

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G432	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/09/2015
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NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3606 HIGHWOODS DR N INDIANAPOLIS, IN 46222
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W000000	<p>This visit was for the investigation of complaint #IN00163646. This visit resulted in an IMMEDIATE JEOPARDY.</p> <p>Complaint #IN00163646: Substantiated, federal/state deficiencies related to the allegation(s) are cited at W102, W104, W122, W148, W149, W153, W154, W155, W214 and W331.</p> <p>Dates of Survey: January 27, 28, 29, 30, February 2, 3, 4, 5, 6 and 9, 2015.</p> <p>Surveyor: Kathy Wanner, QIDP.</p> <p>Facility number: 000946 Provider number: 15G432 AIM number: 100244570</p> <p>The following federal deficiencies also reflect state findings under 460 IAC 9. Quality Review completed 2/16/15 by Ruth Shackelford, QIDP.</p>	W000000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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

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W000102	<p>483.410 GOVERNING BODY AND MANAGEMENT The facility must ensure that specific governing body and management requirements are met.</p> <p>Based on record review and interview, the Condition of Participation: Governing Body and Management was not met for 1 of 4 sampled clients (B). The governing failed to have a system in place to insure past behavior(s) were known by all appropriate staff and addressed by preventative measures, neglected to report reasonable suspicion of a crime to police per the Elder Justice Act, failed to assure an investigative system was in place which resulted in a complete and thorough investigation including statements by staff and the investigation of any other allegations revealed during the course of an investigation were also investigated, and neglected to develop and take appropriate reactive interventions to prevent possible reoccurrence of client A's sexual assault behaviors, and protect client B from having to see and hear client A in her home daily.</p> <p>Findings include:</p> <p>Please refer to W104: The governing</p>	W000102	<p><i>Please refer to W104</i> The Direct Support Professionals will be retrained on Indiana Mentor's policy and procedure regarding abuse and neglect. The Home Manager will be retrained on Indiana Mentor's policy and procedure regarding abuse and neglect. The Program Director and on call Program Director will be retrained on Indiana Mentor's policy and procedure regarding abuse and neglect. The Program Director will be retrained on Indiana MENTOR's policy and procedures for admitting a new client into services and also The Bureau of Developmental Disabilities Services procedure for transitioning a new client into services. Ongoing, the Program Director/QIDP will review all historical information provided on any potential new admission to ensure that the other residents in the Group Home are not put at any health and safety risks. The Program Director/QIDP will ensure that all information provided is including in the Individualized Support Plan, including but not limited to, the High Risk (RMAP) Plan,</p>	03/11/2015

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	<p>body neglected to insure facility staff implemented its policy and procedures regarding an allegation of sexual assault perpetrated by client A towards client B, neglected to have a system in place to insure past behavior(s) were known by all appropriate staff and addressed by preventative measures, neglected to report reasonable suspicion of a crime to police per the Elder Justice Act, failed to assure an investigative system was in place which resulted in a complete and thorough investigation including statements by staff and the investigation of any other allegations revealed during the course of an investigation were also investigated, neglected to insure client B received after care including medical assessments by the nurse or other medical personnel and/or counseling, and neglected to develop and implement sufficient corrective actions to prevent reoccurrence of client A's sexual assault behaviors, and protect client B from having to see and hear client A in her home daily.</p> <p>Please refer to W122: The governing body failed to meet the Condition of Participation: Client Protections for 1 of 4 sampled clients (B). The governing body neglected to implement its policy and procedures regarding an allegation of sexual assault perpetrated by client A</p>		<p>protocols, and the Behavior Support Plan. The Program Director will ensure that any information that becomes available will also be made available to the entire Interdisciplinary Team. The Direct Support Professionals will be retrained on the Elder Justice Act. The Home Manager will be retrained on the Elder Justice Act. The Program Director and on call Program Director will be retrained on the Elder Justice Act. Ongoing, the Direct Support Professionals, Home Manager, and identified Program Directors/QIDP will immediately report any reasonable suspicion of a crime to the local police department, as outlined in the Elder Justice Act. Indiana MENTOR is in contact with the Indiana State Department of Health Surveyor Supervisor over the Intermediate Care Facilities, to complete Investigation (re) training for our Quality Assurance Specialist, the Program Directors, and the administrators. Ongoing, all future allegations of abuse, neglect, mistreatment, and/or exploitation will be thoroughly investigated according to the Indiana MENTOR's Investigation Policy and Procedures and the CMS State Operations Manual. All future completed investigations will be reviewed by an administrator within the required 5 day period. The Program Director and on call</p>	

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	<p>towards client B, neglected to have preventative measures in place prior to the incident, neglected to take appropriate actions in regard to the allegation, neglected to immediately report reasonable suspicion of a crime to the police per the Elder Justice Act, failed to immediately notify client A's guardian and client B's Health Care Representative (HCR), failed to immediately report an allegation of sexual abuse to the Bureau of Developmental Disabilities Services (BDDS), failed to ensure the allegation of sexual assault was investigated thoroughly, neglected to provide client B with any after care including medical evaluations and counseling, and neglected to develop and implement corrective actions to prevent reoccurrence of client A's sexual assaulting behaviors, and protection for client B.</p> <p>This federal tag relates to complaint #IN00163646.</p> <p>9-3-1(a)</p>		<p>Program Director will be retrained on Protective Measures resulting from an allegation of abuse and/or neglect, according to Indiana MENTOR's policy and procedures. Ongoing, immediate appropriate measures will be put into place for the protection of health and safety of all those involved, when needed for allegations of abuse and/or neglect. <i>Please refer to W122</i></p> <p>The Direct Support Professionals will be retrained on Indiana Mentor's policy and procedure regarding abuse and neglect.</p> <p>The Home Manager will be retrained on Indiana Mentor's policy and procedure regarding abuse and neglect. The Program Director and on call Program Director will be retrained on Indiana Mentor's policy and procedure regarding abuse and neglect. The Program Director will be retrained on Indiana MENTOR's policy and procedures for admitting a new client into services and also The Bureau of Developmental Disabilities Services procedure for transitioning a new client into services. Ongoing, the Program Director/QIDP will review all historical information provided on any potential new admission to ensure that the other residents in the Group Home are not put at any health and safety risks. The Program Director/QIDP will ensure that all information provided is including in the</p>		

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			<p>Individualized Support Plan, including but not limited to, the High Risk (RMAP) Plan, protocols, and the Behavior Support Plan. The Program Director will ensure that any information that becomes available will also be made available to the entire Interdisciplinary Team. The Direct Support Professionals will be retrained on the Elder Justice Act. The Home Manager will be retrained on the Elder Justice Act. The Program Director and on call Program Director will be retrained on the Elder Justice Act. Ongoing, the Direct Support Professionals, Home Manager, and identified Program Directors/QIDP will immediately report any reasonable suspicion of a crime to the local police department, as outlined in the Elder Justice Act. Indiana MENTOR is in contact with the Indiana State Department of Health Surveyor Supervisor over the Intermediate Care Facilities, to complete Investigation (re) training for our Quality Assurance Specialist, the Program Directors, and the administrators. Ongoing, all future allegations of abuse, neglect, mistreatment, and/or exploitation will be thoroughly investigated according to the Indiana MENTOR's Investigation Policy and Procedures and the CMS State Operations Manual. All future completed investigations will be reviewed by</p>	

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W000104	483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over		an administrator within the required 5 day period. The Program Director and on call Program Director will be retrained on Protective Measures resulting from an allegation of abuse and/or neglect, according to Indiana MENTOR's policy and procedures. Ongoing, immediate appropriate measures will be put into place for the protection of health and safety of all those involved, when needed for allegations of abuse and/or neglect. The Program Director/QIDP will be retrained on required guardian and/or Health Care Representative notification of all incidents pertaining to their particular loved one. The staff that originally received the report of allegation of sexual abuse has been terminated due to failure to immediately report. The remaining Direct Support Professionals will be retrained on Indiana Mentor's policy and procedure regarding abuse and neglect, including but not limited to, what is reportable, when to report it, and who to report it to. Ongoing, all Indiana MENTOR employees will report any alleged abuse, neglect, mistreatment, and/or exploitation. Responsible Party: Area Director, Program Director, and Home Manager		

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	<p>the facility. Based on observation, record review and interview for 1 of 4 sampled clients (B), the governing body failed to exercise operating direction over the facility to insure facility staff implemented its policy and procedures regarding an allegation of sexual assault perpetrated by client A towards client B, neglected to have a system in place to insure past behavior(s) were known by all appropriate staff and addressed by preventative measures, neglected to report reasonable suspicion of a crime to police per the Elder Justice Act, failed to insure an investigative system was in place which resulted in a complete and thorough investigation including statements by staff and the investigation of any other allegations revealed during the course of an investigation were also investigated, neglected to insure client B received after care including medical assessments by the nurse or other medical personnel and/or counseling, and neglected to develop and implement sufficient corrective actions to prevent reoccurrence of client A's sexual assault behaviors, and protect client B from having to see and hear client A in her home daily.</p> <p>Findings include:</p>	W000104	<p><i>Please refer to W149</i> The Direct Support Professionals will be retrained on Indiana Mentor's policy and procedure regarding abuse and neglect. The Home Manager will be retrained on Indiana Mentor's policy and procedure regarding abuse and neglect. The Program Director and on call Program Director will be retrained on Indiana Mentor's policy and procedure regarding abuse and neglect. The Program Director will be retrained on Indiana MENTOR's policy and procedures for admitting a new client into services and also The Bureau of Developmental Disabilities Services procedure for transitioning a new client into services. The Program Director reviewed all available historical documentation for each client to ensure that any significant information would be/is already included in the Individualized Support Plans, High Risk Plans, and Behavior Support Plans. Any information that was obtained and not already included was/will be added in. The Program Director updated client A's Individualized Support Plan, High Risk Plan, and Behavior Support Plan to reflect the historical information that was identified in the internal investigation. Ongoing, the Program Director/QIDP will review all historical information provided on any potential new admission to ensure that the</p>	03/11/2015

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	<p>1. Facility records were reviewed on 1/27/15 at 1:45 P.M. including the BDDS reports and the Daily Support Records (DSR). The records indicated the following:</p> <p>-A BDDS report dated 1/17/15 at 9:00 P.M. indicated "[Client B] reported to staff (#1) that [client A] came into her room and tried to (sic) out his private parts in her. [Client B] told him 'No my sister will not like that.' Plan to resolve: "Staff are to document 15 minute checks on both individuals and doors should remain opened for each bedroom. Home Manager to counsel [client A] that the actions that he chooses to attempt will earn him a trip to jail. Program Director will investigate the incident promptly."</p> <p>-A BDDS report dated 1/22/15 at 4:30 P.M. indicated "Previous incident reported allegations made by [client B] that house mate [client A] attempted to have sexual contact with her and she refused him. During the agencies (sic) internal investigation it was determined that the incident may fall within the requirements of the Elder Justice Act and a police report was filed on 1/21/15. The police immediately reported to the home in response to the report filed. After speaking with the clients, the police stated they could not take [client A] into</p>		<p>other residents in the Group Home are not put at any health and safety risks. The Program Director/QIDP will ensure that all information provided is including in the Individualized Support Plan, including but not limited to, the High Risk (RMAP) Plan, protocols, and the Behavior Support Plan. The Program Director will ensure that any information that becomes available will also be made available to the entire Interdisciplinary Team. The Direct Support Professionals will be retrained on the Elder Justice Act. The Home Manager will be retrained on the Elder Justice Act. The Program Director and on call Program Director will be retrained on the Elder Justice Act. Ongoing, the Direct Support Professionals, Home Manager, and identified Program Directors/QIDP will immediately report any reasonable suspicion of a crime to the local police department, as outlined in the Elder Justice Act. Indiana MENTOR is in contact with the Indiana State Department of Health Surveyor Supervisor over the Intermediate Care Facilities, to complete Investigation (re) training for our Quality Assurance Specialist, the Program Directors, and the administrators. Ongoing, all future allegations of abuse, neglect, mistreatment, and/or exploitation will be thoroughly investigated according to the</p>	

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	<p>their custody due to his intellectual disability, but insisted that we move him to another location. The regulations not permitting a relocation was (sic) not explained to the police at the time of the incident and [client A] was moved overnight to another home to satisfy the request." Plan to resolve: "Area Director reached out to responding police detective to explain placement of services and [client A] placement (sic) back in the home. Regional Director reached Adult Protective Services Investigator to follow up as well with return phone call awaiting. [Client A] will go back to his residence. The clients' bedrooms have been relocated to opposite sides of the home. Staff will continue to complete 15 minute checks. Interdisciplinary (IDT) meetings (phone) were held to discuss incident with both consumers teams. [Client B] does not present to show any adverse effects from the incident. Staff will continue to closely monitor her and provide any internal or external emotional supports if needed. She will continue to receive positive reinforcement for reporting any incidents where she may feel uncomfortable."</p> <p>Client B's record was reviewed on 1/28/15 at 11:34 A.M.</p> <p>An IDT meeting note dated 1/21/15</p>		<p>Indiana MENTOR's Investigation Policy and Procedures and the CMS State Operations Manual. All future completed investigations will be reviewed by an administrator within the required 5 day period. The Home Manager and on call Program Director implemented the immediate protective measures, including changing the client's bedrooms to opposite sides of the house in order to provide a better controlled environment for each client. The Program Director and on call Program Director will be retrained on Protective Measures resulting from an allegation of abuse and/or neglect, according to Indiana MENTOR's policy and procedures. Ongoing, immediate appropriate measures will be put into place for the protection of health and safety of all those involved, when needed for allegations of abuse and/or neglect. The Program Director will seek out assistance from an Administrator regarding immediate and appropriate protective measures and follow up regarding the incident. This includes, but is not limited to, medical, physical, or emotional support being made available when needed to any identified client. The Program Director/QIDP will be retrained on required guardian and/or Health Care Representative notification of all incidents pertaining to their particular loved one. The staff</p>	

