group home tile floors were not scheduled for repair. However, the tile replacements were approved and the AD provided an approval form which authorized the replacement of the floor tile at the group home. The AD indicated the floor replacements had not been completed. No further information was available for review.</p> <p>This federal tag relates to complaint #IN00188285.</p> <p>This deficiency was cited on 4/1/2016. The facility failed to implement a systemic plan of correction to prevent</p>		<p><b>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</b></p> <ul style="list-style-type: none"> <li>· The tile floors are scheduled to be replaced on July 12th-14th.</li> <li>· The process for reporting maintenance concerns was reviewed with the Program Coordinator and Program Directors/QIDP's on 6-29-16.</li> <li>· The Program Coordinator will address and report maintenance concerns as they arise.</li> <li>· The Program Director/QIDP will review the maintenance needs of the home during their supervisory visits.</li> </ul> <p><b>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</b></p> <ul style="list-style-type: none"> <li>· The Program Coordinator will address and report maintenance concerns as they arise.</li> <li>· The Program Director/QIDP will review the maintenance needs of the home during their supervisory visits. These are completed at least monthly.</li> <li>· The Area Director will review the Program Directors/QIDP's supervisory visit information.</li> <li>· Quarterly Health and Safety reviews will be completed on the site and forwarded to the Quality Improvement Specialist for review.</li> </ul> <p><b>5. What is the date by which the systemic changes will be</b></p>				

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W 0149 Bldg. 00	<p>recurrence.</p> <p>9-3-1(a)</p> <p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on observation, record review, and interview, for 2 of 4 sampled clients (clients A and B) and for 1 additional client (client E), the facility neglected to ensure the facility staff implemented the agency's abuse, neglect, and/or mistreatment policy and procedure:</p> <p>-To thoroughly investigate client B's pattern for continued AWOL (Absence Without Leave) behaviors and to ensure client B was supervised according to his identified staff supervision need for his AWOL behaviors from the facility owned day services.</p> <p>-To immediately report to the administrator, to Adult Protective Services (APS) IC 12-10-3, and to BDDS (the Bureau of Developmental Disabilities Services) in accordance to State Law IAC 9-3-1(b)(5), and thoroughly investigate client A's allegation that client E stole his personal items and sold client A's items for monetary gain on her community outing</p>	W 0149	<p><b>completed?</b> July 10th, 2016</p> <p><b>W 149 Staff Treatment of Clients</b> The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p><b>1. What corrective action will be accomplished?</b></p> <ul style="list-style-type: none"> <li>· Training completed with the staff regarding: <ul style="list-style-type: none"> <li>o Abuse, neglect and exploitation-what constitutes abuse, report expectations and investigation expectations (competency test provided)</li> <li>o Client B's BSP.</li> <li>o Client B's risk plan for elopement.</li> <li>o Staff expectations when assisting residents with shopping needs/desires.</li> <li>o Client E's BSP.</li> </ul> </li> <li>· The Program Coordinator and Program Director/QIDP will be trained on reportable incidents and notifying the administrator.</li> <li>· The Program Director/QIDP will be retrained on completing thorough investigations.</li> </ul>	07/10/2016

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	<p>with staff.</p> <p>Findings include:</p> <p>1. The facility's reportable incidents to the Bureau of Developmental Disabilities Services (BDDS) and investigations from 6/2015 through 6/7/2016 were reviewed on 6/7/16 at 12:25pm and on 6/8/16 at 11:50am, and indicated the following for client B's AWOL behavior from the workshop.</p> <p>-An 4/21/16 BDDS report for an incident on 4/20/16 at 9:45am indicated "[Client B] went AWOL from the day services at approximately 9:45am on 4/20/16...Staff reported the incident to the program coordinator who in turn reported the incident to writer per protocol. Writer went to assist [client B] with returning to the day service. When writer returned to the day service [client B] was with staff and was minimal distance from the day service. [Client B] entered writer's vehicle without complication in order to return to the day services. [Client B] told writer he was lying down on the couch and he became upset with staff when staff tried to get him to get up and do an activity. [Client B] stated he got upset because staff pushed the couch he was lying on...Upon further investigation into the incident it was reported to writer that</p>		<ul style="list-style-type: none"> <li>· The Program Director/QIDP will be retrained on Mentor's investigation process and components of an investigation.</li> <li>· Client E has been in the process of replacing and/or reimbursing Client A for his stolen items.</li> <li>· Community safety programming will be implemented for Client B.</li> </ul> <p><b>2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b></p> <ul style="list-style-type: none"> <li>· All residents have the potential to be affected by the same deficient practice.</li> <li>· Training completed with the staff regarding: <ul style="list-style-type: none"> <li>o Abuse, neglect and exploitation-what constitutes abuse, report expectations and investigation expectations (competency test provided)</li> <li>o Client B's BSP.</li> <li>o Client B's risk plan for elopement.</li> <li>o Staff expectations when assisting residents with shopping needs/desires.</li> <li>o Client E's BSP.</li> </ul> </li> <li>· The Program Coordinator and Program Director/QIDP will be trained on reportable incidents and notifying the administrator.</li> <li>· The Program Director/QIDP will be retrained on completing thorough investigations.</li> </ul>				

