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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>15G622 | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 00<br>B. WING _____ | X3) DATE SURVEY COMPLETED<br><br>10/20/2014 |
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| NAME OF PROVIDER OR SUPPLIER<br><br>COMMUNITY ALTERNATIVES-ADEPT | STREET ADDRESS, CITY, STATE, ZIP CODE<br>7520 KILMER LN<br>INDIANAPOLIS, IN 46256 |
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| W000000            | <p>This visit was for the investigation of complaint #IN00154235 which resulted in an Immediate Jeopardy.</p> <p>Complaint #IN00154235: Substantiated, federal and state deficiencies related to the allegation(s) are cited at: W102, W104, W122, W149, W153, W154 and W157.</p> <p>Dates of Survey: 10/14/14, 10/15/14, 10/16/14, 10/17/14 and 10/20/14.</p> <p>Facility Number: 001159<br/>Provider Number: 15G622<br/>AIMS Number: 100245690</p> <p>Surveyor:<br/>Keith Briner, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed October 22, 2014 by Dotty Walton, QIDP.</p> | W000000       |   |                      |
| W000102            | <p>483.410<br/>GOVERNING BODY AND MANAGEMENT<br/>The facility must ensure that specific governing body and management requirements are met.</p> <p>Based on observation, record review and interview, the facility failed to meet the</p>  | W000102       | <b>CORRECTION:</b> <i>The facility must ensure that specific governing body and management</i>                  | 11/19/2014           |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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

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|                    | <p>Condition of Participation: Governing Body for 2 of 3 sampled clients (A and B) plus 2 additional clients (D and E). The governing body failed to exercise general policy and operating direction over the facility to ensure the facility implemented its policy and procedures to prevent emotional/physical neglect of clients A, B, D and E during client C's behavioral incidents, to immediately report an allegation of staff to client abuse regarding client A, to complete thorough investigations regarding an allegation of staff to client abuse regarding client A and an injury of unknown origin regarding client A and to develop and implement corrective measures to prevent further incidents of client C's aggression and intimidating behaviors towards clients A, B, D and E, to address staff's failure to immediately report an allegation of staff to client abuse and to prevent further injuries of unknown origin regarding client A.</p> <p>Findings include:</p> <p>1. The governing body failed to exercise general policy and operating direction over the facility to ensure the facility implemented its policy and procedures to prevent emotional/physical neglect of clients A, B, D and E during client C's behavioral incidents, to immediately</p> |               | <p><i>requirements are met.</i></p> <p>Specifically: The governing body is assisting the facility in working with the Bureau of Developmental Disability Services and has obtained an Emergency Medicaid Waiver to provide Client C with a residential placement that more appropriately meets client C's Developmental, social and behavioral needs. In the interim, Client C is residing in a kitchenette hotel room, receiving one to one support and a program of continuous active treatment. Specifically for Client A, the interdisciplinary team will develop additional safeguards and procedures to address injuries of unknown origin. Investigations of allegations of abuse will undergo a formal peer review process to ensure the investigations are thorough. The Peer Review Team will be composed of administrative level staff including the Executive Director, Program Manager, Clinical Supervisors and a representative from the Human Resources Department. Once the Peer Review Team has determined that the investigation was sufficiently thorough, recommendations will be developed based on the results of the investigation, including but not limited to corrective action when employees have failed to report allegations immediately. The governing body will assure that facility staff, including staff #1, are</p> |                      |

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|                    | <p>report an allegation of staff to client abuse regarding client A, to complete thorough investigations regarding an allegation of staff to client abuse regarding client A and an injury of unknown origin regarding client A and to develop and implement corrective measures to prevent further incidents of client C's aggression and intimidating behaviors towards clients A, B, D and E, to address staff's failure to immediately report an allegation of staff to client abuse and to prevent further injuries of unknown origin regarding client A. Please see W104.</p> <p>2. The governing body failed to exercise general policy and operating direction over the facility to ensure the facility met the Condition of Participation: Client Protections for 2 of 3 sampled clients (A and B) plus 2 additional clients (D and E). The governing body failed to exercise general policy and operating direction over the facility to ensure the facility implemented its policy and procedures to prevent emotional/physical neglect of clients A, B, D and E during client C's behavioral incidents, to immediately report an allegation of staff to client abuse regarding client A, to complete thorough investigations regarding an allegation of staff to client abuse regarding client A and an injury of</p> |               | <p>retrained regarding procedures for immediate notification of supervisors and the Operations Team, which will in turn facilitate reporting of incidents to outside state agencies as required. A review of weekly body assessments and incident documentation confirmed that this deficient practice did not affect other clients. <b>PERVENTION:</b> The governing body will assist with screening referrals for admission to the facility to assure they possess similar developmental, social and behavioral needs to the other clients residing in the facility. Final approval for admission will be contingent on the ability to maintain safety and emotional stability at the facility. The QIDP will bring all relevant elements of the interdisciplinary team together after serious incidents including but not limited to physical aggression and intimidation and discovered injuries to review current supports and to make adjustments and revisions as needed. The QIDP will turn in copies of post-incident interdisciplinary team meeting notes to the Program Manager and Clinical Supervisor to allow for appropriate oversight and follow-up. The Clinical Supervisor will meet weekly with the QIDP to review incidents which require interdisciplinary team action. When patterns of physical aggression and intimidation</p> |                      |

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|  | <p>unknown origin regarding client A and to develop and implement corrective measures to prevent further incidents of client C's aggression and intimidating behaviors towards clients A, B, D and E, to address staff's failure to immediately report an allegation of staff to client abuse and to prevent further injuries of unknown origin regarding client A. This non compliance resulted in an Immediate Jeopardy.<br/>Please see W122.</p> <p>This federal tag relates to complaint #IN00154235.</p> <p>9-3-1(a)</p> |   | <p>emerge, the Operations Team will assist the facility with assessing whether client(s) remain an appropriate fit for the facility and take action toward finding alternative placement when appropriate. Completed abuse, neglect and mistreatment investigations will be reviewed as part of a formal quarterly audit process. When deficiencies are noted, the Executive Director will amend the agency's Quality Improvement Plan to correct and prevent future occurrences. Additionally, the Residential Manager will turn in copies of completed investigations to the Clinical Supervisor to allow for appropriate oversight and follow-up. The Clinical Supervisor will follow-up with the Residential Manager as needed but no less than weekly to review incident documentation and completed investigations to assure they have been completed thoroughly. Supervisory staff will review all facility documentation to assure incidents are reported as required. The governing body has added an additional layer of supervision at the facility which will enhance oversight of the incident reporting process. Additionally, internal and day service incident reports will be sent directly to the Clinical Supervisor and the Program Manager, who will in turn coordinate and follow-up with the facility QIDP to assure incidents</p> |                      |   |

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| W000104            | <p>483.410(a)(1)<br/>GOVERNING BODY<br/>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation, record review and interview for 2 of 3 sampled clients (A and B) plus 2 additional clients (D and E), the governing body failed to exercise general policy and operating direction over the facility to ensure the facility implemented its policy and procedures to prevent emotional/physical neglect of clients A, B, D and E during client C's behavioral incidents, to immediately report an allegation of staff to client abuse regarding client A, to complete thorough investigations regarding an allegation of staff to client abuse regarding client A and an injury of unknown origin regarding client A and to develop and implement corrective measures to prevent further incidents of client C's aggression and intimidating</p> | W000104       | <p>are reported to state agencies as required. If, through investigation, supervisors discover that an employee has failed to report an allegation of abuse, neglect, mistreatment or exploitation the governing body will administer written corrective action up to and including termination of employment. <b>RESPONSIBLE PARTIES:</b> QIDP, Residential Manager, Operations Team</p> <p><b>CORRECTION:</b> <i>The Governing body must exercise general policy, budget and operating direction over the facility.</i> Specifically: The governing body is assisting the facility in working with the Bureau of Developmental Disability Services and has obtained an Emergency Medicaid Waiver to provide Client C with a residential placement that more appropriately meets client C's Developmental, social and behavioral needs. In the interim, Client C is residing in a kitchenette hotel room, receiving one to one support and a program of continuous active treatment. Specifically for Client A, the interdisciplinary team will develop additional safeguards and procedures to address injuries of unknown origin. Investigations of allegations of</p> | 11/19/2014           |