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	<p>indicated client A's guardian and client B's HCR were notified about the 1/16/15 sexual assault on 1/21/15. The note also indicated a police report had been filed on 1/21/15.</p> <p>An interview was conducted with the facility's internal investigator on 1/28/15 at 12:49 P.M. The investigator indicated she had not interviewed staff #2 about what client B had informed the police officers and the detective. The investigator stated, "Once the investigation started we realized it was more involved and needed to be reported to the police per the Elder Justice Act."</p> <p>2. Please refer to W149: The governing body neglected to implement its policy and procedures regarding an allegation of sexual assault perpetrated by client A towards client B, neglected to have preventative measures in place prior to the incident, neglected take appropriate actions in regard to the allegation, neglected to report reasonable suspicion of a crime to police per the Elder Justice Act, failed to immediately notify client A's guardian and client B's Health Care Representative (HCR), failed to immediately report an allegation of sexual abuse to the Bureau of Developmental Disabilities Services (BDDS), failed to ensure an allegation of</p>		<p>that originally received the report of allegation of sexual abuse has been terminated due to failure to immediately report. The remaining Direct Support Professionals will be retrained on Indiana Mentor's policy and procedure regarding abuse and neglect, including but not limited to, what is reportable, when to report it, and who to report it to. Ongoing, all Indiana MENTOR employees will report any alleged abuse, neglect, mistreatment, and/or exploitation. <i>Please refer to W153</i> The Direct Support Professionals will be retrained on Indiana Mentor's policy and procedure regarding abuse and neglect. The Home Manager will be retrained on Indiana Mentor's policy and procedure regarding abuse and neglect. The Program Director and on call Program Director will be retrained on Indiana Mentor's policy and procedure regarding abuse and neglect. Indiana MENTOR is in contact with the Indiana State Department of Health Surveyor Supervisor over the Intermediate Care Facilities, to complete Investigation (re) training for our Quality Assurance Specialist, the Program Directors, and the administrators. Ongoing, all future allegations of abuse, neglect, mistreatment, and/or exploitation will be thoroughly investigated according to the Indiana MENTOR's Investigation Policy and Procedures and the</p>	

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	<p>sexual assault was investigated thoroughly, and failed to investigate other allegations of sexual assault behaviors revealed during the course of the investigation, neglected to provide client B with any after care including medical evaluations and counseling, and neglected to develop and implement sufficient corrective actions to prevent reoccurrence of client A's sexual assaulting behaviors, and protect client B.</p> <p>3. Please refer to W153: The governing body failed to immediately report four allegations of sexual assault for 3 of 4 sampled clients (A, B, and C) and 1 of 4 additional clients (G) to the administrator and to the Bureau of Developmental Disabilities Services (BDDS), in accordance State law through established procedures.</p> <p>4. Please refer to W154: The governing body failed to ensure allegations of sexual assault were investigated thoroughly for 3 of 4 sampled clients (A, B and C) and 1 of 4 additional clients (G). The facility failed to assure an investigative system was in place which resulted in a complete and thorough investigation including statements by staff and the investigation of other allegations revealed during the course of an internal investigation were also</p>		<p>CMS State Operations Manual. All future completed investigations will be reviewed by an administrator within the required 5 day period. The staff that originally received the report of allegation of sexual abuse has been terminated due to failure to immediately report. The remaining Direct Support Professionals will be retrained on Indiana Mentor's policy and procedure regarding abuse and neglect, including but not limited to, what is reportable, when to report it, and who to report it to. Ongoing, all Indiana MENTOR employees will report any alleged abuse, neglect, mistreatment, and/or exploitation. <i>Please refer to W154</i> Indiana MENTOR is in contact with the Indiana State Department of Health Surveyor Supervisor over the Intermediate Care Facilities, to complete Investigation (re) training for our Quality Assurance Specialist, the Program Directors, and the administrators. Ongoing, all future allegations of abuse, neglect, mistreatment, and/or exploitation will be thoroughly investigated according to the Indiana MENTOR's Investigation Policy and Procedures and the CMS State Operations Manual. All future completed investigations will be reviewed by an administrator within the required 5 day period. <i>Please refer to W155</i> The Home Manager and on call Program</p>	

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	<p>investigated.</p> <p>5. Please refer to W155: The governing body failed to implement sufficient corrective actions for 2 of 4 sampled clients (A and B) to prevent potential reoccurrence of client A's sexual assaulting behaviors towards client B, and to protect client B from having to see/hear client A in her home daily.</p> <p>This federal tag relates to complaint #IN00163646.</p> <p>9-3-1(a)</p>		<p>Director implemented the immediate protective measures, including changing the client's bedrooms to opposite sides of the house in order to provide a better controlled environment for each client. Client A was removed from this group home and placed into another group home within Indiana MENTOR. The Program Director and on call Program Director will be retrained on Protective Measures resulting from an allegation of abuse and/or neglect, according to Indiana MENTOR's policy and procedures. Ongoing, immediate appropriate measures will be put into place for the protection of health and safety of all those involved, when needed for allegations of abuse and/or neglect. The Program Director will seek out assistance from an Administrator regarding immediate and appropriate protective measures and follow up regarding the incident. This includes, but is not limited to, medical, physical, or emotional support being made available when needed to any identified client. Responsible Party: Area Director, Program Director, and Home Manager</p>		

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W000122	483.420 CLIENT PROTECTIONS The facility must ensure that specific client protections requirements are met. Based on observation, record review and interview, the facility failed to meet the Condition of Participation: Client Protections for 1 of 4 sampled clients (B). The facility neglected to implement its policy and procedures regarding an allegation of sexual assault perpetrated by client A towards client B, neglected to have preventative measures in place prior to the incident, neglected take appropriate actions in regard to the allegation, neglected to immediately report reasonable suspicion of a crime to the police per the Elder Justice Act, failed to immediately notify client A's guardian	W000122	<i>Please refer to W149</i> The Direct Support Professionals will be retrained on Indiana Mentor's policy and procedure regarding abuse and neglect. The Home Manager will be retrained on Indiana Mentor's policy and procedure regarding abuse and neglect. The Program Director and on call Program Director will be retrained on Indiana Mentor's policy and procedure regarding abuse and neglect. The Program Director will be retrained on Indiana MENTOR's policy and procedures for admitting a new client into services and also The Bureau of Developmental Disabilities Services procedure	03/11/2015

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	<p>and client B's Health Care Representative (HCR), failed to immediately report an allegation of sexual abuse to the Bureau of Developmental Disabilities Services (BDDS), failed to ensure the allegation of sexual assault was investigated thoroughly, neglected to provide client B with any after care including medical evaluations and counseling, and neglected to develop and implement corrective actions to prevent reoccurrence of client A's sexual assaulting behaviors, and protection for client B.</p> <p>This noncompliance resulted in an Immediate Jeopardy. The Immediate Jeopardy was identified on 1/28/15 at 2:16 P.M. The Immediate Jeopardy began on 1/16/15 when the facility failed to prevent client A from sexually assaulting client B. The Area Director and Regional Director were notified of the Immediate Jeopardy on 1/28/15 at 2:20 P.M. regarding the failure of the facility to take appropriate corrective action for an allegation of sexual assault.</p> <p>A plan of action from the facility to remove the immediate jeopardy, dated 1/29/15 was received on 2/4/15 at 10:00 A.M. The plan indicated the following steps would be immediately implemented:</p>		<p>for transitioning a new client into services. The Program Director reviewed all available historical documentation for each client to ensure that any significant information would be/is already included in the Individualized Support Plans, High Risk Plans, and Behavior Support Plans. Any information that was obtained and not already included was/will be added in. The Program Director updated client A's Individualized Support Plan, High Risk Plan, and Behavior Support Plan to reflect the historical information that was identified in the internal investigation. Ongoing, the Program Director/QIDP will review all historical information provided on any potential new admission to ensure that the other residents in the Group Home are not put at any health and safety risks. The Program Director/QIDP will ensure that all information provided is including in the Individualized Support Plan, including but not limited to, the High Risk (RMAP) Plan, protocols, and the Behavior Support Plan. The Program Director will ensure that any information that becomes available will also be made available to the entire Interdisciplinary Team. The Direct Support Professionals will be retrained on the Elder Justice Act. The Home Manager will be retrained on the Elder Justice Act. The Program Director and on call</p>		

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	<p>"The following actions and protective measures are in place or are in process to abate the immediate jeopardy to client protections for [client B].</p> <p>Program Director and Area Director will review historical information for all clients in the home to ensure critical information is incorporated appropriately into current programming.</p> <p>1:1 (one client to one staff supervision) protocol was implemented for client protection. Each staff responsible for the implementation of the 1:1 protocol was trained prior to assuming that responsibility.</p> <p>IDT (interdisciplinary team) meeting with BDDS was held on 1/29/15 to transition [client A] to another home effective immediately. 1:1 protocol will remain in place until move has occurred. IDT reviewed and updated Behavior Development Plan, Risk Management Plan, and Individual Support Plan to ensure necessary updates are incorporated into all his (client A's) plans following this incident.</p> <p>On 1/30/15 [client A] will be moved into a 6 bed all male home where the clients are not identified as vulnerable.</p> <p>Staff will be retrained on all updates to [client A's] Plans.</p> <p>Clients' bedrooms were relocated to the opposite sides of the home to better control the environment, prevent future</p>		<p>Program Director will be retrained on the Elder Justice Act.</p> <p>Ongoing, the Direct Support Professionals, Home Manager, and identified Program Directors/QIDP will immediately report any reasonable suspicion of a crime to the local police department, as outlined in the Elder Justice Act. Indiana MENTOR is in contact with the Indiana State Department of Health Surveyor Supervisor over the Intermediate Care Facilities, to complete Investigation (re) training for our Quality Assurance Specialist, the Program Directors, and the administrators. Ongoing, all future allegations of abuse, neglect, mistreatment, and/or exploitation will be thoroughly investigated according to the Indiana MENTOR's Investigation Policy and Procedures and the CMS State Operations Manuel.</p> <p>All future completed investigations will be reviewed by an administrator within the required 5 day period. The Home Manager and on call Program Director implemented the immediate protective measures, including changing the client's bedrooms to opposite sides of the house in order to provide a better controlled environment for each client. The Program Director and on call Program Director will be retrained on Protective Measures resulting from an allegation of abuse and/or neglect, according to Indiana MENTOR's policy and</p>	

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	<p>incidents and increase ability to supervise during wake and sleep hours.</p> <p>In addition to the 1:1 supervision of [client A], 15 minute visual checks will remain in place for additional clients in the home. Observations for the implementation of plan as prescribed by Indiana Mentor Staff will occur daily. Assessments by the AD will occur at the end of each week to determine if further observation needs.</p> <p>Ongoing, HM and PD will complete observations per established frequency."</p> <p>Observations at the group home were conducted on 2/4/15 from 4:43 P.M. through 5:29 P.M. Client A was not in the home.</p> <p>The HM stated on 2/4/15 at 5:23 P.M. "We have [client A] set up with a counselor." The HM stated "[Client A] moved to an all male home on Friday (1/30/15)." When asked about workshop, the HM stated, "Yes, they do work at the same workshop, but they are in two separate buildings and have no contact with one another."</p> <p>Staff #1 was interviewed on 2/4/15 at 4:38 P.M. and stated, "Yes, [client A] moved out of the home, and the other clients seem to be out of their rooms more."</p>		<p>procedures. Ongoing, immediate appropriate measures will be put into place for the protection of health and safety of all those involved, when needed for allegations of abuse and/or neglect. The Program Director will seek out assistance from an Administrator regarding immediate and appropriate protective measures and follow up regarding the incident. This includes, but is not limited to, medical, physical, or emotional support being made available when needed to any identified client. The Program Director/QIDP will be retrained on required guardian and/or Health Care Representative notification of all incidents pertaining to their particular loved one. The staff that originally received the report of allegation of sexual abuse has been terminated due to failure to immediately report. The remaining Direct Support Professionals will be retrained on Indiana Mentor's policy and procedure regarding abuse and neglect, including but not limited to, what is reportable, when to report it, and who to report it to.</p> <p>Ongoing, all Indiana MENTOR employees will report any alleged abuse, neglect, mistreatment, and/or exploitation. <i>Please refer to W153</i> The Direct Support Professionals will be retrained on Indiana Mentor's policy and procedure regarding abuse and neglect. The Home Manager will</p>	