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	<p>staff did not push the couch [client B] was lying on, but a staff grabbed [client B's] sweatshirt when trying to redirect a behavior. It was reported when [client B] got up from the couch he was lying on he pushed a peer and then began to flip over chairs and tried to flip over a table...During this time it was reported by staff that [Workshop Staff #1 (WKS)] grabbed [client B] by the sweatshirt and was possibly verbally aggressive toward [client B]." The report indicated WKS #1 was suspended pending an investigation and client B had staff following him during his AWOL incident.</p> <p>-An 4/22/16 "Summary of Internal Investigation Report" indicated "Allegation of verbal and physical abuse...Two day program staff reported to [the WKS supervisor who was also the writer of the 4/21/16 BDDS report] they witnessed [WKS #1] pulling [client B's] sweat shirt. One of those staff reported hearing [WKS #1] being verbally aggressive with [client B]." The investigation indicated typed written paraphrased statements from the facility staff documented by the Workshop Supervisor. The investigation did not document questions asked, narrative witness statements, and was completed by the workshop supervisor who returned</p>		<ul style="list-style-type: none"> <li>· The Program Director/QIDP will be retrained on Mentor's investigation process and components of an investigation.</li> <li>· In the event that a client steals and sells items from a consumer in the future an incident report will be filed and submitted to BDDS and APS.</li> <li>· The Program Director/QIDP will monitor and review the resident's needs. As the needs arise, formal programming will be implemented.</li> <li>· Mentor's day service program will share the investigations completed with the Program Director/QIDP and AD for the group home to ensure that the affected client's needs are properly met.</li> </ul> <p><b>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</b></p> <ul style="list-style-type: none"> <li>· Training completed with the staff regarding: <ul style="list-style-type: none"> <li>o Abuse, neglect and exploitation-what constitutes abuse, report expectations and investigation expectations (competency test provided)</li> <li>o Client B's BSP.</li> <li>o Client B's risk plan for elopement.</li> <li>o Staff expectations when assisting residents with shopping needs/desires.</li> <li>o Client E's BSP.</li> </ul> </li> </ul>		

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	<p>client B to the day services, interviewed herself as part of the investigation, and concluded an outcome based on her investigation. The investigation indicated "Conclusion: Evidence supports...(staff) attempted to involve [client B] in an activity...Evidence supports (staff)...interactions with [client B] were appropriate. Evidence supports two staff and one client at day services reported [WKS #1] grabbing [client B's] sweat shirt when he was upset. Evidence supports one staff reported [WKS #1] was inappropriate in her tone and approach with [client B]. Evidence support one client reported [WKS #1] had yelled at [client B]. Evidence does not support the allegation that [WKS #1] was verbally abusive toward [client B]" signed by electronic signature review of the Corporate Quality person. The investigation indicated typed written paraphrased statements from the facility staff documented by the Workshop Supervisor. The investigation was not thorough in that it did not document questions asked, narrative witness statements, and was completed by the workshop supervisor who returned client B to the day services, interviewed herself as part of the investigation, and concluded an outcome based on her investigation.</p>		<ul style="list-style-type: none"> <li>· The Program Coordinator and Program Director will be trained on reportable incidents and notifying the administrator.</li> <li>· The Program Director will be retrained on completing thorough investigations.</li> <li>· The Program Director will be retrained on Mentor's investigation process and components of an investigation.</li> <li>· In the event that a client steals and sells items from a consumer in the future an incident report will be filed and submitted to BDDS and APS.</li> <li>· The Program Director/QIDP will monitor and review the resident's needs. As the needs arise, formal programming will be implemented.</li> <li>· Mentor's day service program will share the investigations completed with the Program Director/QIDP and AD for the group home to ensure that the affected client's needs are properly met.</li> </ul> <p><b>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</b></p> <ul style="list-style-type: none"> <li>· The Program Coordinator will monitor to ensure the clients plans and needs are being met during their monthly observations of the day services.</li> <li>· The Behavior Clinician will monitor to ensure the clients plans are being followed during their observations of day services and the</li> </ul>				