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|                    | <p>behaviors towards clients A, B, D and E, to address staff's failure to immediately report an allegation of staff to client abuse and to prevent further injuries of unknown origin regarding client A.</p> <p>Findings include:</p> <p>1. The governing body failed to exercise general policy and operating direction over the facility to ensure the facility implemented its policy and procedures to prevent emotional/physical neglect of clients A, B, D and E during client C's behavioral incidents, to immediately report an allegation of staff to client abuse regarding client A, to complete thorough investigations regarding an allegation of staff to client abuse regarding client A and an injury of unknown origin regarding client A and to develop and implement corrective measures to prevent further incidents of client C's aggression and intimidating behaviors towards clients A, B, D and E, to address staff's failure to immediately report an allegation of staff to client abuse and to prevent further injuries of unknown origin regarding client A. Please see W149.</p> <p>2. The governing body failed to exercise general policy and operating direction over the facility to ensure an allegation of</p> |               | <p>abuse will undergo a formal peer review process to ensure the investigations are thorough. The Peer Review Team will be composed of administrative level staff including the Executive Director, Program Manager, Clinical Supervisors and a representative from the Human Resources Department. Once the Peer Review Team has determined that the investigation was sufficiently thorough, recommendations will be developed based on the results of the investigation, including but not limited to corrective action when employees have failed to report allegations immediately. The governing body will assure that facility staff, including staff #1, are retrained regarding procedures for immediate notification of supervisors and the Operations Team, which will in turn facilitate reporting of incidents to outside state agencies as required. A review of weekly body assessments and incident documentation confirmed that this deficient practice did not affect other clients. <b>PERVENTION:</b> The governing body will assist with screening referrals for admission to the facility to assure they possess similar developmental, social and behavioral needs to the other clients residing in the facility. Final approval for admission will be contingent on the ability to maintain safety and emotional</p> |                      |

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|  | <p>staff to client abuse was immediately reported to the facility administrator regarding client A. Please see W153.</p> <p>3. The governing body failed to exercise general policy and operating direction over the facility to ensure the facility completed thorough investigations regarding an allegation of staff to client abuse regarding client A and an injury of unknown origin regarding client A. Please see W154.</p> <p>4. The governing body failed to exercise general policy and operating direction over the facility to ensure the facility developed and implemented corrective measures to prevent further incidents of client C's aggression and intimidating behaviors towards clients A, B, D and E, to address staff's failure to immediately report an allegation of staff to client abuse and to prevent further injuries of unknown origin regarding client A. Please see W157.</p> <p>This federal tag relates to complaint #IN00154235.</p> <p>9-3-1(a)</p> |   | <p>stability at the facility. The QIDP will bring all relevant elements of the interdisciplinary team together after serious incidents including but not limited to physical aggression and intimidation and discovered injuries to review current supports and to make adjustments and revisions as needed. The QIDP will turn in copies of post-incident interdisciplinary team meeting notes to the Program Manager and Clinical Supervisor to allow for appropriate oversight and follow-up. The Clinical Supervisor will meet weekly with the QIDP to review incidents which require interdisciplinary team action. When patterns of physical aggression and intimidation emerge, the Operations Team will assist the facility with assessing whether client(s) remain an appropriate fit for the facility and take action toward finding alternative placement when appropriate. Completed abuse, neglect and mistreatment investigations will be reviewed as part of a formal quarterly audit process. When deficiencies are noted, the Executive Director will amend the agency's Quality Improvement Plan to correct and prevent future occurrences. Additionally, the Residential Manager will turn in copies of completed investigations to the Clinical Supervisor to allow for appropriate oversight and follow-up. The Clinical Supervisor</p> |                      |   |

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| W000122  | 483.420<br>CLIENT PROTECTIONS<br>The facility must ensure that specific client protections requirements are met.<br>Based on observation, record review and interview, the facility failed to meet the Condition of Participation: Client | W000122   | will follow-up with the Residential Manager as needed but no less than weekly to review incident documentation and completed investigations to assure they have been completed thoroughly. Supervisory staff will review all facility documentation to assure incidents are reported as required. The governing body has added an additional layer of supervision at the facility which will enhance oversight of the incident reporting process. Additionally, internal and day service incident reports will be sent directly to the Clinical Supervisor and the Program Manager, who will in turn coordinate and follow-up with the facility QIDP to assure incidents are reported to state agencies as required. If, through investigation, supervisors discover that an employee has failed to report an allegation of abuse, neglect, mistreatment or exploitation the governing body will administer written corrective action up to and including termination of employment. <b>RESPONSIBLE PARTIES:</b> QIDP, Residential Manager, Operations Team<br><br><b>CORRECTION:</b> <i>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect</i> | 11/19/2014           |   |

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|                    | <p>Protections for 2 of 3 sampled clients (A and B) plus 2 additional clients (D and E). The facility failed to implement its policy and procedures to prevent emotional/physical neglect of clients A, B, D and E during client C's behavioral incidents, to immediately report an allegation of staff to client abuse regarding client A, to complete thorough investigations regarding an allegation of staff to client abuse regarding client A and an injury of unknown origin regarding client A and to develop and implement corrective measures to prevent further incidents of client C's aggression and intimidating behaviors towards clients A, B, D and E, to address staff's failure to immediately report an allegation of staff to client abuse and to prevent further injuries of unknown origin regarding client A.</p> <p>This noncompliance resulted in an Immediate Jeopardy. The Immediate Jeopardy began on 6/30/14. The Immediate Jeopardy was identified on 10/16/14. The Clinical Supervisor and Program Manager were notified of the Immediate Jeopardy on 10/16/14 at 12:10 PM.</p> <p>On 10/16/14 at 4:46 PM, the facility submitted the following plan of action to remove the Immediate Jeopardy: "1.</p> |               | <p><i>or abuse of the client.</i> Specifically:<br/>The facility is working with the Bureau of Developmental Disability Services and has obtained an Emergency Medicaid Waiver to provide Client C with a residential placement that more appropriately meets client C's Developmental, social and behavioral needs. In the interim, Client C is residing in a kitchenette hotel room, receiving one to one support and a program of continuous active treatment. Specifically for Client A, the interdisciplinary team will develop additional safeguards and procedures to address injuries of unknown origin. Investigations of allegations of abuse, neglect and mistreatment will undergo a formal peer review process to ensure the investigations are thorough. The Peer Review Team will be composed of administrative level staff including the Executive Director, Program Manager, Clinical Supervisors and a representative from the Human Resources Department. Once the Peer Review Team has determined that the investigation was sufficiently thorough, recommendations will be developed based on the results of the investigation, including but not limited to corrective action when employees have failed to report allegations immediately. Facility staff, including staff #1, will be retrained regarding</p> |                      |

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|                    | <p>[Client C] relocated to the [hotel], located [address]. He is receiving 24 hour staff support. 2. The IDT (Interdisciplinary Team) has requested an emergency Medicaid Waiver for [client C] to the BDDS (Bureau of Developmental Disabilities Services) and the application is currently under review. 3. [Client C] will continue to receive staff support and active treatment services in his temporary housing environment until such time as appropriate placement is secured. 4. The IDT is providing ongoing emotional support to all individuals who reside at the facility. 5. The IDT has determined that due to his ongoing pattern of physical aggression and intimidation toward staff and housemates, a standard Supervised Group Living (SGL) setting is no longer appropriate for [client C]. He was therefore moved into temporary housing on 10/16/14. 6 ResCare [city] ICF (Intermediate Care Facility) has informed the BDDS that [client C] may no longer reside at the [group home] or any other SGL facility operated by ResCare [city] ICF. SGL defined as 6.0, 8.0 and 10.0 residences. 7. The IDT will not move [client C] back into the [group home] or any other standard level SGL residence operated by ResCare [city] ICF."</p> <p>Through monitoring observations held on</p> |               | <p>procedures for immediate notification of supervisors and the Operations Team, which will in turn facilitate reporting of incidents to outside state agencies as required. A review of weekly body assessments and incident documentation confirmed that this deficient practice did not affect other clients.</p> <p><b>PERVENTION:</b> The governing body will assist with screening referrals for admission to the facility to assure they possess similar developmental, social and behavioral needs to the other clients residing in the facility. Final approval for admission will be contingent on the ability to maintain safety and emotional stability at the facility. The QIDP will bring all relevant elements of the interdisciplinary team together after serious incidents including but not limited to physical aggression and intimidation and discovered injuries to review current supports and to make adjustments and revisions as needed. The QIDP will turn in copies of post-incident interdisciplinary team meeting notes to the Program Manager and Clinical Supervisor to allow for appropriate oversight and follow-up. The Clinical Supervisor will meet weekly with the QIDP to review incidents which require interdisciplinary team action. When patterns of physical aggression and intimidation emerge, the Operations Team will</p> |                      |