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	<p>The IMMEDIATE JEOPARDY was removed on 2/5/15 at 2:00 P.M. Based upon observation of the plan's implementation in the group home the IJ was removed. The conditions remain out of compliance to ensure the monitoring system remains effective over a period of time.</p> <p>Findings include:</p> <p>Please refer to W149: The facility neglected to prevent client A from sexually assaulting client B, neglected to take appropriate actions regarding the allegation of sexual assault including neglecting to report timely, investigate thoroughly, make a police report, contact client B's guardian and client A's HCR immediately, provide after care for client B including medical assessment and counseling, and neglected to develop and implement corrective actions to prevent reoccurrence, and neglected to implement a plan to prevent client B from having to see/hear client A daily in the group home.</p> <p>Please refer to W153: The facility failed to immediately report four allegations of sexual assault for 3 of 4 sampled clients (A, B, and C) and 1 of 4 additional clients (G) to the administrator and to the Bureau of Developmental Disabilities</p>		<p>be retrained on Indiana Mentor's policy and procedure regarding abuse and neglect. The Program Director and on call Program Director will be retrained on Indiana Mentor's policy and procedure regarding abuse and neglect. Indiana MENTOR is in contact with the Indiana State Department of Health Surveyor Supervisor over the Intermediate Care Facilities, to complete Investigation (re) training for our Quality Assurance Specialist, the Program Directors, and the administrators. Ongoing, all future allegations of abuse, neglect, mistreatment, and/or exploitation will be thoroughly investigated according to the Indiana MENTOR's Investigation Policy and Procedures and the CMS State Operations Manual. All future completed investigations will be reviewed by an administrator within the required 5 day period. The staff that originally received the report of allegation of sexual abuse has been terminated due to failure to immediately report. The remaining Direct Support Professionals will be retrained on Indiana Mentor's policy and procedure regarding abuse and neglect, including but not limited to, what is reportable, when to report it, and who to report it to. Ongoing, all Indiana MENTOR employees will report any alleged abuse, neglect, mistreatment, and/or exploitation. <i>Please refer</i></p>	

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	<p>Services (BDDS), in accordance State law through established procedures.</p> <p>Please refer to W154: The facility failed to ensure allegations of sexual assault were investigated thoroughly for 3 of 4 sampled clients (A, B and C) and 1 of 4 additional clients (G), failed to assure an investigative system was in place which resulted in a complete and thorough investigation including statements by staff and the investigation of other allegations revealed during the course of an internal investigation were also investigated.</p> <p>Please refer to W155: The facility failed to implement sufficient corrective actions for 2 of 4 sampled clients (A and B) to prevent potential reoccurrence of client A's sexual assaulting behaviors towards client B, and to protect client B from having to see/hear client A in her home daily.</p> <p>This federal tag relates to complaint #IN00163646.</p> <p>9-3-2(a)</p>		<p>to W154 Indiana MENTOR is in contact with the Indiana State Department of Health Surveyor Supervisor over the Intermediate Care Facilities, to complete Investigation (re) training for our Quality Assurance Specialist, the Program Directors, and the administrators. Ongoing, all future allegations of abuse, neglect, mistreatment, and/or exploitation will be thoroughly investigated according to the Indiana MENTOR's Investigation Policy and Procedures and the CMS State Operations Manuel. All future completed investigations will be reviewed by an administrator within the required 5 day period. <i>Please refer to W155</i> The Home Manager and on call Program Director implemented the immediate protective measures, including changing the client's bedrooms to opposite sides of the house in order to provide a better controlled environment for each client. Client A was removed from this group home and placed into another group home within Indiana MENTOR. The Program Director and on call Program Director will be retrained on Protective Measures resulting from an allegation of abuse and/or neglect, according to Indiana MENTOR's policy and procedures. Ongoing, immediate appropriate measures will be put into place for the protection of health and safety of all those</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, the facility failed to promptly notify 2 of 4 sampled clients (client A's and B's) Guardian and Health Care Representative about an allegation of sexual assault.</p> <p>Findings include:</p> <p>Facility records were reviewed on 1/27/15 at 1:45 P.M. including the BDDS reports and the Daily Support Records (DSR). The records indicated the following:</p>	W000148	<p>involved, when needed for allegations of abuse and/or neglect. The Program Director will seek out assistance from an Administrator regarding immediate and appropriate protective measures and follow up regarding the incident. This includes, but is not limited to, medical, physical, or emotional support being made available when needed to any identified client. Responsible Party: Area Director, Program Director, and Home Manager</p> <p>The Program Director/QIDP will be retrained on required guardian and/or Health Care Representative immediate notification of all incidents pertaining to their particular loved one. The Program Director will verbally notify the Administrator of ongoing guardian/HCR notification of any incidents and will also record it on the applicable BDDS report. Ongoing the Program Director/QIDP will continue to immediately notify the guardians of all incidents. Responsible Party: Area Director, Program Director, and</p>	03/11/2015

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	<p>-A BDDS report dated 1/17/15 at 9:00 P.M. indicated "[Client B] reported to staff (#1) that [client A] came into her room and tried to (sic) out his private parts in her. [Client B] told him 'No my sister will not like that'." Plan to resolve: "Staff are to document 15 minute checks on both individuals and doors should remain opened for each bedroom. Home Manager to counsel [client A] that the actions that he chooses to attempt will earn him a trip to jail. Program Director will investigate the incident promptly."</p> <p>-A BDDS report dated 1/22/15 at 4:30 P.M. indicated "Previous incident reported allegations made by [client B] that house mate [client A] attempted to have sexual contact with her and she refused him. During the agencies (sic) internal investigation it was determined that the incident may fall within the requirements of the Elder Justice Act and a police report was filed on 1/21/15. The police immediately reported to the home in response to the report filed. After speaking with the clients, the police stated they could not take [client A] into their custody due to his intellectual disability, but insisted that we move him to another location. The regulations not permitting a relocation was (sic) not explained to the police at the time of the incident and [client A] was moved</p>		Home Manager	

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	<p>overnight to another home to satisfy the request." Plan to resolve: "Area Director reached out to responding police detective to explain placement of services and [client A] placement (sic) back in the home. Regional Director reached Adult Protective Services Investigator to follow up as well with return phone call awaiting. [Client A] will go back to his residence. The clients' bedrooms have been relocated to opposite sides of the home. Staff will continue to complete 15 minute checks. Interdisciplinary (IDT) meetings (phone) were held to discuss incident with both consumers teams. [Client B] does not present to show any adverse effects from the incident. Staff will continue to closely monitor her and provide any internal or external emotional supports if needed. She will continue to receive positive reinforcement for reporting any incidents where she may feel uncomfortable."</p> <p>Client A's record was reviewed on 1/28/15 at 11:09 A.M. Client A's record indicated he had a guardian to assist him.</p> <p>Client B's record was reviewed on 1/28/15 at 11:34 A.M. Client B's record indicated client B's sister was her health care representative (HCR) to assist her.</p> <p>An IDT meeting note dated 1/21/15</p>			

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W000149	<p>reviewed on 1/28/15 at 11:34 A.M. indicated client A's guardian and client B's HCR were notified about the 1/16/15 sexual assault on 1/21/15.</p> <p>An interview was conducted with the Program Director (PD) on 1/28/15 at 1:35 P.M. The PD indicated client A's and B's guardian and HCR were notified about the sexual assault on 1/21/15.</p> <p>This federal tag relates to complaint #IN00163646.</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, the facility failed to meet the Condition of Participation: Client Protections for 1 of 4 sampled clients (B). The facility neglected to implement its</p>	W000149	The Direct Support Professionals will be retrained on Indiana Mentor's policy and procedure regarding abuse and neglect. The Home Manager will be retrained on Indiana Mentor's policy and procedure regarding	03/11/2015

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	<p>policy and procedures regarding an allegation of sexual assault perpetrated by client A towards client B, neglected to have preventative measures in place prior to the incident, neglected take appropriate actions in regard to the allegation, neglected to report reasonable suspicion of a crime to police per the Elder Justice Act, failed to immediately notify client A's guardian and client B's Health Care Representative (HCR), failed to immediately report an allegation of sexual abuse to the Bureau of Developmental Disabilities Services (BDDS), failed to ensure an allegation of sexual assault was investigated thoroughly, and failed to investigate other allegations of sexual assault behaviors revealed during the course of the investigation, neglected to provide client B with any after care including medical evaluations and counseling, and neglected to develop and implement sufficient corrective actions to prevent reoccurrence of client A's sexual assault behaviors, and protect client B.</p> <p>Findings include:</p> <p>Facility records were reviewed on 1/27/15 at 1:45 P.M. including the BDDS reports and the Daily Support Records (DSR). The records indicated the following:</p>		<p>abuse and neglect. The Program Director and on call Program Director will be retrained on Indiana Mentor's policy and procedure regarding abuse and neglect. The Program Director will be retrained on Indiana MENTOR's policy and procedures for admitting a new client into services and also The Bureau of Developmental Disabilities Services procedure for transitioning a new client into services. The Program Director reviewed all available historical documentation for each client to ensure that any significant information would be/is already included in the Individualized Support Plans, High Risk Plans, and Behavior Support Plans. Any information that was obtained and not already included was/will be added in. The Program Director updated client A's Individualized Support Plan, High Risk Plan, and Behavior Support Plan to reflect the historical information that was identified in the internal investigation. Ongoing, the Program Director/QIDP will review all historical information provided on any potential new admission to ensure that the other residents in the Group Home are not put at any health and safety risks. The Program Director/QIDP will ensure that all information provided is including in the Individualized Support Plan, including but not limited to, the High Risk (RMAP) Plan,</p>	

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	<p>-A BDDS report dated 1/17/15 at 9:00 P.M. indicated "[Client B] reported to staff (#1) that [client A] came into her room and tried to (sic) out his private parts in her. [Client B] told him 'No my sister will not like that'." Plan to resolve: "Staff are to document 15 minute checks on both individuals and doors should remain opened for each bedroom. Home Manager to counsel [client A] that the actions that he chooses to attempt will earn him a trip to jail. Program Director will investigate the incident promptly."</p> <p>-A BDDS report dated 1/22/15 at 4:30 P.M. indicated "Previous incident reported allegations made by [client B] that house mate [client A] attempted to have sexual contact with her and she refused him. During the agencies (sic) internal investigation it was determined that the incident may fall within the requirements of the Elder Justice Act and a police report was filed on 1/21/15. The police immediately reported to the home in response to the report filed. After speaking with the clients, the police stated they could not take [client A] into their custody due to his intellectual disability, but insisted that we move him to another location. The regulations not permitting a relocation was (sic) not explained to the police at the time of the</p>		<p>protocols, and the Behavior Support Plan. The Program Director will ensure that any information that becomes available will also be made available to the entire Interdisciplinary Team. The Direct Support Professionals will be retrained on the Elder Justice Act. The Home Manager will be retrained on the Elder Justice Act. The Program Director and on call Program Director will be retrained on the Elder Justice Act. Ongoing, the Direct Support Professionals, Home Manager, and identified Program Directors/QIDP will immediately report any reasonable suspicion of a crime to the local police department, as outlined in the Elder Justice Act. Indiana MENTOR is in contact with the Indiana State Department of Health Surveyor Supervisor over the Intermediate Care Facilities, to complete Investigation (re) training for our Quality Assurance Specialist, the Program Directors, and the administrators. Ongoing, all future allegations of abuse, neglect, mistreatment, and/or exploitation will be thoroughly investigated according to the Indiana MENTOR's Investigation Policy and Procedures and the CMS State Operations Manual. All future completed investigations will be reviewed by an administrator within the required 5 day period. The Home Manager and on call Program</p>		

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	<p>incident and [client A] was moved overnight to another home to satisfy the request." Plan to resolve: "Area Director reached out to responding police detective to explain placement of services and [client A] placement (sic) back in the home. Regional Director reached Adult Protective Services Investigator to follow up as well with return phone call awaiting. [Client A] will go back to his residence. The clients' bedrooms have been relocated to opposite sides of the home. Staff will continue to complete 15 minute checks. Interdisciplinary (IDT) meetings (phone) were held to discuss incident with both consumers teams. [Client B] does not present to show any adverse effects from the incident. Staff will continue to closely monitor her and provide any internal or external emotional supports if needed. She will continue to receive positive reinforcement for reporting any incidents where she may feel uncomfortable."</p> <p>-A BPR dated 11/23/14 indicated "[Client A] was in his room sitting on the floor with a blanket draped over him on his roommates side of the bed. Staff was doing checks before end of shift. Staff noticed this and asked [client A] to please return to his bed to sleep. [Client A] said 'no that he didn't want to sleep in his bed...!'"</p>		<p>Director implemented the immediate protective measures, including changing the client's bedrooms to opposite sides of the house in order to provide a better controlled environment for each client. The Program Director and on call Program Director will be retrained on Protective Measures resulting from an allegation of abuse and/or neglect, according to Indiana MENTOR's policy and procedures. Ongoing, immediate appropriate measures will be put into place for the protection of health and safety of all those involved, when needed for allegations of abuse and/or neglect. The Program Director will seek out assistance from an Administrator regarding immediate and appropriate protective measures and follow up regarding the incident. This includes, but is not limited to, medical, physical, or emotional support being made available when needed to any identified client. The Program Director/QIDP will be retrained on required guardian and/or Health Care Representative notification of all incidents pertaining to their particular loved one. The staff that originally received the report of allegation of sexual abuse has been terminated due to failure to immediately report. The remaining Direct Support Professionals will be retrained on Indiana Mentor's policy and procedure regarding abuse and</p>				