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	<p>-A 12/15/15 BDDS report for an incident on 12/14/15 at 12:20pm indicated "Due to a history of AWOL [client B] has a risk plan in place regarding AWOL. AWOL was not outlined in [client B's] BSP (Behavior Support Plan) as he has had no recent enough events for AWOL to be formally addressed in his BSP. On 12/14/15 [client B] had a behavior that left staff tending to other clients in the aftermath. Per the preliminary investigation of the AWOL incident, staff's last visual check of [client B] at the day services was approximately 12:15pm. Upon another visual check staff noticed at approximately 12:25pm that [client B] was no longer at the day program. Staff informed the [facility owned day services supervisor] that [client B] had went AWOL from the day service and began to implement [client B's] AWOL risk plan. [Client B] was back in Indiana Mentor supervision by approximately 12:30pm...." The report did not include the investigation which indicated client B had hitch hiked from the facility owned day services across town to arrive at the agency corporate office with a community stranger in a "red" pick up truck.</p> <p>-A 12/14/15 investigation for an incident on 12/9/15 at 12:15pm from the facility operated day services indicated client B</p>		<p>group home.</p> <ul style="list-style-type: none"> <li>· The QIDP will monitor and review the resident's needs. As the needs arise, formal programming will be implemented.</li> <li>· Quarterly Health and Safety assessments will be completed by the Program Coordinator and/or the Program Director and forwarded to the Quality Improvement department. These assessments include a review of the environmental needs for the home, review of risk plans, ISP, BSP and client specific training for the residents. The assessment also includes an interview of staff to ensure they know how to properly document medical needs, how to report incidents, and understanding of BSP's.</li> <li>· The Quality Improvement Department and the Area Director will monitor incidents as they are reported to ensure that they are reported timely and that all required incidents are reported to BDDS.</li> <li>· New staff hired to work at the site will receive training on reportable incidents, reporting expectations and who to contact.</li> <li>· The Area Director and/or Quality Improvement Specialist will review all investigations to ensure that they are thorough and follow Mentor expectations.</li> </ul> <p><b>5. What is the date by which the systemic changes will be completed?</b> July 10th, 2016</p>				

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	<p>"had eloped (AWOL) from the day program and got (sic) a ride from a community member to the Indiana Mentor Office. Reportedly [client B] would leave his residence without staff supervision, therefore, he had a risk plan in place for AWOL. [Client B] did not have recent documented incidents of AWOL, therefore it was not addressed in his BSP (Behavior Support Plan)...The 12/14/15 AWOL was the first AWOL in over 1 year...Conclusion: Evidence supports that [client B] was out of staff supervision approximately somewhere between the times of 12:15pm and 12:30pm on 12/14/15 while he was attending day services. Evidence supports that [client B] has a history of going AWOL...Evidence supports that [client B's] supervision level includes [client B] can independently travel the day program building. Evidence supports that [client B's] supervision level is staff on premises at all times within the line of sight checks every 15 minutes...Evidence supports that [client B] was taken to the Indiana Mentor office on 12/14/15 by an individual that was not Indiana Mentor Staff..."</p> <p>On 6/8/16 at 1:30pm, client B's record was reviewed. Client B's 4/14/16 BSP (Behavior Support Plan), 4/25/15 ISP (Individual Support Plan), and 4/2015</p>				

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	<p>Risk Plan indicated client B "required line of sight" staff supervision while in the community. Client B's Risk Plan indicated he was at risk for AWOL behaviors. Client B's ISP indicated client B "At times can become preoccupied with internal stimuli and lack the ability to mentally focus on his external surroundings...Safeguards:...[Client B] does not know crossing the street safety and has a history of walking off. [Client B] needs support and supervision... [Client B] is also on 15 minute checks."</p> <p>On 6/8/16 at 8:40am, an interview with the Workshop Supervisor (WS) was conducted. The WS indicated she completed her own investigations into client B's AWOL incidents, forwarded the reports for review to the corporate person, and the corporate person reviewed the investigation then signed the report. The WS indicated the AD for the group home did not review the investigation to ensure client B's needs were met. The WS indicated client B did not like being at the facility owned day services and stated "recently" client B was moved to the contracted workshop. The WS stated "I do my own investigations" for the day services. When asked how she could investigate client B's AWOLs and allegation of abuse/mistreatment when she was</p>			

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	<p>involved in the incidents, provided oversight of the day services location, and interviewed herself during one of the investigations, WS stated "I complete my own investigations." When asked if she sent a copy of the BDDS report and investigation to the administrator over the group home, WS indicated she did not send the reports to the QIDP (Qualified Mental Retardation Professional) and the AD (Area Director). WKS stated "I send the reports to the corporate office over my area in [name of town]" and not to the corporate officials/office over client B's group home.</p> <p>On 6/7/16 at 11:30pm, an interview with the AD (Area Director) was conducted. The AD indicated the facility followed the BDDS reporting and investigating policy and procedure for abuse, neglect, and/or mistreatment. The AD indicated allegations of abuse, neglect, and/or mistreatment should be immediately reported to the administrator, to BDDS, to APS, and should be thoroughly investigated.</p> <p>On 6/8/16 at 11:25am, an interview with the AD and the QIDP was conducted. The AD and QIDP both indicated client B was at risk for AWOL behavior because of his history. The AD indicated client B had gone AWOL on 4/20/16 and</p>			