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|                    | <p>10/17/14 from 6:49 AM through 7:41 AM client C was not physically present at the group home residence.</p> <p>Interview with staff #5 on 10/17/14 at 6:55 AM indicated client C had been moved from the group home. Staff #5 indicated client C's medications and belongings were not present in the group home.</p> <p>During observations conducted on 10/20/14 at 1:00 PM an IDT meeting was convened. Client C's IDT meeting was attended by facility administrative staff, the BDDS representative, client C and his HCR (Health Care Representative) via speaker phone. The IDT discussed client C's current living arrangements and the facility's request regarding an emergency and appropriate placement for client C. The IDT confirmed client C would not be returning to the group home and would remain in temporary housing until a new placement could be arranged.</p> <p>The Immediate Jeopardy was removed on 10/20/14 at 1:40 PM. While the Immediate Jeopardy was removed on 10/20/14, the facility remained out of compliance at the Condition Level in that the facility needed to continue implementing the steps in the facility's "Allegation for Removal of Immediate</p> |               | <p>assist the facility with assessing whether client(s) remain an appropriate fit for the facility and take action toward finding alternative placement when appropriate. Completed abuse, neglect and mistreatment investigations will be reviewed as part of a formal quarterly audit process. When deficiencies are noted, the Executive Director will amend the agency's Quality Improvement Plan to correct and prevent future occurrences. Additionally, the Residential Manager will turn in copies of completed investigations to the Clinical Supervisor to allow for appropriate oversight and follow-up. The Clinical Supervisor will follow-up with the Residential Manager as needed but no less than weekly to review incident documentation and completed investigations to assure they have been completed thoroughly. Supervisory staff will review all facility documentation to assure incidents are reported as required. The governing body has added an additional layer of supervision at the facility which will enhance oversight of the incident reporting process. Additionally, internal and day service incident reports will be sent directly to the Clinical Supervisor and the Program Manager, who will in turn coordinate and follow-up with the facility QIDP to assure incidents are reported to state agencies as</p> |                      |

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|                    | <p>Jeopardy" including ongoing emotional support to all individuals who reside at the group home. The facility needed to continue implementing its policy and procedures to prevent abuse, neglect and mistreatment, to ensure all allegations of abuse, neglect and injuries of unknown origin are reported immediately to the facility administrator, to ensure all allegations of abuse, neglect, mistreatment and injuries of unknown origin are thoroughly investigated and to develop and implement correctives measures to prevent reoccurrence of abuse, neglect, mistreatment and injuries of unknown origin.</p> <p>Findings include:</p> <p>1. The facility failed to implement its policy and procedures to prevent emotional/physical neglect of clients A, B, D and E during client C's behavioral incidents, to immediately report an allegation of staff to client abuse regarding client A, to complete thorough investigations regarding an allegation of staff to client abuse regarding client A and an injury of unknown origin regarding client A and to develop and implement corrective measures to prevent further incidents of client C's aggression and intimidating behaviors towards clients A, B, D and E, to address staff's</p> |               | <p>required. If, through investigation, supervisors discover that an employee has failed to report an allegation of abuse, neglect, mistreatment or exploitation the governing body will administer written corrective action up to and including termination of employment. <b>RESPONSIBLE PARTIES:</b> QIDP, Residential Manager, Team Leader, Direct Support Staff, Operations Team</p> |                      |

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|  | <p>failure to immediately report an allegation of staff to client abuse and to prevent further injuries of unknown origin regarding client A. Please see W149.</p> <p>2. The facility failed to ensure an allegation of staff to client abuse was immediately reported to the facility administrator regarding client A. Please see W153.</p> <p>3. The facility failed to complete thorough investigations regarding an allegation of staff to client abuse regarding client A and an injury of unknown origin regarding client A. Please see W154.</p> <p>4. The facility failed to develop and implement corrective measures to prevent further incidents of client C's aggression and intimidating behaviors towards clients A, B, D and E, to address staff's failure to immediately report an allegation of staff to client abuse and to prevent further injuries of unknown origin regarding client A. Please see W157.</p> <p>This federal tag relates to complaint #IN00154235.</p> <p>9-3-2(a)</p> |   |   |   |  |   |  |

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| W000149            | <p>483.420(d)(1)<br/>STAFF TREATMENT OF CLIENTS<br/>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on observation, record review and interview for 2 of 3 sampled clients (A and B) plus 2 additional clients (D and E), the facility failed to implement its policy and procedures to prevent emotional/physical neglect of clients A, B, D and E during client C's behavioral incidents, to immediately report an allegation of staff to client abuse regarding client A, to complete thorough investigations regarding an allegation of staff to client abuse regarding client A and an injury of unknown origin regarding client A and to develop and implement corrective measures to prevent further incidents of client C's aggression and intimidating behaviors towards clients A, B, D and E, to address staff's failure to immediately report an allegation of staff to client abuse and to prevent further injuries of unknown origin regarding client A.</p> <p>Findings include:</p> | W000149       | <p><b>CORRECTION:</b> <i>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Specifically: The facility is working with the Bureau of Developmental Disability Services and has obtained an Emergency Medicaid Waiver to provide Client C with a residential placement that more appropriately meets client C's Developmental, social and behavioral needs. In the interim, Client C is residing in a kitchenette hotel room, receiving one to one support and a program of continuous active treatment. Specifically for Client A, the interdisciplinary team will develop additional safeguards and procedures to address injuries of unknown origin. Investigations of allegations of abuse, neglect and mistreatment will undergo a formal peer review process to ensure the investigations are thorough. The Peer Review Team will be composed of administrative level</i></p> | 11/19/2014           |

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|                    | <p>1. The facility's BDDS (Bureau of Developmental Disabilities Services) reports, IRs (Incident Reports) and investigations were reviewed on 10/14/14 at 2:30 PM. The review indicated the following:</p> <p>-BDDS report dated 6/16/14 indicated, "[Client C] became verbally aggressive. Staff attempted to redirect him verbally without success and he continued to escalate. When he became physically aggressive staff called 911 and [client C] was transported to [hospital] psychiatric pavilion for an emergency evaluation. [Hospital] personnel examined [client C] and released him to ResCare supervisory staff with no recommendations. The on call supervisor transported [client C] back to the supported group living residence. Shortly after supervisors left the home, [client C] re-escalated and [staff #1] called 911 again. Police came to the house, spoke to [client C] and left without taking further action."</p> <p>-BDDS report dated 6/30/14 indicated, "[Client C] became upset when staff asked that he wait briefly to make his lunch to take to work the following day. [Client C] began hitting and scratching [staff #2] and [staff #1] who attempted to redirect him without success. The on-call</p> |               | <p>staff including the Executive Director, Program Manager, Clinical Supervisors and a representative from the Human Resources Department. Once the Peer Review Team has determined that the investigation was sufficiently thorough, recommendations will be developed based on the results of the investigation, including but not limited to corrective action when employees have failed to report allegations immediately. Facility staff, including staff #1, will be retrained regarding procedures for immediate notification of supervisors and the Operations Team, which will in turn facilitate reporting of incidents to outside state agencies as required. A review of weekly body assessments and incident documentation confirmed that this deficient practice did not affect other clients.</p> <p><b>PERVENTION:</b> The governing body will assist with screening referrals for admission to the facility to assure they possess similar developmental, social and behavioral needs to the other clients residing in the facility. Final approval for admission will be contingent on the ability to maintain safety and emotional stability at the facility. The QIDP will bring all relevant elements of the interdisciplinary team together after serious incidents including but not limited to physical aggression and intimidation and</p> |                      |