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	<p>- BPR dated 11/24/14 indicated "[Client A]...told staff that when he slept on his bed, he feels hot on his thigh...."</p> <p>-BPR dated 10/3/14 indicated "...[Client A] comments to staff that he wants to f--- him. [Client A] told Home Manager that [client C] tried to b--- f--- him and if he told staff something would happen to him...."</p> <p>Client A's record was reviewed on 1/28/15 at 11:09 A.M. Client A's record indicated he was an ambulatory 25 year old male, 5 foot 8 and 1/2 inches tall weighing 270 pounds. He had diagnoses of, but not limited to, mild mental retardation with a full scale IQ score of 60, paranoid schizophrenia, psychosis, depression, sleep apnea and a history of auditory and visual hallucinations. Client A's aunt was his guardian. Client A's sexual consent assessment dated 12/23/12 indicated "[Client A] is capable of giving consent." His D & E (Diagnostic and Evaluation) dated 3/5/2011 indicated "He often gets up in the middle of the night." The D & E indicated "[Guardian] reported that [client A] has serious behavioral difficulties including attempted rape with her eight year-old granddaughter several months ago (2010/2011). He (client A)</p>		<p>neglect, including but not limited to, what is reportable, when to report it, and who to report it to. Ongoing, all Indiana MENTOR employees will report any alleged abuse, neglect, mistreatment, and/or exploitation. Responsible Party: Area Director, Program Director, and Home Manager</p>	

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	<p>reportedly was found in bed with the granddaughter claiming that she was his girlfriend. He is not left alone with children. [Guardian] reported sometime last year (2010) (client A) was escorted by police to [hospital] for emergency psychiatric care. [Client A] reportedly grabbed his adoptive mother, choking her around her throat, swearing and cursing... he was unable to be calmed down and police were called. [Guardian] reported that [client A] masturbates in front of others daily and she needs to monitor him closely." Client A's Behavioral Support Plan (BSP) dated 7/31/13 indicated he had the following targeted behaviors: anger control, physical aggression, resistance, depressed mood/negative self-talk and elopement. Client A's record indicated he was seen by his psychiatrist on 1/27/15. There was no documentation to indicate if client A's psychiatrist was informed about the alleged sexual assault incident of 1/16/15. Client A's record indicated he had been on a supervision level of 1:1 (one client being supervised by one staff) since 10/2014 with an assigned staff to keep him in line of sight during all waking hours, except when he was in the bathroom or his bedroom. Staff were documenting their initials every 15 minutes. There was no documentation indicating what client A was doing at those times, or when he was</p>			

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	<p>sleeping. A supervision protocol dated 1/23/15 indicated "[client A] will receive 1:1 supervision during all waking hours not to include hours he spends at day placement. Waking hours will be defined as the time he awakens in the morning to begin his day until he retires for the evening. Staff providing the 1:1 supervision and the other staff must agree [client A] is asleep before 1:1 supervision is finished for that day. 1:1 supervision will be defined as staff being in eyesight of [client A]. The only exception to this may be when [client A] is in the bathroom or his bedroom at which time staff will have the door in line of sight...If [client A] wakes in the middle of the night and comes out of her (sic) room overnight staff will monitor [client A] until she (sic) returns to her (sic) room..." This protocol was signed and dated by the Area Director 1/23/14 (sic). A BSP dated 1/23/15 for client A indicated he had the following targeted behaviors listed at the beginning of the BSP," temper outbursts, elopement, depressive symptoms, negative self-talk, refusal/resistance." On the final page of the BSP "inappropriate sexual behavior" was listed and addressed as follows "If [client A] is displaying personal inappropriate sexual behaviors i.e... Masturbating in a public area, discussing sexual topics, aggressing sexually</p>			
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	<p>towards peers or staff immediately intervene and explain why this is inappropriate and that he is to cease the activity. Use a flat unemotional tone. If [client A] is touching someone else in a sexual manner, immediately approach him and tell him to stop. Use an unemotional tone. If he does not stop immediately, separate [client A] from his victim." Per the Qualified Intellectual Disabilities Professional (QIDP) on 1/28/15 at 1:35 P.M. the 1/23/15 BSP was currently being reviewed for approval by client A's guardian.</p> <p>Client B's record was reviewed on 1/28/15 at 11:34 A.M. Client B's record indicated she was a 60 year old female 5 foot tall weighing 217 pounds who could ambulate, but used a walker and wheelchair PRN (as needed). She had diagnoses of, but not limited to moderate mental retardation with a full scale IQ of 26, hypertension, depression, edema, psychosis, intermittent explosive disorder, schizophrenia, and urinary incontinence. Client B's sister was her HCR. Client B's sexual consent assessment dated 9/19/12 indicated "[Client B] is considered not capable of giving consent." Client B's Pro-Social skills assessment dated 9/19/12 indicated needs training in, but not limited to, these areas "making a complaint, dealing with</p>						

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	<p>anger, expressing affection, dealing with fear, knowing your feelings and expressing your feelings."</p> <p>An IDT meeting note dated 1/21/15 indicated client A's guardian and client B's HCR were notified about the 1/16/15 sexual assault on 1/21/15. The note also indicated a police report had been filed on 1/21/15.</p> <p>The facility's Summary of Internal Investigation Report dated 1/27/15 was reviewed on 1/27/15 at 4:28 P.M. The summary indicated "On 1/18/15 at 9:00 P.M. [client B] reported to [staff #1] and [staff #2] [client A] pulled out his 'private' and asked her if she wanted him to stick it in her." Per staff #2 "[client B] said this in the living room in front of four other clients." Staff asked "[client B] to talk with them in her room. [Staff #1] called the House Manager and [Staff #2] talked with [client B] in her room." Staff #2 reported to the internal investigator that [client B] stated "In the middle of the night [client A] knocked on her door, entered her room, approached her bed, pulled out his 'private' and asked her if she wanted him to stick it in her. Client B reported she told [client A] 'No, her sister would not like that and her sister would be mad if she had babies'. He tried to pull my pants and pull-up down. He then got</p>			

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	<p>on top of me and asked for a hug. [Client B] told [client A] 'I don't want to get in trouble.' Client B then said 'she did not remember what happened after that'. She (client B) said it happened after [staff #1] had left. That she (client B) told staff #3 and staff #3 told her 'What do you want me to do about it now go back to bed'."</p> <p>The summary indicated "[client A] was asleep when [client B] reported to [staff #1] and [staff #2]. When [staff #3] arrived for work on 1/18/15 and was informed of the 15 minute checks staff #3 stated 'Well nothing happened on my shift'. On 1/19/15 the bedrooms were reassigned so [client A's] room would no longer be next to [client B's] room. As they were moving [client A's] mattress [client A] asked 'Is this because of [client B]'?" The summary indicated as the internal investigation continued it was determined that a possible crime had been committed and the [name of police department] was contacted. Two officers reported immediately, and four other officers arrived as back-up once the officers were made aware client A could become aggressive. A detective from the Sex Crimes Unit also was present. "To assist [client B] it was determined by the HM to have [staff #2] sit in with client B when she was interviewed by the police and detective." The investigation and interview with client A indicated the</p>			

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	<p>following: "What I did was disgusting. [Staff #3] was watching TV. I was excited and confused that day. [Client B's] door was closed. She was asleep. I tried to touch her 'genitals'. [Client A] stated, I touched her buttocks after he pulled down her pants and 'pamper.' He said he took out his penis and 'tried to put it in her butt.' She told him 'To stop.' He said He left her room and returned to his room and [staff #3] came to his room and asked him why he was in [client B's] room. He said this was the first time he tried this with [client B]. Said he tried to do it with [client G] she yelled and cussed at him and told him she would call the police if he did not leave her alone. He said after he tried it with his roommate [client C] everyone had to change bedrooms. Said he had not tried it with [clients F, H, D, or E]." The internal investigation indicated the Sex Crimes Detective had informed the HM that [client A] had reported that "he had been bothering [client B] for awhile." He reported [client B] stated that "[client A] had been harassing her for a month 'trying to get into her pants.' "The Detective demanded that [client A] be removed from the home that evening." The internal investigator interviewed the Detective and reportedly the detective stated "the facility would be taking a 'significant risk allowing him (client A)</p>			

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	<p>to be near her (client B)'. The detective reportedly stated "He and the prosecutor believe a 'sexual assault' occurred, but because law enforcement was not called for 96 hours of the incident and the alleged perpetrator (sic) intellectual disability they were not going to pursue charges. He (detective) had advised APS (adult protective services) of the incident." The investigation did not include a follow-up interview with staff #2 to determine what client B had reported to the police officers and the sex crimes detective. "This information was reported to the Area Director and the Regional Director on 1/23/15 by the facility's internal investigator."</p> <p>There was no investigation documentation or BDDS report to review regarding the allegations of sexual abuse towards clients B and C which came forth during the facility's internal investigation.</p> <p>Staff #2 was interviewed on 1/28/15 at 6:10 P.M. and stated "I was one of the two staff [client B] told on the evening of the 18th, since the staff on the 16th didn't help her. I also sat in with her during the interview with two police officers and then again when the detective interviewed her." Staff #2 stated "[client B] was consistent with her reports to staff</p>			

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	<p>initially, and with the officers, with the added fact of him (client A) wearing only his boxers. She did say when [client B] was interviewed by the two officers she told them [client A] did put his private part into her. The officers asked her where and [client B] pointed down to her private area. Then she (client B) said I don't remember and shut down. She pretty much shut down when the detective talked with her too, but did say he had entered her room and tried to have sex with her."</p> <p>Observations were conducted at the group home where clients A and B lived on 1/28/15 from 5:39 P.M. through 6:35 P.M. Client A and client B were both in the home. Their bedrooms were located on opposite ends of the home. Client A did have 1:1 supervision.</p> <p>Client B was interviewed on 1/28/15 at 5:40 P.M. When asked how she was sleeping, she stated "[Client A] comes into my room and tries to have sex with me. It was in my old room. I told him I didn't want to, no, he never hurt me." As we talked in her room, she stated "I hear [client A]." Client A was in the laundry room near client B's bedroom with his 1:1 staff doing his laundry. Client B was asked if she was ok or scared, she stated "No I'm not scared." On 1/28/15 at 6:05</p>						

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	<p>P.M. at dinner clients A and B were seated at opposite ends of the table. They were facing each other, although it was a long table. Client A was observed looking at client B; she noticed this and turned her head to the side and downwards.</p> <p>An interview was conducted with the QIDP on 1/28/15 at 1:35 P.M. The QIDP stated, "I was not aware of [client A's] history of attempted rape of an eight year old child. I must have missed seeing that in his history." When asked why public masturbation and sexual comments were also added to the 1/23/15 BSP for client A, the QIDP stated, "I thought I saw it somewhere that they needed to be addressed, I will have to look that up." When asked why the incident on 1/16/15 was not documented on a behavior report, the QIDP did not respond. The QIDP stated, "The 15 minute checks were originally put in place for [client A] and [client C] because [client A] had reported to his behavior counselor that [client C] had tried to hump on him." The QIDP was asked if client A was already on 15 minute checks and line of sight supervision prior to the incident on 1/16/15 wouldn't staff have known he left his room, the QIDP indicated yes.</p> <p>An interview was conducted with the HM</p>				

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	<p>on 1/28/15 at 1:35 P.M. The HM stated, "I just wonder where all this is coming from, but we do not get notes from the therapist. At one psychiatric appointment the psychiatrist did ask [client A] 'How are you doing about your thoughts about women,' but I had no indication of anything like this." The HM was asked if client A was already on 15 minute checks and line of sight supervision prior to the incident on 1/16/15 wouldn't staff have known he left his room, the HM stated, "I thought she would. We do it as discreetly as we can. At night we ask everyone to leave their doors open a little bit, and the clients were all ok with that. I don't think she (staff #3) was in a place where she could watch their doors." The HM indicated staff #3 was still on suspension.</p> <p>The Regional Director was interviewed on 1/27/15 at 4:13 P.M. The RD stated, "I don't really think anything much occurred, I believe it was blown out of proportion. There really isn't anything like sexual assault in the ID (intellectual disabilities) field; it is really just more inappropriate sexual behavior."</p> <p>Confidential interviews (CI) were conducted during this survey:</p> <p>CI #8 "All the guys in the house masturbate with their doors open. They</p>						

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	<p>are asked to leave their doors open so checks can be done on them. No one is to say anything about doing that in the bathroom or closing the door for privacy. I was shocked at first, but was told it was a natural thing and not to do anything about it, just act like you don't see it. However, since this all happened staff are now to prompt them to close their door or use the bathroom for privacy. No it was to never be documented anywhere, even now."</p> <p>CI #9 "I believe an assault occurred and they didn't handle it right and still are not handling it right. He should not be in the house."</p> <p>CI #10 " Yes, I believe it happened. [Client B] would not make up a story like that, and he (client A) always tells on him self when he does something wrong."</p> <p>The facility's policy Quality and Risk Management dated 4/2011 was reviewed on 1/29/15 at 10:05 A.M. and indicated "Indiana Mentor promotes a high quality of service and seeks to protect individuals 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</p>			