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NAME OF PROVIDER OR SUPPLIER  REM OCCAZIO LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 10311 E JACKSON SELMA, IN 47383
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	<p>on 12/14/15 from the facility owned day services. The AD indicated client B should have been supervised by the facility staff with line of sight supervision. The AD indicated the corporate office over client B's group home did not receive BDDS reports and investigations regarding client B's 4/2016 and 12/2015 AWOLs from the facility owned day services. The AD indicated client B was not supervised according to his identified need. The AD indicated investigations should include questions asked and narrative witness statements when possible. The AD indicated it was a corporate policy to paraphrase witness statements and provide summaries of investigations for review. When asked how two investigations were unsubstantiated for abuse, neglect, and/or mistreatment of client B when he continued to leave AWOL, put himself at risk in the community leaving AWOL, and staff and others witnessed the inappropriate interactions between staff involved in the incidents and client B, the AD stated "I did not review the investigation. I did not complete the investigation."</p> <p>2. The facility's reportable incidents to the Bureau of Developmental Disabilities Services (BDDS) and investigations from 6/2015 through 6/7/2016 were reviewed</p>			

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	<p>on 6/7/16 at 12:25pm and on 6/8/16 at 11:50am, and did not indicate client A's allegation against client E regarding his stolen items.</p> <p>On 6/7/16 from 3:00pm until 6:10pm, and on 6/8/16 from 5:30am until 7:45am, observation and interviews were completed at the group home. On 6/7/16 at 5:00pm, client A stated his DVDs "got stolen by [client E]. I'm just moving on." Client A stated "they (the agency professional staff) were working on getting my DVDs back. I'm moving on." Client A indicated client E had stolen his items when client A went home with his family.</p> <p>On 6/8/16 at 12:25pm, an interview was conducted with the AD and the QIDP. The AD and QIDP both indicated client A's allegation was not reported to BDDS, APS, or Police in accordance with State Law. The AD and QIDP both indicated client A's allegation of his personal property being stolen by client E was not formally investigated. The QIDP indicated client A returned from a Leave of Absence to find his items were gone. The QIDP indicated the Residential Manager called to report the allegation and no report was documented. The QIDP indicated client E admitted to the theft from client A's bedroom, admitted</p>			

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	<p>she bagged the items into a bag, left on a community outing with the staff, sold the items to a second hand store to purchase items client E wanted, and the theft was discovered once client A returned to the group home. The QIDP indicated client E was making restitution for the items. The QIDP indicated the Residential Manager was able to locate many of the items, retrieved the items, and client A was "still missing approximately fifty-three (53) DVDs." The QIDP indicated client A had provided the agency a list of the missing items, the QIDP was purchasing the items located on client A's list, and the agency was paying for client A's replacement DVDs. The QIDP indicated client A wanted his DVDs back.</p> <p>On 6/9/16 at 9:25am, an interview with the AD was conducted. The AD indicated client A and E's incident was not reported because client E admitted to the theft of client A's items and was making restitution after the agency reimbursed client A.</p> <p>The facility's policy and procedures were reviewed on 6/7/16 at 12:30pm. The facility's 4/2011 Quality and Risk Management policy indicated "Indiana Mentor promotes a high quality of service and seeks to protect individuals</p>			

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	<p>receiving Indiana Mentor services through oversight of management procedures and company operations, close monitoring of service delivery and through a process of identifying, evaluating and reducing risk to which individuals are exposed." The 4/2011 Quality and Risk Management Policy indicated failure to provide appropriate supervision, care or training was considered neglect. The 4/2011 Quality and Risk Management 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. (1.) Investigation findings will be submitted to the AD (Area Director) for review and development of further recommendations as needed within 5 days of the incident." The policy and procedure indicated the agency prohibited financial exploitation.</p> <p>On 6/7/16 at 11:30am, the 10/2005 "Bureau of Developmental Disability Services Policy and Guidelines" was reviewed. The BDDS policy and procedure indicated "...Abuse, Neglect, and Mistreatment of Individuals...it is the policy of the company to ensure that individuals are not subjected to physical, verbal, sexual, or psychological abuse by anyone including but not limited to:</p>			

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W 0153 Bldg. 00	<p>facility staff...other individuals, or themselves." The policy indicated "Neglect, the failure to supply an individual's nutritional, emotional, physical, or health needs although sources of such support are available and offered and such failure results in physical or psychological harm to the individual." The policy and procedure indicated "...Neglect, includes failure to provide appropriate care, food, medical care, or supervision...."</p> <p>This federal tag relates to complaint #IN00188285.</p> <p>This deficiency was cited on 4/1/2016. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-2(a)</p> <p>483.420(d)(2) STAFF TREATMENT OF CLIENTS 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. Based on observation, record review, and interview, for 1 of 4 sampled clients (client A) and for 1 additional client (client E), the facility failed to ensure the</p>	W 0153	<p><b>W 153 Staff Treatment of Clients</b> The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of</p>	07/10/2016			