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|                    | <p>[QIDP (Qualified Intellectual Disabilities Professional) #1] was called and came to assist but [client C] remained physically aggressive. [CS (Clinical Supervisor) #1] arrived to provide additional support and transported [client C] to the hospital for an emergency psychiatric evaluation. [Client C] was admitted for inpatient treatment." The 6/30/14 BDDS report indicated, "[Staff #1], [Staff #2] and [QIDP #1] were treated at an occupational health clinic for minor injuries sustained during the incident."</p> <p>-BDDS report dated 7/29/14 indicated, "[Client C] became physically aggressive toward staff when informed that supper was ready. Staff attempted to intervene per his BSP (Behavior Support Plan) without success and he continued to escalate. After 2 hours of ongoing aggression ResCare [nurse #1] instructed staff to call 911. [Client C] was transported to the [hospital] emergency department by police for an (sic) psychiatric evaluation. [Client C] was placed in mechanical restraints while at the ER evaluated and released to ResCare staff with instructions to follow up with his doctor."</p> <p>-IR dated 8/26/14 indicated client C physically attacked RM (Residential Manager) #1. The 8/26/14 IR indicated</p> |               | <p>discovered injuries to review current supports and to make adjustments and revisions as needed. The QIDP will turn in copies of post-incident interdisciplinary team meeting notes to the Program Manager and Clinical Supervisor to allow for appropriate oversight and follow-up. The Clinical Supervisor will meet weekly with the QIDP to review incidents which require interdisciplinary team action. When patterns of physical aggression and intimidation emerge, the Operations Team will assist the facility with assessing whether client(s) remain an appropriate fit for the facility and take action toward finding alternative placement when appropriate. Completed abuse, neglect and mistreatment investigations will be reviewed as part of a formal quarterly audit process. When deficiencies are noted, the Executive Director will amend the agency's Quality Improvement Plan to correct and prevent future occurrences. Additionally, the Residential Manager will turn in copies of completed investigations to the Clinical Supervisor to allow for appropriate oversight and follow-up. The Clinical Supervisor will follow-up with the Residential Manager as needed but no less than weekly to review incident documentation and completed investigations to assure they have been completed thoroughly.</p> |                      |

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|                    | <p>police were called and client C was taken to the hospital for a psychiatric evaluation.</p> <p>-IR dated 9/18/14 indicated client C bit client A on his right hand.</p> <p>-BDDS report dated 10/7/14 indicated on 10/6/14 "[Client C] became agitated and assaultive (sic) toward staff. Three staff present at the service site attempted to redirect him without success. [Client C] bit staff, resulting in a need for medical treatment. [Client C] continued to escalate. The [RM #1] called for non-emergency ambulance to arrange safe transport of [client C] to an emergency psychiatric evaluation. Police and EMTs (Emergency Medical Technicians) arrived at the service site and [client C] was taken to the [hospital] psychiatric pavilion via ambulance. ER (Emergency Room) personnel evaluated [client C] (sic) released him to ResCare staff with a recommendation for prompt follow up with his attending psychiatrist." The 10/16/14 BDDS report indicated, "Through discussion with [client C's] sister/healthcare representative, the team learned that 10/6/14 is the anniversary of his mother's death and that he may have been experiencing difficulty processing his grief. The team offered [client C] emotional support and he has remained</p> |               | <p>Supervisory staff will review all facility documentation to assure incidents are reported as required. The governing body has added an additional layer of supervision at the facility which will enhance oversight of the incident reporting process. Additionally, internal and day service incident reports will be sent directly to the Clinical Supervisor and the Program Manager, who will in turn coordinate and follow-up with the facility QIDP to assure incidents are reported to state agencies as required. If, through investigation, supervisors discover that an employee has failed to report an allegation of abuse, neglect, mistreatment or exploitation the governing body will administer written corrective action up to and including termination of employment. <b>RESPONSIBLE PARTIES:</b> QIDP, Residential Manager, Team Leader, Direct Support Staff, Operations Team</p> |                      |

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|                    | <p>calm since the time of the incident."<br/>The BDDS report did not indicate additional recommendations to prevent future occurrences of client C's aggressive behaviors.</p> <p>-IR dated 10/7/14 indicated, "On getting to the site, I was told that [client C] has started acting up. That he turned the furniture upside down (sic). I asked him if he wanted a van ride then he said yes. On the van ride about [street] he got aggressive and wanted to take the car steer (sic) from me. I verbally redirected him until we got back to the site. Getting to the site he was very aggressive and was turning everything upside down. All of the housemates have to be redirected to their rooms."</p> <p>-BDDS report dated 10/8/14 indicated, "On 10/7/14 [client C] became physically aggressive with staff and was trying to move furniture around the site. With staff redirection [client C] was still being very aggressive toward staff and after an hour of his aggressiveness staff was instructed (sic) to take [client C] to the ER at [hospital] for psychological evaluation. Upon his released from the hospital the doctor recommended [client C] set up a visit with his psychiatrist." The 10/8/14 BDDS report indicated, "Team has meet and determined that in the best interest of</p> |               |   |                      |

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|                    | <p>[client C] he will need a visit with his psychiatrist for any other support hat he may need at this time."</p> <p>The BDDS report did not indicate additional recommendations to prevent future occurrences of client C's aggressive behaviors."</p> <p>-IR dated 10/16/14 indicated, "This morning [client C] was in the living room with his housemates and [staff #3] asked [client C] where (sic) is your lunch bag (sic) and he started acting and I try to calm [client C] down and [client C] went to [client B] where [client B] sit down on the chair in the living room and [client C] went to attack [client B] and we redirect [client C] and [client C] have some mark at her cheek and her neck and little blood is coming out and [client C] broke the front door (sic)."</p> <p>Client C's record was reviewed on 10/14/14 at 3:15 PM. Client C's police immediate detention report dated 6/15/14 indicated, "[Client C] became very aggressive after 15:15 hours. Scratched, bit, punch (sic) his caretaker and another patient. [Client C] was very aggressive with police and medics on the scene." Client C's police immediate detention report dated 10/6/14 indicated, "[Client C] became very violent with staff in his group home. [Client C] bit a staff</p> |               |   |                      |

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|                    | <p>member 3 times." Client C's EPEF (Emergency Psychiatric Evaluation Form) dated 7/28/14 indicated, "We performed the following. Restraints violent or self-destructive adult.... Locked restraint... danger to others." Client C's EPEF dated 8/26/14 indicated, "We performed the following. Restraints violent or self-destructive adult (age 18 and older) 4 way restraints, locked restraint...; Danger to self, danger to others." Client C's EPEF form dated 10/7/14 indicated, "Restraints violent or self-destructive adult (age 18 and older) 4 way restraints; Danger to self, danger to others." Client C's 10/6/14 record of visit form indicated, "Recommendations for treatment: Move up patient's appointment with [crisis services] (scheduled for next week). Suggest increase in services or more secure environment if [client C] cannot be safely maintained at current group home."</p> <p>Client C's record did not indicate documentation of an IDT (Interdisciplinary Team) meeting, review or recommendations regarding client C's behaviors or psychiatric recommendations. Client C's BSP dated 5/8/14 did not indicate documentation of review or revision. Client C's record did not indicate documentation of additional supports or services to address client C's</p> |               |   |                      |