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	<p>individuals are exposed... B.1. Alleged, suspected, or actual abuse, neglect, or exploitation of an individual. An incident in this category shall also be reported...as applicable. The provider shall suspend staff involved in an incident from duty pending investigation by the provider. This may include: 2. Sexual abuse, including, but not limited to: i. nonconsensual sexual activity, ii. sexual molestation, iii. sexual coercion, iv. sexual exploitation. Failure to provide appropriate supervision, care or training; 4. An incident shall be reported by a provider or an employee or agent who: (a) Is providing services to the individual at the time of the incident. (b). Becomes aware of or receives information about an alleged incident. 5. An initial report regarding an incident shall be submitted within twenty-four hours of: (a) the occurrence of the incident; or (b). the reporter becoming aware of or receiving information about an incident. The Program Director, who serves as the QMRP (Qualified Mental Retardation Professional), shall submit a follow-up report concerning the incident on the BDDS's follow-up incident report form at the following times: (a). Within seven days of the date of the initial report; (b). Every seven days thereafter until the incident is resolved; (c). All information required to be submitted to the BDDS</p>			

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	<p>shall also be submitted to the provider of case management services to the individual... C. 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 Area Director for review and development of further recommendations as needed within 5 days of the incident."</p> <p>This federal tag relates to complaint #IN00163646.</p> <p>9-3-2(a)</p>			

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W000153	<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.</p> <p>Based on record review and interview, the facility failed to immediately report four allegations of sexual assault for 3 of 4 sampled clients (A, B, and C) and 1 of 4 additional clients (G) to the administrator and to the Bureau of Developmental Disabilities Services (BDDS), in accordance State law through established procedures.</p> <p>Findings include:</p>	W000153	<p>The Direct Support Professionals will be retrained on Indiana Mentor's policy and procedure regarding abuse and neglect. The Home Manager will be retrained on Indiana Mentor's policy and procedure regarding abuse and neglect. The Program Director and on call Program Director will be retrained on Indiana Mentor's policy and procedure regarding abuse and neglect. Indiana MENTOR is in contact with the Indiana State Department of Health Surveyor</p>	03/11/2015

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	<p>Facility records were reviewed on 1/27/15 at 1:45 P.M. including the BDDS reports and the Daily Support Records (DSR). The records indicated the following:</p> <p>1. A BDDS report dated 1/17/15 at 9:00 P.M. indicated "[Client B] reported to staff (#1) that [client A] came into her room and tried to (sic) out his private parts in her. [Client B] told him 'No my sister will not like that.' Plan to resolve: "Staff are to document 15 minute checks on both individuals and doors should remain opened for each bedroom. Home Manager to counsel [client A] that the actions that he chooses to attempt will earn him a trip to jail. Program Director will investigate the incident promptly."</p> <p>-A BDDS report dated 1/22/15 at 4:30 P.M. indicated "Previous incident reported allegations made by [client B] that house mate [client A] attempted to have sexual contact with her and she refused him. During the agencies (sic) internal investigation it was determined that the incident may fall within the requirements of the Elder Justice Act and a police report was filed on 1/21/15. The police immediately reported to the home in response to the report filed. After speaking with the clients, the police stated they could not take [client A] into</p>		<p>Supervisor over the Intermediate Care Facilities, to complete Investigation (re) training for our Quality Assurance Specialist, the Program Directors, and the administrators. Ongoing, all future allegations of abuse, neglect, mistreatment, and/or exploitation will be thoroughly investigated according to the Indiana MENTOR's Investigation Policy and Procedures and the CMS State Operations Manuel. All future completed investigations will be reviewed by an administrator within the required 5 day period. The staff that originally received the report of allegation of sexual abuse has been terminated due to failure to immediately report. The remaining Direct Support Professionals will be retrained on Indiana Mentor's policy and procedure regarding abuse and neglect, including but not limited to, what is reportable, when to report it, and who to report it to. Ongoing, all Indiana MENTOR employees will report any alleged abuse, neglect, mistreatment, and/or exploitation. For the first 90 days, the Home Manager will review all documentation, including but not limited to DSRs and Behavior Data Tracking Sheets, every two days (every other business day) to ensure that no incidents go unreported and uninvestigated. After the initial 90 days and ongoing, the Home Manager will review all</p>	

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	<p>their custody due to his intellectual disability, but insisted that we move him to another location."</p> <p>2. BPR (behavior plan report) dated 10/3/14 indicated "...[Client A] comments to staff that he wants to f-- him. [Client A] told Home Manager that [client C] tried to b--- f--- him and if he told staff something would happen to him...."</p> <p>There was no investigative documentation or BDDS report to review regarding the BPR listed above.</p> <p>3. The facility's Summary of Internal Investigation Report dated 1/27/15 was reviewed on 1/27/15 at 4:28 P.M. The summary indicated "On 1/18/15 at 9:00 P.M. [client B] reported to [staff #1] and [staff #2] [client A] pulled out his 'private' and asked her if she wanted him to stick it in her." Per staff #2 "[client B] said this in the living room in front of four other clients." Staff asked "[client B] to talk with them in her room. [Staff #1] called the House Manager and [Staff #2] talked with [client B] in her room." Staff #2 reported to the internal investigator that [client B] stated "In the middle of the night [client A] knocked on her door, entered her room, approached her bed, pulled out his 'private' and asked her if</p>		<p>documentation, including but not limited to DSRs and Behavior Data Tracking Sheets, once a week to ensure that no incidents go unreported and uninvestigated. For the first 90 days, the Program Director will review all documentation, including but not limited to DSRs and Behavior Data Tracking Sheets, once a week to ensure that no incidents go unreported and uninvestigated. After the initial 90 days and ongoing, the Program Director will review all documentation, including but not limited to DSRs and Behavior Data Tracking Sheets, once every other week, to ensure that no incidents go unreported and uninvestigated. Responsible Party: Area Director, Program Director, and Home Manager</p>	

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	<p>she wanted him to stick it in her. Client B reported she told [client A] 'No, her sister would not like that and her sister would be mad if she had babies'. He tried to pull my pants and pull-up down. He then got on top of me and asked for a hug. [Client B] told [client A] 'I don't want to get in trouble.' Client B then said 'she did not remember what happened after that'. She (client B) said it happened after [staff #1] had left. That she (client B) told staff #3 and staff #3 told her 'What do you want me to do about it now go back to bed'."</p> <p>The summary indicated [client A] was asleep when [client B] reported to [staff #1] and [staff #2]. When [staff #3] arrived for work on 1/18/15 and was informed of the 15 minute checks staff #3 stated 'Well nothing happened on my shift'. On 1/19/15 the bedrooms were reassigned so [client A's] room would no longer be next to [client B's] room. As they were moving [client A's] mattress [client A] asked 'Is this because of [client B]'?" The summary indicated as the internal investigation continued it was determined that a possible crime had been committed and the [name of police department] were contacted. Two officers reported immediately, and four other officers arrived as back-up once the officers were made aware client A could become aggressive. A detective from the Sex Crimes Unit also was present. To</p>						

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	<p>assist [client B] it was determined by the HM to have [staff #2] sit in with client B when she was interviewed by the police and detective. The investigation and interview with client A indicated the following: "What I did was disgusting. [Staff #3] was watching TV. I was excited and confused that day. [Client B's] door was closed. She was asleep. I tried to touch her 'genitals'. [Client A] stated, I touched her buttocks after he pulled down her pants and 'pamper.' He said he took out his penis and 'tried to put it in her butt.' She told him 'To stop.' He said He left her room and returned to his room and [staff #3] came to his room and asked him why he was in [client B's] room. He said this was the first time he tried this with [client B].</p> <p>Said he tried to do it with [client G] she yelled and cussed at him and told him she would call the police if he did not leave her alone.</p> <p>4. He said after he tried it with his roommate [client C] everyone had to change bedrooms. Said he had not tried it with [clients F, H, D, or E]." The internal investigation indicated the Sex Crimes Detective had informed the HM that [client A] had reported that "he had been bothering [client B] for awhile." He reported [client B] stated that "[client A]</p>						

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	<p>had been harassing her for a month 'trying to get into her pants.' "The Detective demanded that [client A] be removed from the home that evening." The internal investigator interviewed the Detective and reportedly the detective stated "the facility would be taking a 'significant risk allowing him (client A) to be near her (client B)'." The detective reportedly stated "He and the prosecutor believe a 'sexual assault' occurred, but because law enforcement was not called for 96 hours of the incident and the alleged perpetrator (sic) intellectual disability they were not going to pursue charges. He (detective) had advised APS (adult protective services) of the incident." The investigation did not include a follow-up interview with staff #2 to determine what client B had reported to the police officers and the sex crimes detective. "This information was reported to the Area Director and the Regional Director on 1/23/15 by the facility's internal investigator."</p> <p>There was no investigation documentation or BDDS report to review regarding the allegations of sexual abuse towards clients C and G which came forth during the facility's internal investigation.</p> <p>Staff #2 was interviewed on 1/28/15 at</p>			

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	<p>6:10 P.M. and stated "I was one of the two staff [client B] told on the evening of the 18th, since the staff on the 16th didn't help her. I also sat in with her during the interview with two police officers and then again when the detective interviewed her. Staff #2 stated [client B] was consistent with her reports to staff initially, and with the officers, with the added fact of him (client A) wearing only his boxers. She did say when [client B] was interviewed by the two officers she told them [client A] did put his private part into her. The officers asked her where and [client B] pointed down to her private area. Then she (client B) said I don't remember and shut down. She pretty much shut down when the detective talked with her too, but did say he had entered her room and tried to have sex with her."</p> <p>An interview was conducted with the HM on 1/28/15 at 1:35 P.M. The HM was asked if client A was already on 15 minute checks and line of sight supervision prior to the incident on 1/16/15 wouldn't staff have known he left his room, the HM stated, "I thought she would. We do it as discreetly as we can. At night we ask everyone to leave their doors open a little bit, and the clients were all ok with that. I don't think she (staff #3) was in a place where she could</p>			

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	<p>watch their doors." The HM indicated staff #3 was still on suspension for not reporting the allegation immediately. The HM indicated the BDDS report was done as soon as they found out, but not immediately due to staff #3 not reporting immediately.</p> <p>The Area Director (AD) was interviewed on 2/9/15 at 1:53 P.M. and indicated the BDDS report had not been done timely due to the staff (staff #3) not reporting immediately.</p> <p>An interview was conducted with the facility's internal investigator on 1/28/15 at 12:49 P.M. The investigator indicated she had not interviewed staff #2 about what client B had informed the police officers and the detective. The investigator stated, "The other allegations have not been reported or investigated."</p> <p>This federal tag relates to complaint #IN00163646.</p> <p>9-3-2(a)</p>				

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W000154	<p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on record review and interview, the facility failed to ensure allegations of sexual assault were investigated thoroughly for 3 of 4 sampled clients (A, B and C) and 1 of 4 additional clients (G), failed to assure an investigative system was in place which resulted in a complete and thorough investigation including statements by staff and the investigation of other allegations revealed during the course of an internal investigation were also investigated.</p> <p>Findings include:</p> <p>Facility records were reviewed on 1/27/15 at 1:45 P.M. including the BDDS</p>	W000154	<p>Indiana MENTOR is in contact with the Indiana State Department of Health Surveyor Supervisor over the Intermediate Care Facilities, to complete Investigation (re) training for our Quality Assurance Specialist, the Program Directors, and the administrators. Ongoing, all future allegations of abuse, neglect, mistreatment, and/or exploitation will be thoroughly investigated according to the Indiana MENTOR's Investigation Policy and Procedures and the CMS State Operations Manuel. All future completed investigations will be reviewed by an administrator within the required 5 day period. Responsible Party: Area Director, Program Director, and</p>	03/11/2015

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	<p>reports and the Daily Support Records (DSR). The records indicated the following:</p> <p>-A BDDS report dated 1/17/15 at 9:00 P.M. indicated "[Client B] reported to staff (#1) that [client A] came into her room and tried to (sic) out his private parts in her. [Client B] told him 'No my sister will not like that.' Plan to resolve: "Staff are to document 15 minute checks on both individuals and doors should remain opened for each bedroom. Home Manager to counsel [client A] that the actions that he chooses to attempt will earn him a trip to jail. Program Director will investigate the incident promptly."</p> <p>-A BDDS report dated 1/22/15 at 4:30 P.M. indicated "Previous incident reported allegations made by [client B] that house mate [client A] attempted to have sexual contact with her and she refused him. During the agencies (sic) internal investigation it was determined that the incident may fall within the requirements of the Elder Justice Act and a police report was filed on 1/21/15. The police immediately reported to the home in response to the report filed. After speaking with the clients, the police stated they could not take [client A] into their custody due to his intellectual disability, but insisted that we move him</p>		Home Manager				

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	<p>to another location. The regulations not permitting a relocation was (sic) not explained to the police at the time of the incident and [client A] was moved overnight to another home to satisfy the request." Plan to resolve: "Area Director reached out to responding police detective to explain placement of services and [client A] placement (sic) back in the home. Regional Director reached Adult Protective Services Investigator to follow up as well with return phone call awaiting. [Client A] will go back to his residence. The clients' bedrooms have been relocated to opposite sides of the home. Staff will continue to complete 15 minute checks. Interdisciplinary (IDT) meetings (phone) were held to discuss incident with both consumers teams. [Client B] does not present to show any adverse effects from the incident. Staff will continue to closely monitor her and provide any internal or external emotional supports if needed. She will continue to receive positive reinforcement for reporting any incidents where she may feel uncomfortable."</p> <p>-BPR dated 10/3/14 indicated "...[Client A] comments to staff that he wants to f--- him. [Client A] told Home Manager that [client C] tried to b--- f--- him and if he told staff something would happen to him...."</p>			