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	<p>facility staff implemented the agency's abuse, neglect, and/or mistreatment policy and procedure:</p> <p>-To immediately report to the administrator, to Adult Protective Services (APS) IC 12-10-3, and IAC 9-3-1(b)(5) to BDDS (the Bureau of Developmental Disabilities Services) in accordance to State Law, and thoroughly investigate client A's allegation that client E stole his personal items and sold client A's items for monetary gain on her community outing with staff.</p> <p>Findings include:</p> <p>The facility's reportable incidents to the Bureau of Developmental Disabilities Services (BDDS) and investigations from 6/2015 through 6/7/2016 were reviewed on 6/7/16 at 12:25pm and on 6/8/16 at 11:50am, and did not indicate client A's allegation against client E regarding his stolen items.</p> <p>On 6/7/16 from 3:00pm until 6:10pm, and on 6/8/16 from 5:30am until 7:45am, observation and interviews were completed at the group home. On 6/7/16 at 5:00pm, client A stated his DVDs "got stolen by [client E]. I'm just moving on." Client A stated "they (the agency professional staff) were working on</p>		<p>unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.</p> <p><b>1. What corrective action will be accomplished?</b></p> <ul style="list-style-type: none"> <li>· Training completed with the staff regarding: <ul style="list-style-type: none"> <li>○ Abuse, neglect and exploitation-what constitutes abuse, report expectations and investigation expectations (competency test provided)</li> <li>○ Staff expectations when assisting residents with shopping needs/desires.</li> <li>○ Client E's BSP.</li> </ul> </li> <li>· The Program Coordinator and Program Director/QIDP will be trained on reportable incidents and notifying the administrator.</li> </ul> <p><b>2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b></p> <ul style="list-style-type: none"> <li>· All residents have the potential to be affected by the same deficient practice.</li> <li>· Training completed with the staff regarding: <ul style="list-style-type: none"> <li>○ Abuse, neglect and exploitation-what constitutes abuse, report expectations and investigation expectations (competency test provided)</li> <li>○ Staff expectations when assisting residents with shopping</li> </ul> </li> </ul>				

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	<p>getting my DVDs back. I'm moving on." Client A indicated client E had stolen his items when client A went home with his family.</p> <p>On 6/8/16 at 12:25pm, an interview was conducted with the AD (Area Director) and the QIDP (Qualified Intellectual Disabilities Professional). The AD and QIDP both indicated client A's allegation was not reported to BDDS, APS, the police, and in accordance with State Law. The AD and QIDP both indicated client A's allegation of his personal property being stolen by client E was not formally investigated. The QIDP indicated client A returned from a Leave of Absence to find his items were gone. The QIDP indicated the Residential Manager called to report the allegation and no report was documented. The QIDP indicated client E admitted to the theft from client A's bedroom, admitted she bagged the items into a bag, left on a community outing with the staff, sold the items to a second hand store to purchase items client E wanted, and the theft was discovered once client A returned to the group home. The QIDP indicated client E was making restitution for the items. The QIDP indicated the Residential Manager was able to locate many of the items, retrieved the items, and client A was "still missing approximately fifty-three</p>		<p>needs/desires.</p> <ul style="list-style-type: none"> <li>o Client E's BSP.</li> <li>· The Program Coordinator and Program Director/QIDP will be trained on reportable incidents and notifying the administrator.</li> <li>· In the event that a client steals and sells items from a consumer in the future an incident report will be filed and submitted to BDDS and APS.</li> </ul> <p><b>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</b></p> <ul style="list-style-type: none"> <li>· Training completed with the staff regarding:</li> <li>o Abuse, neglect and exploitation-what constitutes abuse, report expectations and investigation expectations (competency test provided)</li> <li>o Staff expectations when assisting residents with shopping needs/desires.</li> <li>o Client E's BSP.</li> <li>· The Program Coordinator and Program Director/QIDP will be trained on reportable incidents and notifying the administrator.</li> <li>· In the event that a client steals and sells items from a consumer in the future an incident report will be filed and submitted to BDDS and APS.</li> </ul> <p><b>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</b></p>		

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W 0154  Bldg. 00	<p>(53) DVDs." The QIDP indicated client A had provided the agency a list of the missing items, the QIDP was purchasing the items located on client A's list, and the agency was paying for client A's replacement DVDs. The QIDP indicated client A wanted his DVDs back.</p> <p>On 6/9/16 at 9:25am, an interview with the AD was conducted. The AD indicated client A and E's incident was not reported because client E admitted to the theft of client A's items and was making restitution after the agency reimbursed client A.</p> <p>This federal tag relates to complaint #IN00188285.</p> <p>This deficiency was cited on 4/1/2016. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-1(b)(5) 9-3-2(a)</p> <p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated. Based on observation, record review, and</p>	W 0154	<ul style="list-style-type: none"> <li>· The Program Coordinator will monitor to ensure the clients plans and needs are being met during their monthly observations of the day services.</li> <li>· The Behavior Clinician will monitor to ensure the clients plans are being followed during their observations of day services and the group home.</li> <li>· Quarterly Health and Safety assessments will be completed by the Program Coordinator and/or the Program Director and forwarded to the Quality Improvement department. These assessments include a review of the environmental needs for the home, review of risk plans, ISP, BSP and client specific training for the residents. The assessment also includes an interview of staff to ensure they know how to properly document medical needs, how to report incidents, and understanding of BSP's.</li> <li>· New staff hired to work at the site will receive training on reportable incidents, reporting expectations and who to contact.</li> </ul> <p><b>5. What is the date by which the systemic changes will be completed?</b> July 10th, 2016</p> <p><b>W 154 Staff Treatment of Clients</b></p>	07/10/2016	