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|  | <p>behavior's.</p> <p>Observations were conducted at the group home on 10/16/14 from 10:15 AM through 10:50 AM. At 10:15 AM, client C, staff #3, RM #1 and a facility maintenance staff were present at the group home. Staff #3, client C and RM #1 were standing in the group home's garage with the garage door opened. Client C was standing in the garage and was opening bags of trash from the home's trash cart. At 10:30 AM, QIDP #2 arrived at the group home and was standing on the group home's porch area talking to staff #3 and surveyor. At 10:40 AM, client C exited the group home's garage and began walking toward QIDP #2. Client C had his right hand extended, head downward and was making indiscernible noises as he walked toward QIDP #2. QIDP #2 stated, "That's what he does! He's getting started again!" QIDP #2 began taking steps backwards as client C increased his pace of walking and attempted to grab and scratch QIDP #2. QIDP #2 walked/ran away from client C who pursued her around the group home's front yard, into the street and back to the group home's driveway. Staff #3 attempted to verbally redirect client C while RM #1 came from inside the group home to attempt to physically stop client C from attacking QIDP #2. RM #1</p> |  |  |  |
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|                    | <p>physically escorted client C into the group home away from QIDP #2.</p> <p>Staff #3 was interviewed on 10/16/14 at 10:20 AM. Staff #3 indicated she had worked the overnight shift at the group home. Staff #3 indicated a second staff came on duty at the group home at 7:00 AM. Staff #3 indicated client C had attacked client B and staff that morning (10/16/14) at 7:30 AM. Staff #3 indicated client B sustained scratches on her cheek and neck area. Staff #3 indicated client C had broke the group home's front door out of the frame during the incident. When asked if client C had attacked the staff or clients, staff #3 stated, "Both he will try to bite the clients. Bit [client A] a few weeks ago and left a huge bruise on him. Attacked [client B] this morning." When asked if the other clients living in the home were fearful or intimidated of client C, staff #3 stated, "Yes." When asked to explain why she felt the clients A, B, and D, who were non-verbal (did not use verbal communication to express wants and needs), were fearful or intimidated by client C, staff #3 stated, "Yes, they are all afraid. They don't like to be near him. If [client C] sits down somewhere they will all leave the area. When [client C] starts to have a behavior, [client D] runs to her bedroom to get away from him. They are all afraid. He</p> |               |   |                      |

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|                    | <p>will try to attack them or staff."</p> <p>RM #1 was interviewed on 10/16/14 at 10:30 AM. RM #1 stated, "I received a call at 7:30 AM this morning. [staff #3] said [client C] was attacking [client B] and [staff #3] and broke the front door. I came to the house to help. [Client C] continued attacking staff and [client B]. My arms are all scratched up and [staff #3's] neck from trying to stop [client C's] behavior." When asked if client C attacked both staff and clients, RM #1 stated, "Yes, it doesn't matter. He will attack anyone near him that he can get to. [Client C] will try to bite the clients. [Client C] will put his hand out like he wants to shake your hand and then grab you, grab your hand and hold onto your hand and try to bite it." When asked if clients A, B, D or E were intimidated or fearful of client C, RM #1 stated, "Yes, I see it. We all are." When asked to explain why he felt the clients A, B, D and E were intimidated or fearful of client C, RM #1 stated, "They run away from him. They don't want to be near him. None of them talk to him or try to interact with him." When asked if the facility had provided any additional support to manage client C's behavior, RM #1 stated, "My supervisor knows. Nothing that I know of (sic)."</p> |               |   |                      |

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|                    | <p>QIDP #2 was interviewed on 10/16/14 at 10:40 AM. QIDP #2 indicated she had worked at the group home for two weeks and was the interim QIDP. QIDP #2 indicated she was not familiar with client C's behaviors or program.</p> <p>PD (Program Director) #1 was interviewed on 10/16/14 at 10:50 AM. PD #1 stated, "Until recently [client C] had primarily targeted staff and not clients." PD #1 indicated client C became physically aggressive toward client B and scratched her neck and cheek on the morning of 10/16/14. When asked if clients A, B, D or E had been assessed to determine if they felt safe living in the home with client C, PD #1 stated, "We do a quarterly review with each of the clients that has questions about how the client likes living in the home and kind of addresses how satisfied they are with services. We completed the quarterly assessment in May of 2014 and there wasn't any concerns. [Client C] moved into the house in April so there were not problems at that point. The next quarterly should have been done around August 2014 but I couldn't find any documentation that the assessment had occurred."</p> <p>2. The facility's BDDS reports, IRs and investigations were reviewed on 10/14/14</p> |               |   |                      |

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|                    | <p>at 2:30 PM. The review indicated the following:</p> <p>-BDDS report dated 8/6/14 indicated, "[Staff #4] alleged physical abuse on [client A] (sic)."</p> <p>-Investigation summary dated 8/8/14 indicated, "During a routine site visit to [group home] on 8/5/14 by [CS #1], [staff #1] informed [CS #2] that [guardian] of [client B] had raised a concern that [client A] had been possibly pushed to (sic) hard when sitting down in (sic) chair by [staff #4] on 7/25/14." The 8/8/14 Investigation indicated, "[Staff #1's] statement, [client B's guardian] called me to see how [client B] was doing. Then [client B's guardian] proceeded to tell me the AM staff, [staff #4], [client A's] one on one (sic) had pushed him down in the chair on the deck. [Client B's] guardian stated that she could see through... door which face (sic) the deck. [Client B's guardian] said she was gong to call [CS #2]. So, I was under the assumption that she had called him. When I asked [CS #2] he knew nothing about it."</p> <p>The 8/8/14 Investigation did not indicate documentation of analysis or otherwise address staff #1's statements regarding when client B's guardian made the</p> |               |   |                      |

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|                    | <p>allegation of staff #4's abuse/mistreatment regarding client A and when the allegation was discovered. The Investigation did not indicate documentation of corrective measures to address staff #1's failure to report an allegation of abuse or mistreatment in a timely manner.</p> <p>3. The facility's BDDS reports, IRs and investigations were reviewed on 10/14/14 at 2:30 PM. The review indicated the following:</p> <p>-BDDS report dated 8/19/14 indicated, "On 8/18/14 when [client A] was in the shower, staff that was assisting him noticed a one inch bruise on his right back side along with two inch scratches and a one inch bruise on his left arm near his shoulder blade. Team will investigate to determine how [client A] sustained the bruises and scratches."</p> <p>-Investigation dated 8/22/14 indicated client A was non-verbal (did not use verbal communication to express himself). The Investigation dated 8/22/14 indicated the facility had conducted interviews with client A's housemates and the staff working in the group home. The Investigation dated 8/22/14 did not indicate documentation of interviews conducted with staff that work with client</p> |               |   |                      |

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|                    | <p>A at his day services provider. The 8/22/14 Investigation did not indicate documentation of recommendations to prevent additional injuries of unknown origin regarding client A.</p> <p>CS #2 was interviewed on 10/14/14 at 3:44 PM. CS #2 indicated the facility's abuse and neglect policy should be implemented. CS #2 indicated corrective action to prevent reoccurrence of abuse, neglect or mistreatment should be developed from the IDT or from a peer review process. CS #2 indicated there was not any additional documentation of IDT review of client C's behaviors.</p> <p>The facility's policy and procedures were reviewed on 10/16/14 at 4:51 PM. The facility's Abuse, Neglect, Exploitation and Mistreatment policy dated 2/26/11 indicated, "Adept staff actively advocate for the rights and safety of all individuals. All allegations or occurrences of abuse, neglect, exploitation or mistreatment shall be reported to the appropriate authorities through the appropriate supervisory channels and will be thoroughly investigated under the polices of Adept, ResCare and local state and federal guidelines." The 2/26/11 policy included the following definitions:</p> <p>- "Physical abuse: the act or failure to act</p> |               |   |                      |

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|                    | <p>that results or could result in physical injury to an individual. Non-accidental injury inflicted by another person or persons."</p> <p>-"Intimidation/emotional abuse: the act or failure to act that results or could result in emotional injury to an individual. The act of insulting or coarse language or gestures directed toward an individual that subject him/her to humiliation or degradation. Discouraging or inhibiting behavior by threatening both actual or implied. Attitude or acts that interfere with the psychological and social well being of an individual."</p> <p>-"Emotional/physical neglect: failure to provide goods and/or services necessary for the individual to avoid physical harm. Failure to provide the support necessary to an individual's psychological and social well being."</p> <p>The facility's Investigations policy dated 9/14/07 indicated, "In order to ensure the health, safety and welfare of the people we support, events or collections of circumstances that are outside of what is normally expected, cannot by (sic) explained and understood by the existence of the event and result in or have the potential to result in injury or abuse, neglect or exploitation to the</p> |               |   |                      |