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	<p>The facility's Summary of Internal Investigation Report dated 1/27/15 was reviewed on 1/27/15 at 4:28 P.M. The summary indicated "On 1/18/15 at 9:00 P.M. [client B] reported to [staff #1] and [staff #2] [client A] pulled out his 'private' and asked her if she wanted him to stick it in her." Per staff #2 "[client B] said this in the living room in front of four other clients." Staff asked "[client B] to talk with them in her room. [Staff #1] called the House Manager and [Staff #2] talked with [client B] in her room." Staff #2 reported to the internal investigator that [client B] stated "In the middle of the night [client A] knocked on her door, entered her room, approached her bed, pulled out his 'private' and asked her if she wanted him to stick it in her. Client B reported she told [client A] 'No, her sister would not like that and her sister would be mad if she had babies'. He tried to pull my pants and pull-up down. He then got on top of me and asked for a hug. [Client B] told [client A] 'I don't want to get in trouble.' Client B then said 'she did not remember what happened after that'. She (client B) said it happened after [staff #1] had left. That she (client B) told staff #3 and staff #3 told her 'What do you want me to do about it now go back to bed'." The summary indicated [client A] was asleep when [client B] reported to [staff</p>			

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	#1] and [staff #2]. When [staff #3] arrived for work on 1/18/15 and was informed of the 15 minute checks staff #3 stated 'Well nothing happened on my shift'. On 1/19/15 the bedrooms were reassigned so [client A's] room would no longer be next to [client B's] room. As they were moving [client A's] mattress [client A] asked 'Is this because of [client B]?' The summary indicated as the internal investigation continued it was determined that a possible crime had been committed and the [name of police department] were contacted. Two officers reported immediately, and four other officers arrived as back-up once the officers were made aware client A could become aggressive. A detective from the Sex Crimes Unit also was present. "To assist [client B] it was determined by the HM to have [staff #2] sit in with client B when she was interviewed by the police and detective." The investigation and interview with client A indicated the following: "What I did was disgusting. [Staff #3] was watching TV. I was excited and confused that day. [Client B's] door was closed. She was asleep. I tried to touch her 'genitals'. [Client A] stated, I touched her buttocks after he pulled down her pants and 'pamper.' He said he took out his penis and 'tried to put it in her butt.' She told him 'To stop.' He said He left her room and returned to his			

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	room and [staff #3] came to his room and asked him why he was in [client B's] room. He said this was the first time he tried this with [client B]. Said he tried to do it with [client G] she yelled and cussed at him and told him she would call the police if he did not leave her alone. He said after he tried it with his roommate [client C] everyone had to change bedrooms. Said he had not tried it with [clients F, H, D, or E]." The internal investigation indicated the Sex Crimes Detective had informed the HM that [client A] had reported that "he had been bothering [client B] for awhile." He reported [client B] stated that "[client A] had been harassing her for a month 'trying to get into her pants.' "The Detective demanded that [client A] be removed from the home that evening." The internal investigator interviewed the Detective and reportedly the detective stated "the facility would be taking a 'significant risk allowing him (client A) to be near her (client B)'." The detective reportedly stated "He and the prosecutor believe a 'sexual assault' occurred, but because law enforcement was not called for 96 hours of the incident and the alleged perpetrator (sic) intellectual disability they were not going to pursue charges. He (detective) had advised APS (adult protective services) of the incident." The investigation did not			

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	<p>include a follow-up interview with staff #2 to determine what client B had reported to the police officers and the sex crimes detective. "This information was reported to the Area Director and the Regional Director on 1/23/15 by the facility's internal investigator."</p> <p>The investigation did not include a follow-up interview with staff #2 to determine what client B had reported to the police officers and the sex crimes detective. The internal investigation did not prompt investigations into the allegations client A had reported when he was interviewed involving clients C and G. There was no investigation for the incident documented on the BPR listed above. The investigation did not include written statements by staff.</p> <p>Staff #2 was interviewed on 1/28/15 at 6:10 P.M. and stated "I was one of the two staff [client B] told on the evening of the 18th, since the staff on the 16th didn't help her. I also sat in with her during the interview with two police officers and then again when the detective interviewed her. Staff #2 stated [client B] was consistent with her reports to staff initially, and with the officers, with the added fact of him (client A) wearing only his boxers. She did say when [client B] was interviewed by the two officers she</p>			

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	<p>told them [client A] did put his private part into her. The officers asked her where and [client B] pointed down to her private area. Then she (client B) said I don't remember and shut down. She pretty much shut down when the detective talked with her too, but did say he had entered her room and tried to have sex with her."</p> <p>An interview was conducted with the facility's internal investigator on 1/28/15 at 12:49 P.M. The investigator indicated she had not interviewed staff #2 about what client B had informed the police officers and the detective. The investigator stated, "The other allegations have not been reported or investigated."</p> <p>This federal tag relates to complaint #IN00163646.</p> <p>9-3-2(a)</p>				

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W000155	<p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must prevent further potential abuse while the investigation is in progress. Based on observation, record review and interview, the facility failed to implement sufficient corrective actions for 2 of 4 sampled clients (A and B) to prevent potential reoccurrence of client A's sexual assault behaviors towards client B, and to protect client B from having to see/hear client A in her home daily.</p> <p>Findings include:</p> <p>Facility records were reviewed on 1/27/15 at 1:45 P.M. including the BDDS reports and the Daily Support Records</p>	W000155	<p>The Home Manager and on call Program Director implemented the immediate protective measures, including changing the client's bedrooms to opposite sides of the house in order to provide a better controlled environment for each client. Client A was removed from this group home and placed into another group home within Indiana MENTOR. The Program Director and on call Program Director will be retrained on Protective Measures resulting from an allegation of abuse and/or neglect, according to Indiana MENTOR's policy and</p>	03/11/2015

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	<p>(DSR). The records indicated the following:</p> <p>-A BDDS report dated 1/17/15 at 9:00 P.M. indicated "[Client B] reported to staff (#1) that [client A] came into her room and tried to (sic) out his private parts in her. [Client B] told him 'No my sister will not like that'." Plan to resolve: "Staff are to document 15 minute checks on both individuals and doors should remain opened for each bedroom. Home Manager to counsel [client A] that the actions that he chooses to attempt will earn him a trip to jail. Program Director will investigate the incident promptly."</p> <p>-A BDDS report dated 1/22/15 at 4:30 P.M. indicated "Previous incident reported allegations made by [client B] that house mate [client A] attempted to have sexual contact with her and she refused him. During the agencies (sic) internal investigation it was determined that the incident may fall within the requirements of the Elder Justice Act and a police report was filed on 1/21/15. The police immediately reported to the home in response to the report filed. After speaking with the clients, the police stated they could not take [client A] into their custody due to his intellectual disability, but insisted that we move him to another location. The regulations not</p>		<p>procedures. Ongoing, immediate appropriate measures will be put into place for the protection of health and safety of all those involved, when needed for allegations of abuse and/or neglect. The Program Director will seek out assistance from an Administrator regarding immediate and appropriate protective measures and follow up regarding the incident. This includes, but is not limited to, medical, physical, or emotional support being made available when needed to any identified client. Responsible Party: Area Director, Program Director, and Home Manager</p>	

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	<p>permitting a relocation was (sic) not explained to the police at the time of the incident and [client A] was moved overnight to another home to satisfy the request." Plan to resolve: "Area Director reached out to responding police detective to explain placement of services and [client A] placement (sic) back in the home. Regional Director reached Adult Protective Services Investigator to follow up as well with return phone call awaiting. [Client A] will go back to his residence. The clients' bedrooms have been relocated to opposite sides of the home. Staff will continue to complete 15 minute checks. Interdisciplinary (IDT) meetings (phone) were held to discuss incident with both consumers teams. [Client B] does not present to show any adverse effects from the incident. Staff will continue to closely monitor her and provide any internal or external emotional supports if needed. She will continue to receive positive reinforcement for reporting any incidents where she may feel uncomfortable."</p> <p>Client A's record was reviewed on 1/28/15 at 11:09 A.M. Client A's record indicated he was an ambulatory 25 year old male, 5 foot 8 and 1/2 inches tall weighing 270 pounds. He had diagnoses of, but not limited to, mild mental retardation with a full scale IQ score of</p>				

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	60, paranoid schizophrenia, psychosis, depression, sleep apnea and a history of auditory and visual hallucinations. Client A's aunt was his guardian. Client A's sexual consent assessment dated 12/23/12 indicated "[Client A] is capable of giving consent." His D & E (Diagnostic and Evaluation) dated 3/5/2011 indicated "He often gets up in the middle of the night." The D & E indicated "[Guardian] reported that [client A] has serious behavioral difficulties including attempted rape with her eight year-old granddaughter several months ago (2010/2011). He (client A) reportedly was found in bed with the granddaughter claiming that she was his girlfriend. He is not left alone with children. [Guardian] reported sometime last year (2010) (client A) was escorted by police to [hospital] for emergency psychiatric care. [Client A] reportedly grabbed his adoptive mother, choking her around her throat, swearing and cursing... he was unable to be calmed down and police were called. [Guardian] reported that [client A] masturbates in front of others daily and she needs to monitor him closely." Client A's Behavioral Support Plan (BSP) dated 7/31/13 indicated he had the following targeted behaviors: anger control, physical aggression, resistance, depressed mood/negative self-talk and elopement. Client A's record			

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	<p>indicated he was seen by his psychiatrist on 1/27/15; there was no documentation to indicate if client A's psychiatrist was informed about the alleged sexual assault incident of 1/16/15. Client A's record indicated he had been on a supervision level of 1:1 (one client supervised by one staff) since 10/2014 with an assigned staff to keep him in line of sight during all waking hours, except when he was in the bathroom or his bedroom. Staff were documenting their initials every 15 minutes. There was no documentation indicating what client A was doing at those times, or when he was sleeping. A supervision protocol dated 1/23/15 indicated "[client A] will receive 1:1 supervision during all waking hours not to include hours he spends at day placement. Waking hours will be defined as the time he awakens in the morning to begin his day until he retires for the evening. Staff providing the 1:1 supervision and the other staff must agree [client A] is asleep before 1:1 supervision is finished for that day. 1:1 supervision will be defined as staff being in eyesight of [client A]. The only exception to this may be when [client A] is in the bathroom or his bedroom at which time staff will have the door in line of sight...If [client A] wakes in the middle of the night and comes out of her (sic) room overnight staff will monitor [client A]</p>			
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	<p>until she (sic) returns to her (sic) room...." This protocol was signed and dated by the Area Director 1/23/14 (sic). A BSP dated 1/23/15 for client A indicated he had the following targeted behaviors listed at the beginning of the BSP," temper outbursts, elopement, depressive symptoms, negative self-talk, refusal/resistance." On the final page of the BSP "inappropriate sexual behavior" was listed and addressed as follows "If [client A] is displaying personal inappropriate sexual behaviors i.e... Masturbating in a public area, discussing sexual topics, aggressing sexually towards peers or staff immediately intervene and explain why this is inappropriate and that he is to cease the activity. Use a flat unemotional tone. If [client A] is touching someone else in a sexual manner, immediately approach him and tell him to stop. Use an unemotional tone. If he does not stop immediately, separate [client A] from his victim." Per the Qualified Intellectual Disabilities Professional (QIDP) on 1/28/15 at 1:35 P.M. the 1/23/15 BSP was currently being reviewed for approval by client A's guardian.</p> <p>Client B's record was reviewed on 1/28/15 at 11:34 A.M. Client B's record indicated she was a 60 year old female 5 foot tall weighing 217 pounds who could</p>			

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	<p>ambulate, but used a walker and wheelchair PRN (as needed). She had diagnoses of, but not limited to moderate mental retardation with a full scale IQ of 26, hypertension, depression, edema, psychosis, intermittent explosive disorder, schizophrenia, and urinary incontinence. Client B's sister was her HCR. Client B's sexual consent assessment dated 9/19/12 indicated "[Client B] is considered not capable of giving consent." Client B's Pro-Social skills assessment dated 9/19/12 indicated needs training in, but not limited to, these areas " making a complaint, dealing with anger, expressing affection, dealing with fear, knowing your feelings and expressing your feelings."</p> <p>The facility's Summary of Internal Investigation Report dated 1/27/15 was reviewed on 1/27/15 at 4:28 P.M. The summary indicated "On 1/18/15 at 9:00 P.M. [client B] reported to [staff #1] and [staff #2] [client A] pulled out his 'private' and asked her if she wanted him to stick it in her." Per staff #2 "[client B] said this in the living room in front of four other clients." Staff asked "[client B] to talk with them in her room. [Staff #1] called the House Manager and [Staff #2] talked with [client B] in her room." Staff #2 reported to the internal investigator that [client B] stated "In the middle of the</p>			

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	<p>night [client A] knocked on her door, entered her room, approached her bed, pulled out his 'private' and asked her if she wanted him to stick it in her. Client B reported she told [client A] 'No, her sister would not like that and her sister would be mad if she had babies'. He tried to pull my pants and pull-up down. He then got on top of me and asked for a hug. [Client B] told [client A] 'I don't want to get in trouble.' Client B then said 'she did not remember what happened after that'. She (client B) said it happened after [staff #1] had left. That she (client B) told staff #3 and staff #3 told her 'What do you want me to do about it now go back to bed'."</p> <p>The summary indicated [client A] was asleep when [client B] reported to [staff #1] and [staff #2]. When [staff #3] arrived for work on 1/18/15 and was informed of the 15 minute checks staff #3 stated 'Well nothing happened on my shift'. On 1/19/15 the bedrooms were reassigned so [client A's] room would no longer be next to [client B's] room. As they were moving [client A's] mattress [client A] asked 'Is this because of [client B]'?" The summary indicated as the internal investigation continued it was determined that a possible crime had been committed and the [name of police department] were contacted. Two officers reported immediately, and four other officers arrived as back-up once the</p>			