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	<p>interview, for 2 of 4 sampled clients (clients A and B) and for 1 additional client (client E), the facility failed to ensure the facility staff implemented the agency's abuse, neglect, and/or mistreatment and exploitation policy and procedure:</p> <p>-To thoroughly investigate client B's pattern for continued AWOL (Absence Without Leave) behaviors and to ensure client B was supervised according to his identified staff supervision need for his AWOL behaviors from the facility owned day services.</p> <p>-To thoroughly investigate client A's allegation that client E stole his personal items and sold client A's items for monetary gain on her community outing with staff.</p> <p>Findings include:</p> <p>1. The facility's reportable incidents to the Bureau of Developmental Disabilities Services (BDDS) and investigations from 6/2015 through 6/7/2016 were reviewed on 6/7/16 at 12:25pm and on 6/8/16 at 11:50am, and indicated the following for client B's AWOL behavior from the workshop.</p> <p>-An 4/21/16 BDDS report for an incident on 4/20/16 at 9:45am indicated "[Client</p>		<p>The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p><b>1. What corrective action will be accomplished?</b></p> <ul style="list-style-type: none"> <li>· Training completed with the staff regarding: <ul style="list-style-type: none"> <li>o Abuse, neglect and exploitation-what constitutes abuse, report expectations and investigation expectations (competency test provided)</li> <li>o Staff expectations when assisting residents with shopping needs/desires.</li> </ul> </li> <li>· The Program Director/QIDP will be retrained on completing thorough investigations.</li> <li>· The Program Director/QIDP will be retrained on Mentor's investigation process and components of an investigation.</li> </ul> <p><b>2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b></p> <ul style="list-style-type: none"> <li>· All residents have the potential to be affected by the same deficient practice.</li> <li>· Training completed with the staff regarding: <ul style="list-style-type: none"> <li>o Abuse, neglect and exploitation-what constitutes abuse, report expectations and investigation expectations (competency test provided)</li> <li>o Staff expectations when assisting residents with shopping</li> </ul> </li> </ul>				

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	B] went AWOL from the day services at approximately 9:45am on 4/20/16...Staff reported the incident to the program coordinator who in turn reported the incident to writer per protocol. Writer went to assist [client B] with returning to the day service. When writer returned to the day service [client B] was with staff and was minimal distance from the day service. [Client B] entered writer's vehicle without complication in order to return to the day services. [Client B] told writer he was lying down on the couch and he became upset with staff when staff tried to get him to get up and do an activity. [Client B] stated he got upset because staff pushed the couch he was lying on...Upon further investigation into the incident it was reported to writer that staff did not push the couch [client B] was lying on, but a staff grabbed [client B's] sweatshirt when trying to redirect a behavior. It was reported when [client B] got up from the couch he was lying on he pushed a peer and then began to flip over chairs and tried to flip over a table...During this time it was reported by staff that [Workshop Staff #1 (WKS)] grabbed [client B] by the sweatshirt and was possibly verbally aggressive toward [client B]." The report indicated WKS #1 was suspended pending an investigation and client B had staff following him during his AWOL		needs/desires. <ul style="list-style-type: none"> <li>· The Program Director/QIDP will be retrained on completing thorough investigations.</li> <li>· The Program Director/QIDP will be retrained on Mentor's investigation process and components of an investigation.</li> <li>· Mentor's day service program will share the investigations completed with the Program Director/QIDP and AD for the group home to ensure that the affected client's needs are properly met.</li> </ul> <p><b>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</b></p> <ul style="list-style-type: none"> <li>· Training completed with the staff regarding: <ul style="list-style-type: none"> <li>o Abuse, neglect and exploitation-what constitutes abuse, report expectations and investigation expectations (competency test provided)</li> <li>o Staff expectations when assisting residents with shopping needs/desires.</li> </ul> </li> <li>· The Program Director will be retrained on completing thorough investigations.</li> <li>· The Program Director will be retrained on Mentor's investigation process and components of an investigation.</li> <li>· Mentor's day service program will share the investigations completed with the Program Director/QIDP and AD for the group</li> </ul>	