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| W000153            | <p>consumer must be investigated. Investigations will be conducted per the protocols listing in the incident management best practices manual." The 9/14/07 policy indicated, "A thorough investigation final report will be written at the completion of the investigation. The report shall include, but is not limited to the following: ... methods to prevent future incidents."</p> <p>This federal tag relates to complaint #IN00154235.</p> <p>9-3-2(a)</p> <p>483.420(d)(2)<br/>STAFF TREATMENT OF CLIENTS<br/>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.<br/>Based on record review and interview for 1 of 13 allegations of abuse, neglect, mistreatment and injuries of unknown origin reviewed, the facility failed to ensure an allegation of staff to client abuse was immediately reported to the facility administrator regarding client A.</p> <p>Findings include:<br/><br/>The facility's BDDS (Bureau of</p> | W000153       | <p><b>CORRECTION:</b> <i>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. Specifically, facility staff, including staff #1, will be retrained regarding procedures for immediate notification of supervisors and the Operations</i></p> | 11/19/2014           |

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|                    | <p>Developmental Disabilities Services) reports, IRs (Incident Reports) and investigations were reviewed on 10/14/14 at 2:30 PM. The review indicated the following:</p> <p>-BDDS report dated 8/6/14 indicated, "[Staff #4] alleged physical abuse on [client A] (sic)."</p> <p>-Investigation summary dated 8/8/14 indicated, "During a routine site visit to [group home] on 8/5/14 by [CS (Clinical Supervisor) #1], [staff #1] informed [CS #2] that [guardian] of [client B] had raised a concern that [client A] had been possibly pushed to (sic) hard when sitting down in (sic) chair by [staff #4] on 7/25/14." The 8/8/14 Investigation indicated, "[Staff #1's] statement, [client B's guardian] called me to see how [client B] was doing. Then [client B's guardian] proceeded to tell me the AM staff, [staff #4], [client A's] one on one (sic) had pushed him down in the chair on the deck. [Client B's] guardian stated that she could see through... door which face (sic) the deck. [Client B's guardian] said she was going to call [CS #2]. So, I was under the assumption that she had called him. When I asked [CS #2] he knew nothing about it."</p> <p>The 8/8/14 Investigation did not indicate</p> |               | <p>Team, which will in turn facilitate reporting of incidents to outside state agencies as required. A review of weekly body assessments and incident documentation confirmed that this deficient practice did not affect other clients. <b>PREVENTION:</b> Supervisory staff will review all facility documentation to assure incidents are reported as required. The governing body has added an additional layer of supervision at the facility which will enhance oversight of the incident reporting process. Additionally, internal and day service incident reports will be sent directly to the Clinical Supervisor and the Program Manager, who will in turn coordinate and follow-up with the facility QIDP to assure incidents are reported to state agencies as required. If, through investigation, supervisors discover that an employee has failed to report an allegation of abuse, neglect, mistreatment or exploitation the governing body will administer written corrective action up to and including termination of employment. <b>RESPONSIBLE PARTIES:</b> QIDP, Residential Manager, Team Leader, Direct Support Staff, Operations Team</p> |                      |

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| W000154            | <p>documentation of analysis or otherwise address staff #1's statements regarding when client B's guardian made the allegation of staff #4's abuse/mistreatment regarding client A and when the allegation was discovered. The Investigation did not indicate documentation of corrective measures to address staff #1's failure to report an allegation of abuse or mistreatment in a timely manner.</p> <p>CS #2 was interviewed on 10/14/14 at 3:44 PM. CS #2 indicated allegations of abuse, neglect and mistreatment should be reported to the facility administrator immediately.</p> <p>This federal tag relates to complaint #IN00154235.</p> <p>9-3-1(b)(5)<br/>9-3-2(a)</p> <p>483.420(d)(3)<br/>STAFF TREATMENT OF CLIENTS<br/>The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on record review and interview for 2 of 13 allegations of abuse, neglect, mistreatment and injuries of unknown origin reviewed, the facility failed to complete thorough investigations</p> | W000154       | <p><b>CORRECTION:</b> <i>The facility must have evidence that all alleged violations are thoroughly investigated. Specifically, investigations of allegations of abuse, neglect and mistreatment</i></p> | 11/19/2014           |

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|                    | <p>regarding an allegation of staff to client abuse regarding client A and an injury of unknown origin regarding client A.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports, IRs (Incident Reports) and investigations were reviewed on 10/14/14 at 2:30 PM. The review indicated the following:</p> <p>1. BDDS report dated 8/6/14 indicated, "[Staff #4] alleged physical abuse on [client A] (sic)."</p> <p>-Investigation summary dated 8/8/14 indicated, "During a routine site visit to [group home] on 8/5/14 by [CS (Clinical Supervisor) #1], [staff #1] informed [CS #2] that [guardian] of [client B] had raised a concern that [client A] had been possibly pushed to (sic) hard when sitting down in (sic) chair by [staff #4] on 7/25/14." The 8/8/14 Investigation indicated, "[Staff #1's] statement, [client B's guardian] called me to see how [client B] was doing. Then [client B's guardian] proceeded to tell me the AM staff, [staff #4], [client A's] one on one (sic) had pushed him down in the chair on the deck. [Client B's] guardian stated that she could see through... door which face (sic)</p> |               | <p>will undergo a formal peer review process to ensure the investigations are thorough. The Peer Review Team will be composed of administrative level staff including the Executive Director, Program Manager, Clinical Supervisors and a representative from the Human Resources Department. Once the Peer Review Team has determined that the investigation was sufficiently thorough, recommendations will be developed based on the results of the investigation, including but not limited to corrective action when employees have failed to report allegations immediately. Additionally, the a new Residential Manager is in place and will be retrained on components of a thorough investigation, specifically that all potential witnesses must be interviewed, including employees from outside services, when appropriate, and all relevant documents reviewed.</p> <p><b>PREVENTION:</b> Completed abuse, neglect and mistreatment investigations will be reviewed as part of a formal quarterly audit process. When deficiencies are noted, the Executive Director will amend the agency's Quality Improvement Plan to correct and prevent future occurrences. Additionally, the Residential Manager will turn in copies of completed investigations to the Clinical Supervisor to allow for</p> |                      |

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|                    | <p>the deck. [Client B's guardian] said she was going to call [CS #2]. So, I was under the assumption that she had called him. When I asked [CS #2] he knew nothing about it."</p> <p>The 8/8/14 Investigation did not indicate documentation of analysis or otherwise address staff #1's statements regarding when client B's guardian made the allegation of staff #4's abuse/mistreatment regarding client A and when the allegation was discovered. The Investigation did not indicate documentation of corrective measures to address staff #1's failure to report an allegation of abuse or mistreatment in a timely manner.</p> <p>2. BDDS report dated 8/19/14 indicated, "On 8/18/14 when [client A] was in the shower, staff that was assisting him noticed a one inch bruise on his right back side along with two inch scratches and a one inch bruise on his left arm near his shoulder blade. Team will investigate to determine how [client A] sustained the bruises and scratches."</p> <p>-Investigation dated 8/22/14 indicated client A was non-verbal (did not use verbal communication to express himself). The Investigation dated 8/22/14 indicated the facility had conducted</p> |               | <p>appropriate oversight and follow-up. The Clinical Supervisor will follow-up with the Residential Manager as needed but no less than weekly to review incident documentation and completed investigations to assure they have been completed thoroughly.</p> <p><b>RESPONSIBLE PARTIES:</b><br/>QIDP, Residential Manager, Team Leader, Direct Support Staff, Operations Team</p> |                      |

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| W000157            | <p>interviews with client A's housemates and the staff working in the group home. The Investigation dated 8/22/14 did not indicate documentation of interviews conducted with staff that work with client A at his day services provider. The 8/22/14 Investigation did not indicate documentation of recommendations to prevent additional injuries of unknown origin regarding client A.</p> <p>CS #2 was interviewed on 10/14/14 at 3:44 PM. CS #2 indicated the facility's abuse and neglect policy should be implemented. CS #2 indicated corrective action to prevent reoccurrence of abuse, neglect or mistreatment should be developed from the IDT or from a peer review process. CS #2 indicated there was not any additional documentation of IDT review of client C's behaviors.</p> <p>This federal tag relates to complaint #IN00154235.</p> <p>9-3-2(a)</p> <p>483.420(d)(4)<br/>STAFF TREATMENT OF CLIENTS<br/>If the alleged violation is verified, appropriate corrective action must be taken.<br/>Based on record review and interview for 2 of 13 allegations of abuse, neglect, mistreatment and injuries of unknown</p> | W000157       | <p><b>CORRECTION:</b></p> <p><i>If the alleged violation is verified,</i></p>                                   | 11/19/2014           |