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	<p>officers were made aware client A could become aggressive. A detective from the Sex Crimes Unit also was present. To assist [client B] it was determined by the HM to have [staff #2] sit in with client B when she was interviewed by the police and detective. The investigation and interview with client A indicated the following: "What I did was disgusting. [Staff #3] was watching TV. I was excited and confused that day. [Client B's] door was closed. She was asleep. I tried to touch her 'genitals'. [Client A] stated, I touched her buttocks after he pulled down her pants and 'pamper.' He said he took out his penis and 'tried to put it in her butt.' She told him 'To stop.' He said He left her room and returned to his room and [staff #3] came to his room and asked him why he was in [client B's] room. He said this was the first time he tried this with [client B]. Said he tried to do it with [client G] she yelled and cussed at him and told him she would call the police if he did not leave her alone. He said after he tried it with his roommate [client C] everyone had to change bedrooms. Said he had not tried it with [clients F, H, D, or E]." The internal investigation indicated the Sex Crimes Detective had informed the HM that [client A] had reported that "he had been bothering [client B] for awhile." He reported [client B] stated that "[client A]</p>			
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	<p>had been harassing her for a month 'trying to get into her pants.' "The Detective demanded that [client A] be removed from the home that evening." The internal investigator interviewed the Detective and reportedly the detective stated "the facility would be taking a 'significant risk allowing him (client A) to be near her (client B)'." The detective reportedly stated "He and the prosecutor believe a 'sexual assault' occurred, but because law enforcement was not called for 96 hours of the incident and the alleged perpetrator (sic) intellectual disability they were not going to pursue charges. He (detective) had advised APS (adult protective services) of the incident." The investigation did not include a follow-up interview with staff #2 to determine what client B had reported to the police officers and the sex crimes detective. "This information was reported to the Area Director and the Regional Director on 1/23/15 by the facility's internal investigator."</p> <p>Observations were conducted at the group home where clients A and B lived on 1/28/15 from 5:39 P.M. through 6:35 P.M. Client A and client B were both in the home. Their bedrooms were located on opposite ends of the home. Client A did have 1:1 supervision.</p>						

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	<p>Client B was interviewed on 1/28/15 at 5:40 P.M. When asked how she was sleeping, she stated "[Client A] comes into my room and tries to have sex with me. It was in my old room. I told him I didn't want to, no, he never hurt me." As we talked in her room she stated "I hear [client A]." Client A was in the laundry room with his 1:1 staff doing his laundry. Client B was asked if she was ok or scared, she stated "No I'm not scared." On 1/28/15 at 6:05 P.M. at dinner clients A and B were seated at opposite ends of the table. They were facing each other, although it was a long table. Client A was observed looking at client B; she noticed this and turned her head to the side and downwards.</p> <p>An interview was conducted with the QIDP on 1/28/15 at 1:35 P.M. The QIDP stated, "I was not aware of client A's history of attempted rape of an eight year old child. I must have missed seeing that in his history." When asked why public masturbation and sexual comments were also added to the 1/23/15 BSP for client A, the QIDP stated, "I thought I saw it somewhere that they needed to be addressed, I will have to look that up." When asked why the incident on 1/16/15 was not documented on a behavior report, the QIDP did not respond. The QIDP stated, "The 15 minute checks</p>			

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	<p>were originally put in place for [client A] and [client C] because [client A] had reported to his behavior counselor that [client C] had tried to hump on him." The QIDP was asked if client A was already on 15 minute checks and line of sight supervision prior to the incident on 1/16/15 wouldn't staff have known he left his room; the QIDP indicated yes.</p> <p>An interview was conducted with the HM on 1/28/15 at 1:35 P.M. The HM stated, "I just wonder where all this is coming from, but we do not get notes from the therapist. At one psychiatric appointment the psychiatrist did ask [client A] 'How are you doing about your thoughts about women,' but I had no indication of anything like this." The HM was asked if client A was already on 15 minute checks and line of sight supervision prior to the incident on 1/16/15 wouldn't staff have known he left his room; ten HM stated, "I thought she would. We do it as discreetly as we can. At night we ask everyone to leave their doors open a little bit, and the clients were all ok with that. I don't think she (staff #3) was in a place where she could watch their doors." The HM indicated staff #3 was still on suspension.</p> <p>Confidential interviews (CI) were conducted during this survey:</p>						

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	<p>CI #8 "All the guys in the house masturbate with their doors open. They are asked to leave their doors open so checks can be done on them. No one is to say anything about doing that in the bathroom or closing the door for privacy. I was shocked at first, but was told it was a natural thing and not to do anything about it, just act like you don't see it. However, since this all happened staff are now to prompt them to close their door or use the bathroom for privacy. No it was to never be documented anywhere, even now."</p> <p>CI #9 "I believe an assault occurred and they didn't handle it right and still are not handling it right. He should not be in the house."</p> <p>CI #10 " Yes, I believe it happened. [Client B] would not make up a story like that, and he (client A) always tells on him self when he does something wrong."</p> <p>Interviews were conducted with the Area Director (AD) and the House Manager (HM) on 1/28/15 at 1:35 P.M. The HM and AD indicated client A was still living in the same home, but their bedrooms were now on opposite sides of the home. They stated, "No, [client B] had not been assessed by the nurse after the incident or taken to a medical facility for an</p>			

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W000214	<p>assessment, or had any professional counseling services provided for her."</p> <p>This federal tag relates to complaint #IN00163646.</p> <p>9-3-2(a)</p> <p>483.440(c)(3)(iii) INDIVIDUAL PROGRAM PLAN</p>				

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	<p>The comprehensive functional assessment must identify the client's specific developmental and behavioral management needs.</p> <p>Based on record review and interview for 1 of 4 sampled clients (client A), the facility failed to ensure client A's behavioral needs and history were accurately assessed in order to develop and implement preventative measures.</p> <p>Findings include:</p> <p>Facility records were reviewed on 1/27/15 at 1:45 P.M. including the BDDS reports and the Daily Support Records (DSR). The records indicated the following:</p> <p>-A BDDS report dated 1/17/15 at 9:00 P.M. indicated "[Client B] reported to staff (#1) that [client A] came into her room and tried to (sic) out his private parts in her. [Client B] told him 'No my sister will not like that.' Plan to resolve: "Staff are to document 15 minute checks on both individuals and doors should remain opened for each bedroom. Home Manager to counsel [client A] that the actions that he chooses to attempt will earn him a trip to jail. Program Director will investigate the incident promptly."</p> <p>-A BDDS report dated 1/22/15 at 4:30 P.M. indicated "Previous incident</p>	W000214	<p>The Program Director will be retrained on Indiana MENTOR's policy and procedures for admitting a new client into services and also The Bureau of Developmental Disabilities Services procedure for transitioning a new client into services. The Program Director reviewed all available historical documentation for each client to ensure that any significant information would be/is already included in the Individualized Support Plans, High Risk Plans, and Behavior Support Plans. Any information that was obtained and not already included was/will be added in. The Program Director updated client A's Individualized Support Plan, High Risk Plan, and Behavior Support Plan to reflect the historical information that was identified in the internal investigation. Ongoing, the Program Director/QIDP will review all historical information provided on any potential new admission to ensure that the other residents in the Group Home are not put at any health and safety risks. The Program Director/QIDP will ensure that all information provided is including in the Individualized Support Plan, including but not limited to, the High Risk (RMAP) Plan, protocols, and the Behavior</p>	03/11/2015

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	<p>reported allegations made by [client B] that house mate [client A] attempted to have sexual contact with her and she refused him. During the agencies (sic) internal investigation it was determined that the incident may fall within the requirements of the Elder Justice Act and a police report was filed on 1/21/15. The police immediately reported to the home in response to the report filed. After speaking with the clients, the police stated they could not take [client A] into their custody due to his intellectual disability, but insisted that we move him to another location. The regulations not permitting a relocation was (sic) not explained to the police at the time of the incident and [client A] was moved overnight to another home to satisfy the request." Plan to resolve: "Area Director reached out to responding police detective to explain placement of services and [client A] placement (sic) back in the home. Regional Director reached Adult Protective Services Investigator to follow up as well with return phone call awaiting. [Client A] will go back to his residence. The clients' bedrooms have been relocated to opposite sides of the home. Staff will continue to complete 15 minute checks. Interdisciplinary (IDT) meetings (phone) were held to discuss incident with both consumers teams. [Client B] does not present to show any</p>		<p>Support Plan. The Program Director will ensure that any information that becomes available will also be made available to the entire Interdisciplinary Team. For the first 90 days, the Home Manager will review all documentation, including but not limited to DSRs and Behavior Data Tracking Sheets, every two days (every other business day) to ensure that no incidents go unreported and uninvestigated. After the initial 90 days and ongoing, the Home Manager will review all documentation, including but not limited to DSRs and Behavior Data Tracking Sheets, once a week to ensure that no incidents go unreported and uninvestigated. For the first 90 days, the Program Director will review all documentation, including but not limited to DSRs and Behavior Data Tracking Sheets, once a week to ensure that no incidents go unreported and uninvestigated. After the initial 90 days and ongoing, the Program Director will review all documentation, including but not limited to DSRs and Behavior Data Tracking Sheets, once every other week, to ensure that no incidents go unreported and uninvestigated. Responsible Party: Area Director, Program Director, and Home Manager</p>	

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	<p>adverse effects from the incident. Staff will continue to closely monitor her and provide any internal or external emotional supports if needed. She will continue to receive positive reinforcement for reporting any incidents where she may feel uncomfortable."</p> <p>-A BPR dated 11/23/14 indicated "[Client A] was in his room sitting on the floor with a blanket draped over him on his roommates side of the bed. Staff was doing checks before end of shift. Staff noticed this and asked [client A] to please return to his bed to sleep. [Client A] said 'no that he didn't want to sleep in his bed...."</p> <p>- BPR dated 11/24/14 indicated "[Client A]...told staff that when he slept on his bed, he feels hot on his thigh...."</p> <p>-BPR dated 10/3/14 indicated "...[Client A] comments to staff that he wants to f--- him. [Client A] told Home Manager that [client C] tried to b--- f--- him and if he told staff something would happen to him...."</p> <p>Client A's record was reviewed on 1/28/15 at 11:09 A.M. Client A's sexual consent assessment dated 12/23/12 indicated "[Client A] is capable of giving consent." His D & E (Diagnostic and</p>				

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	<p>Evaluation) dated 3/5/2011 indicated "He often gets up in the middle of the night." The D & E indicated "[Guardian] reported that [client A] has serious behavioral difficulties including attempted rape with her eight year-old granddaughter several months ago (2010/2011). He (client A) reportedly was found in bed with the granddaughter claiming that she was his girlfriend. He is not left alone with children. [Guardian] reported sometime last year (2010) (client A) was escorted by police to [hospital] for emergency psychiatric care. [Client A] reportedly grabbed his adoptive mother, choking her around her throat, swearing and cursing... he was unable to be calmed down and police were called. [Guardian] reported that [client A] masturbates in front of others daily and she needs to monitor him closely." Client A's Behavioral Support Plan (BSP) dated 7/31/13 indicated he had the following targeted behaviors: anger control, physical aggression, resistance, depressed mood/negative self-talk and elopement. Client A's record indicated he had been on a supervision level of 1:1 (one client supervised by one staff) since 10/2014 with an assigned staff to keep him in line of sight during all waking hours, except when he was in the bathroom or his bedroom. A supervision protocol dated 1/23/15 indicated "[client A] will receive</p>			

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	<p>1:1 supervision during all waking hours not to include hours he spends at day placement. Waking hours will be defined as the time he awakens in the morning to begin his day until he retires for the evening. Staff providing the 1:1 supervision and the other staff must agree [client A] is asleep before 1:1 supervision is finished for that day. 1:1 supervision will be defined as staff being in eyesight of [client A]. The only exception to this may be when [client A] is in the bathroom or his bedroom at which time staff will have the door in line of sight...If [client A] wakes in the middle of the night and comes out of her (sic) room overnight staff will monitor [client A] until she (sic) returns to her (sic) room..." This protocol was signed and dated by the Area Director 1/23/14 (sic). A BSP dated 1/23/15 for client A indicated he had the following targeted behaviors listed at the beginning of the BSP, " temper outbursts, elopement, depressive symptoms, negative self-talk, refusal/resistance." On the final page of the BSP "inappropriate sexual behavior" was listed and addressed as follows "If [client A] is displaying personal inappropriate sexual behaviors i.e... Masturbating in a public area, discussing sexual topics, aggressing sexually towards peers or staff immediately intervene and explain why this is</p>						