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	<p>incident.</p> <p>-An 4/22/16 "Summary of Internal Investigation Report" indicated "Allegation of verbal and physical abuse...Two day program staff reported to [the WKS supervisor who was also the writer of the 4/21/16 BDDS report] they witnessed [WKS #1] pulling [client B's] sweat shirt. One of those staff reported hearing [WKS #1] being verbally aggressive with [client B]." The investigation indicated typed written paraphrased statements from the facility staff documented by the Workshop Supervisor. The investigation did not document questions asked, narrative witness statements, and was completed by the workshop supervisor who returned client B to the day services, interviewed herself as part of the investigation, and concluded an outcome based on her investigation. The investigation indicated "Conclusion: Evidence supports...(staff) attempted to involve [client B] in an activity...Evidence supports (staff)...interactions with [client B] were appropriate. Evidence supports two staff and one client at day services reported [WKS #1] grabbing [client B's] sweat shirt when he was upset. Evidence supports one staff reported [WKS #1] was inappropriate in her tone and approach with [client B]. Evidence</p>		<p>home to ensure that the affected client's needs are properly met.</p> <p><b>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</b></p> <ul style="list-style-type: none"> <li>· The Program Coordinator will monitor to ensure the clients plans and needs are being met during their monthly observations of the day services.</li> <li>· The Behavior Clinician will monitor to ensure the clients plans are being followed during their observations of day services and the group home.</li> <li>· Quarterly Health and Safety assessments will be completed by the Program Coordinator and/or the Program Director and forwarded to the Quality Improvement department. These assessments include a review of the environmental needs for the home, review of risk plans, ISP, BSP and client specific training for the residents. The assessment also includes an interview of staff to ensure they know how to properly document medical needs, how to report incidents, and understanding of BSP's.</li> <li>· New staff hired to work at the site will receive training on reportable incidents, reporting expectations and who to contact.</li> <li>· The Area Director and/or Quality Improvement Specialist will review all investigations to ensure that they are thorough and follow Mentor expectations.</li> </ul>		

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NAME OF PROVIDER OR SUPPLIER  REM OCCAZIO LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 10311 E JACKSON SELMA, IN 47383
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	<p>support one client reported [WKS #1] had yelled at [client B]. Evidence does not support the allegation that [WKS #1] was verbally abusive toward [client B]" signed by electronic signature review of the Corporate Quality person. The investigation indicated typed written paraphrased statements from the facility staff documented by the Workshop Supervisor. The investigation was not thorough in that it did not document questions asked, narrative witness statements, and was completed by the workshop supervisor who returned client B to the day services, interviewed herself as part of the investigation, and concluded an outcome based on her investigation.</p> <p>-A 12/15/15 BDDS report for an incident on 12/14/15 at 12:20pm indicated "Due to a history of AWOL [client B] has a risk plan in place regarding AWOL. AWOL was not outlined in [client B's] BSP (Behavior Support Plan) as he has had no recent enough events for AWOL to be formally addressed in his BSP. On 12/14/15 [client B] had a behavior that left staff tending to other clients in the aftermath. Per the preliminary investigation of the AWOL incident, staff's last visual check of [client B] at the day services was approximately 12:15pm. Upon another visual check</p>		<p><b>5. What is the date by which the systemic changes will be completed?</b> July 10th, 2016</p>	

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	<p>staff noticed at approximately 12:25pm that [client B] was no longer at the day program. Staff informed the [facility owned day services supervisor] that [client B] had went AWOL from the day service and began to implement [client B's] AWOL risk plan. [Client B] was back in Indiana Mentor supervision by approximately 12:30pm...." The report did not include the investigation which indicated client B had hitch hiked from the facility owned day services across town to arrive at the agency corporate office with a community stranger in a "red" pick up truck.</p> <p>-A 12/14/15 investigation for an incident on 12/9/15 at 12:15pm from the facility operated day services indicated client B "had eloped (AWOL) from the day program and got (sic) a ride from a community member to the Indiana Mentor Office. Reportedly [client B] would leave his residence without staff supervision, therefore, he had a risk plan in place for AWOL. [Client B] did not have recent documented incidents of AWOL, therefore it was not addressed in his BSP (Behavior Support Plan)...The 12/14/15 AWOL was the first AWOL in over 1 year...Conclusion: Evidence supports that [client B] was out of staff supervision approximately somewhere between the times of 12:15pm and</p>			

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	<p>12:30pm on 12/14/15 while he was attending day services. Evidence supports that [client B] has a history of going AWOL...Evidence supports that [client B's] supervision level includes [client B] can independently travel the day program building. Evidence supports that [client B's] supervision level is staff on premises at all times within the line of sight checks every 15 minutes...Evidence supports that [client B] was taken to the Indiana Mentor office on 12/14/15 by an individual that was not Indiana Mentor Staff..."</p> <p>On 6/8/16 at 1:30pm, client B's record was reviewed. Client B's 4/14/16 BSP (Behavior Support Plan), 4/25/15 ISP (Individual Support Plan), and 4/2015 Risk Plan indicated client B "required line of sight" staff supervision while in the community. Client B's Risk Plan indicated he was at risk for AWOL behaviors. Client B's ISP indicated client B "At times can become preoccupied with internal stimuli and lack the ability to mentally focus on his external surroundings...Safeguards:...[Client B] does not know crossing the street safety and has a history of walking off. [Client B] needs support and supervision... [Client B] is also on 15 minute checks."</p> <p>On 6/8/16 at 8:40am, an interview with</p>			