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|                    | <p>origin reviewed, the facility failed to develop and implement corrective measures to prevent further incidents of client C's aggression and intimidating behaviors towards clients A, B, D and E, to address staff's failure to immediately report an allegation of staff to client abuse and to prevent further injuries of unknown origin regarding client A.</p> <p>Findings include:</p> <p>1. The facility's BDDS (Bureau of Developmental Disabilities Services) reports, IRs (Incident Reports) and investigations were reviewed on 10/14/14 at 2:30 PM. The review indicated the following:</p> <p>-BDDS report dated 6/16/14 indicated, "[Client C] became verbally aggressive. Staff attempted to redirect him verbally without success and he continued to escalate. When he became physically aggressive staff called 911 and [client C] was transported to [hospital] psychiatric pavilion for an emergency evaluation. [Hospital] personnel examined [client C] and released him to ResCare supervisory staff with no recommendations. The on call supervisor transported [client C] back to the supported group living residence. Shortly after supervisors left the home, [client C] re-escalated and</p> |               | <p><i>appropriate corrective action must be taken. Specifically:</i></p> <p>The facility is working with the Bureau of Developmental Disability Services and has obtained an Emergency Medicaid Waiver to provide Client C with a residential placement that more appropriately meets client C's Developmental, social and behavioral needs. In the interim, Client C is residing in a kitchenette hotel room, receiving one to one support and a program of continuous active treatment.</p> <p>Specifically for Client A, the interdisciplinary team will develop additional safeguards and procedures to address injuries of unknown origin.</p> <p><b>PREVENTION:</b></p> <p>The governing body will assist with screening referrals for admission to the facility to assure they possess similar developmental, social and behavioral needs to the other clients residing in the facility. Final approval for admission will be contingent on the ability to maintain safety and emotional</p> |                      |

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|                    | <p>[staff #1] called 911 again. Police came to the house, spoke to [client C] and left without taking further action."</p> <p>-BDDS report dated 6/30/14 indicated, "[Client C] became upset when staff asked that he wait briefly to make his lunch to take to work the following day. [Client C] began hitting and scratching [staff #2] and [staff #1] who attempted to redirect him without success. The on-call [QIDP (Qualified Intellectual Disabilities Professional) #1] was called and came to assist but [client C] remained physically aggressive. [CS (Clinical Supervisor) #1] arrived to provide additional support and transported [client C] to the hospital for an emergency psychiatric evaluation. [Client C] was admitted for inpatient treatment." The 6/30/14 BDDS report indicated, "[Staff #1], [Staff #2] and [QIDP #1] were treated at an occupational health clinic for minor injuries sustained during the incident."</p> <p>-BDDS report dated 7/29/14 indicated, "[Client C] became physically aggressive toward staff when informed that supper was ready. Staff attempted to intervene per his BSP (Behavior Support Plan) without success and he continued to escalate. After 2 hours of ongoing aggression ResCare [nurse #1] instructed staff to call 911. [Client C] was</p> |               | <p>stability at the facility. The QIDP will bring all relevant elements of the interdisciplinary team together after serious incidents including but not limited to physical aggression and intimidation and discovered injuries to review current supports and to make adjustments and revisions as needed. The QIDP will turn in copies of post-incident interdisciplinary team meeting notes to the Program Manager and Clinical Supervisor to allow for appropriate oversight and follow-up. The Clinical Supervisor will meet weekly with the QIDP to review incidents which require interdisciplinary team action. When patterns of physical aggression and intimidation emerge, the Operations Team will assist the facility with assessing whether client(s) remain an appropriate fit for the facility and take action toward finding alternative placement when appropriate.</p> <p><b>RESPONSIBLE PARTIES:</b></p> <p>QIDP, Residential Manager, Team Leader, Direct Support Staff, Operations Team</p> |                      |

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|                    | <p>transported to the [hospital] emergency department by police for an (sic) psychiatric evaluation. [Client C] was placed in mechanical restraints while at the ER evaluated and released to ResCare staff with instructions to follow up with his doctor."</p> <p>-IR dated 8/26/14 indicated client C physically attacked RM #1. The 8/26/14 IR indicated police were called and client C was taken to the hospital for a psychiatric evaluation.</p> <p>-IR dated 9/18/14 indicated client C bit client A on his right hand.</p> <p>-BDDS report dated 10/7/14 indicated on 10/6/14 "[Client C] became agitated and assaultive (sic) toward staff. Three staff present at the service site attempted to redirect him without success. [Client C] bit staff, resulting in a need for medical treatment. [Client C] continued to escalate. The [RM (Residential Manager) #1] called for non-emergency ambulance to arrange safe transport of [client C] to an emergency psychiatric evaluation. Police and EMTs (Emergency Medical Technicians) arrived at the service site and [client C] was taken to the [hospital] psychiatric pavilion via ambulance. ER (Emergency Room) personnel evaluated [client C] (sic) released him to ResCare</p> |               |   |                      |

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|                    | <p>staff with a recommendation for prompt follow up with his attending psychiatrist." The 10/16/14 BDDS report indicated, "Through discussion with [client C's] sister/healthcare representative, the team learned that 10/6/14 is the anniversary of his mother's death and that he may have been experiencing difficulty processing his grief. The team offered [client C] emotional support and he has remained calm since the time of the incident." The BDDS report did not indicate additional recommendations to prevent future occurrences of client C's aggressive behaviors.</p> <p>-IR dated 10/7/14 indicated, "On getting to the site, I was told that [client C] has started acting up. That he turned the furniture upside down (sic). I asked him if he wanted a van ride then he said yes. On the van ride about [street] he got aggressive and wanted to take the car steer (sic) from me. I verbally redirected him until we got back to the site. Getting to the site he was very aggressive and was turning everything upside down. All of the housemates have to be redirected to their rooms."</p> <p>-BDDS report dated 10/8/14 indicated, "On 10/7/14 [client C] became physically aggressive with staff and was trying to move furniture around the site. With staff</p> |               |   |                      |

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|                    | <p>redirection [client C] was still being very aggressive toward staff and after an hour of his aggressiveness staff was instructed to take [client C] to the ER at [hospital] for psychological evaluation. Upon his released from the hospital the doctor recommended [client C] set up a visit with his psychiatrist." The 10/8/14 BDDS report indicated, "Team has meet and determined that in the best interest of [client C] he will need a visit with his psychiatrist for any other support hat he may need at this time."</p> <p>The BDDS report did not indicate additional recommendations to prevent future occurrences of client C's aggressive behaviors."</p> <p>-IR dated 10/16/14 indicated, "This morning [client C] was in the living room with his housemates and [staff #3] asked [client C] where is your lunch bag (sic) and he started acting and I try to calm [client C] down and [client C] went to [client B] where [client B] sit down on the chair in the living room and [client C] went to attack [client B] and we redirect [client C] and [client C] have some mark at her cheek and her neck and little blood is coming out and [client C] broke the front door (sic)."</p> <p>Client C's record was reviewed on 10/14/14 at 3:15 PM. Client C's police</p> |               |   |                      |

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|                    | <p>immediate detention report dated 6/15/14 indicated, "[Client C] became very aggressive after 15:15 hours. Scratched, bit, punch (sic) his caretaker and another patient. [Client C] was very aggressive with police and medics on the scene." Client C's police immediate detention report dated 10/6/14 indicated, "[Client C] became very violent with staff in his group home. [Client C] bit a staff member 3 times." Client C's EPEF (Emergency Psychiatric Evaluation Form) dated 7/28/14 indicated, "We performed the following. Restraints violent or self-destructive adult.... Locked restraint... danger to others." Client C's EPEF dated 8/26/14 indicated, "We performed the following. Restraints violent or self-destructive adult (age 18 and older) 4 way restraints, locked restraint...; Danger to self, danger to others." Client C's EPEF form dated 10/7/14 indicated, "Restraints violent or self-destructive adult (age 18 and older) 4 way restraints; Danger to self, danger to others." Client C's 10/6/14 record of visit form indicated, "Recommendations for treatment: Move up patient's appointment with [crisis services] (scheduled for next week). Suggest increase in services or more secure environment if [client C] cannot be safely maintained at current group home."</p> |               |   |                      |