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	<p>inappropriate and that he is to cease the activity. Use a flat unemotional tone. If [client A] is touching someone else in a sexual manner, immediately approach him and tell him to stop. Use an unemotional tone. If he does not stop immediately, separate [client A] from his victim." Per the Qualified Intellectual Disabilities Professional (QIDP) on 1/28/15 at 1:35 P.M. the 1/23/15 BSP was currently being reviewed for approval by client A's guardian.</p> <p>The facility's Summary of Internal Investigation Report dated 1/27/15 was reviewed on 1/27/15 at 4:28 P.M. The summary indicated "On 1/18/15 at 9:00 P.M. [client B] reported to [staff #1] and [staff #2] [client A] pulled out his 'private' and asked her if she wanted him to stick it in her." Per staff #2 "[client B] said this in the living room in front of four other clients." Staff asked "[client B] to talk with them in her room. [Staff #1] called the House Manager and [Staff #2] talked with [client B] in her room." Staff #2 reported to the internal investigator that [client B] stated "In the middle of the night [client A] knocked on her door, entered her room, approached her bed, pulled out his 'private' and asked her if she wanted him to stick it in her. Client B reported she told [client A] 'No, her sister would not like that and her sister would</p>			

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	<p>be mad if she had babies'. He tried to pull my pants and pull-up down. He then got on top of me and asked for a hug. [Client B] told [client A] 'I don't want to get in trouble.' Client B then said 'she did not remember what happened after that'. She (client B) said it happened after [staff #1] had left. That she (client B) told staff #3 and staff #3 told her 'What do you want me to do about it now go back to bed'."</p> <p>The summary indicated [client A] was asleep when [client B] reported to [staff #1] and [staff #2]. When [staff #3] arrived for work on 1/18/15 and was informed of the 15 minute checks staff #3 stated 'Well nothing happened on my shift'. On 1/19/15 the bedrooms were reassigned so [client A's] room would no longer be next to [client B's] room. As they were moving [client A's] mattress [client A] asked 'Is this because of [client B]'?" The summary indicated as the internal investigation continued it was determined that a possible crime had been committed and the [name of police department] were contacted. Two officers reported immediately, and four other officers arrived as back-up once the officers were made aware client A could become aggressive. A detective from the Sex Crimes Unit also was present. To assist [client B] it was determined by the HM to have [staff #2] sit in with client B when she was interviewed by the police</p>			

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	<p>and detective. The investigation and interview with client A indicated the following: "What I did was disgusting. [Staff #3] was watching TV. I was excited and confused that day. [Client B's] door was closed. She was asleep. I tried to touch her 'genitals'. [Client A] stated, I touched her buttocks after he pulled down her pants and 'pamper.' He said he took out his penis and 'tried to put it in her butt.' She told him 'To stop.' He said He left her room and returned to his room and [staff #3] came to his room and asked him why he was in [client B's] room. He said this was the first time he tried this with [client B]. Said he tried to do it with [client G] she yelled and cussed at him and told him she would call the police if he did not leave her alone. He said after he tried it with his roommate [client C] everyone had to change bedrooms. Said he had not tried it with [clients F, H, D, or E]." The internal investigation indicated the Sex Crimes Detective had informed the HM that [client A] had reported that "he had been bothering [client B] for awhile." He reported [client B] stated that "[client A] had been harassing her for a month 'trying to get into her pants.' "The Detective demanded that [client A] be removed from the home that evening." The internal investigator interviewed the Detective and reportedly the detective</p>			

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	<p>stated "the facility would be taking a 'significant risk allowing him (client A) to be near her (client B)'." The detective reportedly stated "He and the prosecutor believe a 'sexual assault' occurred, but because law enforcement was not called for 96 hours of the incident and the alleged perpetrator (sic) intellectual disability they were not going to pursue charges. He (detective) had advised APS (adult protective services) of the incident." The investigation did not include a follow-up interview with staff #2 to determine what client B had reported to the police officers and the sex crimes detective. "This information was reported to the Area Director and the Regional Director on 1/23/15 by the facility's internal investigator."</p> <p>Staff #2 was interviewed on 1/28/15 at 6:10 P.M. and stated "I was one of the two staff [client B] told on the evening of the 18th, since the staff on the 16th didn't help her. I also sat in with her during the interview with two police officers and then again when the detective interviewed her. Staff #2 stated "[client B] was consistent with her reports to staff initially, and with the officers, with the added fact of him (client A) wearing only his boxers. She did say when [client B] was interviewed by the two officers she told them [client A] did put his private</p>			

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	<p>part into her. The officers asked her where and [client B] pointed down to her private area. Then she (client B) said I don't remember and shut down. She pretty much shut down when the detective talked with her too, but did say he had entered her room and tried to have sex with her."</p> <p>An interview was conducted with the QIDP on 1/28/15 at 1:35 P.M. The QIDP stated, "I was not aware of client A's history of attempted rape of an eight year old child. I must have missed seeing that in his history." When asked why public masturbation and sexual comments were also added to the 1/23/15 BSP for client A, the QIDP stated, "I thought I saw it somewhere that they needed to be addressed, I will have to look that up." When asked why the incident on 1/16/15 was not documented on a behavior report, the QIDP did not respond. The QIDP stated, "The 15 minute checks were originally put in place for [client A] and [client C] because [client A] had reported to his behavior counselor that [client C] had tried to hump on him." The QIDP was asked if client A was already on 15 minute checks and line of sight supervision prior to the incident on 1/16/15 wouldn't staff have known he left his room, the QIDP indicated yes. The QIDP indicated client A had not been</p>			

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	<p>reassessed regarding his behavioral management needs.</p> <p>An interview was conducted with the HM on 1/28/15 at 1:35 P.M. The HM stated, "I just wonder where all this is coming from, but we do not get notes from the therapist. At one psychiatric appointment the psychiatrist did ask [client A] 'How are you doing about your thoughts about women,' but I had no indication of anything like this." The HM was asked if client A was already on 15 minute checks and line of sight supervision prior to the incident on 1/16/15 wouldn't staff have known he left his room, the HM stated, "I thought she would. We do it as discreetly as we can. At night we ask everyone to leave their doors open a little bit, and the clients were all ok with that. I don't think she (staff #3) was in a place where she could watch their doors." The HM indicated she was not aware of client A's behavioral history.</p> <p>This federal tag relates to complaint #IN00163646.</p> <p>9-3-4(a)</p>			

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W000331	483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. Based on record review and interview, the facility nursing staff failed for 1 of 4 sampled clients (B) to provide any after care including medical assessment/evaluation and counseling after client B made an allegation of sexual assault by client A.	W000331	The Home Manager and Program Director will be retrained on ensuring that the nurse is notified of all incidents so that the proper medical care/follow up can be completed in a timely matter. The nurse will be retrained that once a notification of an incident is received, a client will be checked by a medical professional within no	03/11/2015

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	<p>Findings include:</p> <p>Facility records were reviewed on 1/27/15 at 1:45 P.M. including the BDDS reports and the Daily Support Records (DSR). The records indicated the following:</p> <p>-A BDDS report dated 1/17/15 at 9:00 P.M. indicated "[Client B] reported to staff (#1) that [client A] came into her room and tried to (sic) out his private parts in her. [Client B] told him 'No my sister will not like that.' Plan to resolve: "Staff are to document 15 minute checks on both individuals and doors should remain opened for each bedroom. Home Manager to counsel [client A] that the actions that he chooses to attempt will earn him a trip to jail. Program Director will investigate the incident promptly."</p> <p>-A BDDS report dated 1/22/15 at 4:30 P.M. indicated "Previous incident reported allegations made by [client B] that house mate [client A] attempted to have sexual contact with her and she refused him. During the agencies (sic) internal investigation it was determined that the incident may fall within the requirements of the Elder Justice Act and a police report was filed on 1/21/15. The police immediately reported to the home in response to the report filed. After</p>		<p>more than 24 hours for the individual's health and safety. The Program Nurse will be retrained on following up and ensuring that any recommendations made by the medical professional, as a result of being checked from an incident, are completed in a timely manner. Ongoing, the Area Director will complete random quarterly audits to ensure that all appointments are followed up on appropriately and in a timely manner. Responsible Party: Program Nurse, Area Director, Program Director, and Home Manager</p>		

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	<p>speaking with the clients, the police stated they could not take [client A] into their custody due to his intellectual disability, but insisted that we move him to another location. The regulations not permitting a relocation was (sic) not explained to the police at the time of the incident and [client A] was moved overnight to another home to satisfy the request." Plan to resolve: "Area Director reached out to responding police detective to explain placement of services and [client A] placement (sic) back in the home. Regional Director reached Adult Protective Services Investigator to follow up as well with return phone call awaiting. [Client A] will go back to his residence. The clients' bedrooms have been relocated to opposite sides of the home. Staff will continue to complete 15 minute checks. Interdisciplinary (IDT) meetings (phone) were held to discuss incident with both consumers teams. [Client B] does not present to show any adverse effects from the incident. Staff will continue to closely monitor her and provide any internal or external emotional supports if needed. She will continue to receive positive reinforcement for reporting any incidents where she may feel uncomfortable."</p> <p>The facility's Summary of Internal Investigation Report dated 1/27/15 was</p>				

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	<p>reviewed on 1/27/15 at 4:28 P.M. The summary indicated "On 1/18/15 at 9:00 P.M. [client B] reported to [staff #1] and [staff #2] [client A] pulled out his 'private' and asked her if she wanted him to stick it in her." Per staff #2 "[client B] said this in the living room in front of four other clients." Staff asked "[client B] to talk with them in her room. [Staff #1] called the House Manager and [Staff #2] talked with [client B] in her room." Staff #2 reported to the internal investigator that [client B] stated "In the middle of the night [client A] knocked on her door, entered her room, approached her bed, pulled out his 'private' and asked her if she wanted him to stick it in her. Client B reported she told [client A] 'No, her sister would not like that and her sister would be mad if she had babies'. He tried to pull my pants and pull-up down. He then got on top of me and asked for a hug. [Client B] told [client A] 'I don't want to get in trouble.' Client B then said 'she did not remember what happened after that'. She (client B) said it happened after [staff #1] had left. That she (client B) told staff #3 and staff #3 told her 'What do you want me to do about it now go back to bed'."</p> <p>The summary indicated [client A] was asleep when [client B] reported to [staff #1] and [staff #2]. When [staff #3] arrived for work on 1/18/15 and was informed of the 15 minute checks staff #3</p>			

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	<p>stated 'Well nothing happened on my shift'. On 1/19/15 the bedrooms were reassigned so [client A's] room would no longer be next to [client B's] room. As they were moving [client A's] mattress [client A] asked 'Is this because of [client B]'?" The summary indicated as the internal investigation continued it was determined that a possible crime had been committed and the [name of police department] were contacted. Two officers reported immediately, and four other officers arrived as back-up once the officers were made aware client A could become aggressive. A detective from the Sex Crimes Unit also was present. To assist [client B] it was determined by the HM to have [staff #2] sit in with client B when she was interviewed by the police and detective. The investigation and interview with client A indicated the following: "What I did was disgusting. [Staff #3] was watching TV. I was excited and confused that day. [Client B's] door was closed. She was asleep. I tried to touch her 'genitals'. [Client A] stated, I touched her buttocks after he pulled down her pants and 'pamper.' He said he took out his penis and 'tried to put it in her butt.' She told him 'To stop.' He said He left her room and returned to his room and [staff #3] came to his room and asked him why he was in [client B's] room. He said this was the first time he</p>			

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	<p>tried this with [client B]. Said he tried to do it with [client G] she yelled and cussed at him and told him she would call the police if he did not leave her alone. He said after he tried it with his roommate [client C] everyone had to change bedrooms. Said he had not tried it with [clients F, H, D, or E]." The internal investigation indicated the Sex Crimes Detective had informed the HM that [client A] had reported that "he had been bothering [client B] for awhile." He reported [client B] stated that "[client A] had been harassing her for a month 'trying to get into her pants.' "The Detective demanded that [client A] be removed from the home that evening." The internal investigator interviewed the Detective and reportedly the detective stated "the facility would be taking a 'significant risk allowing him (client A) to be near her (client B)'." The detective reportedly stated "He and the prosecutor believe a 'sexual assault' occurred, but because law enforcement was not called for 96 hours of the incident and the alleged perpetrator (sic) intellectual disability they were not going to pursue charges. He (detective) had advised APS (adult protective services) of the incident." The investigation did not include a follow-up interview with staff #2 to determine what client B had reported to the police officers and the sex</p>			

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	<p>crimes detective. "This information was reported to the Area Director and the Regional Director on 1/23/15 by the facility's internal investigator."</p> <p>Staff #2 was interviewed on 1/28/15 at 6:10 P.M. and stated "I was one of the two staff [client B] told on the evening of the 18th, since the staff on the 16th didn't help her. I also sat in with her during the interview with two police officers and then again when the detective interviewed her." Staff #2 stated "[client B] was consistent with her reports to staff initially, and with the officers, with the added fact of him (client A) wearing only his boxers. She did say when [client B] was interviewed by the two officers she told them [client A] did put his private part into her. The officers asked her where and [client B] pointed down to her private area. Then she (client B) said I don't remember and shut down. She pretty much shut down when the detective talked with her too, but did say he had entered her room and tried to have sex with her."</p> <p>An interview was conducted with the Program Director (PD) on 1/28/15 at 1:35 P.M. The PD indicated client B had not been assessed by a facility nurse or any other medical personnel after the allegation of sexual assault was made.</p>			

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	<p>The PD indicated they were looking in to getting some counseling for client B.</p> <p>This federal tag relates to complaint #IN00163646.</p> <p>9-3-6(a)</p>			