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	<p>the Workshop Supervisor (WS) was conducted. The WS indicated she completed her own investigations into client B's AWOL incidents, forwarded the reports for review to the corporate person, and the corporate person reviewed the investigation then signed the report. The WS indicated the AD for the group home did not review the investigation to ensure client B's needs were met. The WS indicated client B did not like being at the facility own day services and stated "recently" client B was moved to the contracted workshop. The WS stated "I do my own investigations" for the day services. When asked how she could investigate client B's AWOLs and allegation of abuse/mistreatment when she was involved in the incidents, provided oversight of the day services location, and interviewed herself during one of the investigations, WS stated "I complete my own investigations." When asked if she sent a copy of the BDDS report and investigation to the administrator over the group home, WS indicated she did not send the reports to the QIDP (Qualified Mental Retardation Professional) and the AD (Area Director). WKS stated "I send the reports to the corporate office over my area in [name of town]" and not to the corporate officials/office over client B's group home.</p>			

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	<p>On 6/7/16 at 11:30pm, an interview with the AD (Area Director) was conducted. The AD indicated the facility followed the BDDS reporting and investigating policy and procedure for abuse, neglect, and/or mistreatment. The AD indicated allegations of abuse, neglect, and/or mistreatment should be immediately reported to the administrator, to BDDS, to APS, and should be thoroughly investigated.</p> <p>On 6/8/16 at 11:25am, an interview with the AD and the QIDP was conducted. The AD and QIDP both indicated client B was at risk for AWOL behavior because of his history. The AD indicated client B had gone AWOL on 4/20/16 and on 12/14/15 from the facility owned day services. The AD indicated client B should have been supervised by the facility staff with line of sight supervision. The AD indicated the corporate office over client B's group home did not receive BDDS reports and investigations regarding client B's 4/2016 and 12/2015 AWOLs from the facility owned day services. The AD indicated client B was not supervised according to his identified need. The AD indicated investigations should include questions asked and narrative witness statements when possible. The AD indicated it was</p>			

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	<p>a corporate policy to paraphrase witness statements and provide summaries of investigations for review. When asked how two investigations were unsubstantiated for abuse, neglect, and/or mistreatment of client B when he continued to leave AWOL, put himself at risk in the community leaving AWOL, and staff and others witnessed the inappropriate interactions between staff involved in the incidents and client B, the AD stated "I did not review the investigation. I did not complete the investigation."</p> <p>2. The facility's reportable incidents to the Bureau of Developmental Disabilities Services (BDDS) and investigations from 6/2015 through 6/7/2016 were reviewed on 6/7/16 at 12:25pm and on 6/8/16 at 11:50am, and did not indicate client A's allegation against client E regarding his stolen items.</p> <p>On 6/7/16 from 3:00pm until 6:10pm, and on 6/8/16 from 5:30am until 7:45am, observation and interviews were completed at the group home. On 6/7/16 at 5:00pm, client A stated his DVDs "got stolen by [client E]. I'm just moving on." Client A stated "they (the agency professional staff) were working on getting my DVDs back. I'm moving on." Client A indicated client E had stolen his</p>			

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	<p>items when client A went home with his family.</p> <p>On 6/8/16 at 12:25pm, an interview was conducted with the AD and the QIDP. The AD and QIDP both indicated client A's allegation of his personal property being stolen by client E was not formally investigated. The QIDP indicated client A returned from a Leave of Absence to find his items were gone. The QIDP indicated the Residential Manager called to report the allegation and no report was documented. The QIDP indicated client E admitted to the theft from client A's bedroom, admitted she bagged the items into a bag, left on a community outing with the staff, sold the items to a second hand store to purchase items client E wanted, and the theft was discovered once client A returned to the group home. The QIDP indicated client E was making restitution for the items. The QIDP indicated the Residential Manager was able to locate many of the items, retrieved the items, and client A was "still missing approximately fifty-three (53) DVDs." The QIDP indicated client A had provided the agency a list of the missing items, the QIDP was purchasing the items located on client A's list, and the agency was paying for client A's replacement DVDs. The QIDP indicated client A wanted his DVDs back.</p>						

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	<p>On 6/9/16 at 9:25am, an interview with the AD was conducted. The AD indicated client A and E's incident was not investigated because client E admitted to the theft of client A's items and was making restitution after the agency reimbursed client A.</p> <p>This federal tag relates to complaint #IN00188285.</p> <p>This deficiency was cited on 4/1/2016. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-2(a)</p>				