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|                    | <p>Client C's record did not indicate documentation of an IDT (Interdisciplinary Team) meeting, review or recommendations regarding client C's behaviors or psychiatric recommendations. Client C's BSP dated 5/8/14 did not indicate documentation of review or revision. Client C's record did not indicate documentation of additional supports or services to address client C's behavior's.</p> <p>Observations were conducted at the group home on 10/16/14 from 10:15 AM through 10:50 AM. At 10:15 AM, client C, staff #3, RM #1 and a facility maintenance staff were present at the group home. Staff #3, client C and RM #1 were standing in the group home's garage with the garage door opened. Client C was standing in the garage and was opening bags of trash from the home's trash cart. At 10:30 AM, QIDP (Qualified Intellectual Disabilities Professional) #2 arrived at the group home and was standing on the group home's porch area talking to staff #3 and surveyor. At 10:40 AM, client C exited the group home's garage and began walking toward QIDP #2. Client C had his right hand extended, head downward and was making indiscernible noises as he walked toward QIDP #2. QIDP #2 stated, "That's what he does! He's getting</p> |               |   |                      |

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|                    | <p>started again!" QIDP #2 began taking steps backwards as client C increased his pace of walking and attempted to grab and scratch QIDP #2. QIDP #2 walked/ran away from client C who pursued her around the group home's front yard, into the street and back to the group home's driveway. Staff #3 attempted to verbally redirect client C while RM #1 came from inside the group home to attempt to physically stop client C from attacking QIDP #2. RM #1 physically escorted client C into the group home away from QIDP #2.</p> <p>Staff #3 was interviewed on 10/16/14 at 10:20 AM. Staff #3 indicated she had worked the overnight shift at the group home. Staff #3 indicated a second staff came on duty at the group home at 7:00 AM. Staff #3 indicated client C had attacked client B and staff that morning (10/16/14) at 7:30 AM. Staff #3 indicated client B sustained scratches on her cheek and neck area. Staff #3 indicated client C had broken the group home's front door out of the frame during the incident. When asked if client C had attacked the staff or clients, staff #3 stated, "Both he will try to bite the clients. Bit [client A] a few weeks ago and left a huge bruise on him. Attacked [client B] this morning." When asked if the other clients living in the home were fearful or intimidated of</p> |               |   |                      |

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|                    | <p>client C, staff #3 stated, "Yes." When asked to explain why she felt clients A, B, and D, who were non-verbal (did not use verbal communication to express wants and needs), were fearful or intimidated by client C, staff #3 stated, "Yes, they are all afraid. They don't like to be near him. If [client C] sits down somewhere they will all leave the area. When [client C] starts to have a behavior, [client D] runs to her bedroom to get away from him. They are all afraid. He will try to attack them or staff."</p> <p>RM #1 was interviewed on 10/16/14 at 10:30 AM. RM #1 stated, "I received a call at 7:30 AM this morning, [staff #3] said [client C] was attacking [client B] and [staff #3] and broke the front door. I came to the house to help. [Client C] continued attacking staff and [client B]. My arms are all scratched up and [staff #3's] neck from trying to stop [client C's] behavior." When asked if client C attacked both staff and clients, RM #1 stated, "Yes, it doesn't matter. He will attack anyone near him that he can get to. [Client C] will try to bite the clients. [Client C] will put his hand out like he wants to shake your hand and then grab you, grab your hand and hold onto your hand and try to bite it." When asked if clients A, B, D or E were intimidated or fearful of client C, RM #1 stated, "Yes, I</p> |               |   |                      |

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|                    | <p>see it. We all are." When asked to explain why he felt clients A, B, D and E were intimidated or fearful of client C, RM #1 stated, "They run away from him. They don't want to be near him. None of them talk to him or try to interact with him." When asked if the facility had provided any additional support to manage client C's behavior, RM #1 stated, "My supervisor knows. Nothing that I know of (sic)."</p> <p>QIDP #2 was interviewed on 10/16/14 at 10:40 AM. QIDP #2 indicated she had worked at the group home for two weeks and was the interim QIDP. QIDP #2 indicated she was not familiar with client C's behaviors or program.</p> <p>PD (Program Director) #1 was interviewed on 10/16/14 at 10:50 AM. PD #1 stated, "Until recently [client C] had primarily targeted staff and not clients." PD #1 indicated client C became physically aggressive toward client B and scratched her neck and cheek on the morning of 10/16/14. When asked if clients A, B, D or E had been assessed to determine if they felt safe living in the home with client C, PD #1 stated, "We do a quarterly review with each of the clients that has questions about how the client likes living in the home and kind of addressees how satisfied they are with</p> |               |   |                      |

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|                    | <p>services. We completed the quarterly assessment in May of 2014 and there wasn't any concerns. [Client C] moved into the house in April so there were not problems at that point. The next quarterly should have been done around August 2014 but I couldn't find any documentation that the assessment had occurred."</p> <p>2. The facility's BDDS reports, IRs and investigations were reviewed on 10/14/14 at 2:30 PM. The review indicated the following:</p> <p>-BDDS report dated 8/6/14 indicated, "[Staff #4] alleged physical abuse on [client A] (sic)."</p> <p>-Investigation summary dated 8/8/14 indicated, "During a routine site visit to [group home] on 8/5/14 by [CS #1], [staff #1] informed [CS #2] that [guardian] of [client B] had raised a concern that [client A] had been possibly pushed to (sic) hard when sitting down in (sic) chair by [staff #4] on 7/25/14." The 8/8/14 Investigation indicated, "[Staff #1's] statement, [client B's guardian] called me to see how [client B] was doing. Then [client B's guardian] proceeded to tell me the AM staff, [staff #4], [client A's] one on one (sic) had pushed him down in the chair on the</p> |               |   |                      |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>15G622 | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 00<br>B. WING _____ | X3) DATE SURVEY COMPLETED<br><br>10/20/2014 |
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| NAME OF PROVIDER OR SUPPLIER<br><br>COMMUNITY ALTERNATIVES-ADEPT | STREET ADDRESS, CITY, STATE, ZIP CODE<br>7520 KILMER LN<br>INDIANAPOLIS, IN 46256 |
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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|--------------------|---|---------------|---|----------------------|
|                    | <p>deck. [Client B's] guardian stated that she could see through... door which face (sic) the deck. [Client B's guardian] said she was gong to call [CS #2]. So, I was under the assumption that she had called him. When I asked [CS #2] he knew nothing about it."</p> <p>The 8/8/14 Investigation did not indicate documentation of corrective measures to address staff #1's failure to report an allegation of abuse or mistreatment in a timely manner.</p> <p>3. The facility's BDDS reports, IRs and investigations were reviewed on 10/14/14 at 2:30 PM. The review indicated the following:</p> <p>-BDDS report dated 8/19/14 indicated, "On 8/18/14 when [client A] was in the shower, staff that was assisting him noticed a one inch bruise on his right back side along with two inch scratches and a one inch bruise on his left arm near his shoulder blade. Team will investigate to determine how [client A] sustained the bruises and scratches."</p> <p>-Investigation dated 8/22/14 indicated client A was non-verbal (did not use verbal communication to express himself). The 8/22/14 Investigation did not indicate documentation of</p> |               |   |                      |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                 |  | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>15G622 |   | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 00<br>B. WING _____                      |  | X3) DATE SURVEY COMPLETED<br><br>10/20/2014 |  |
| NAME OF PROVIDER OR SUPPLIER<br><br>COMMUNITY ALTERNATIVES-ADEPT |  |   |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br>7520 KILMER LN<br>INDIANAPOLIS, IN 46256 |  |   |  |
| (X4) ID PREFIX TAG   | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   | ID PREFIX TAG   | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE  |  |   |  |
|  | <p>recommendations to prevent additional injuries of unknown origin regarding client A.</p> <p>CS #2 was interviewed on 10/14/14 at 3:44 PM. CS #2 indicated corrective action to prevent reoccurrence of abuse, neglect or mistreatment should be developed from the IDT or from a peer review process. CS #2 indicated there was not any additional documentation of IDT review of client C's behaviors.</p> <p>This federal tag relates to complaint #IN00154235.</p> <p>9-3-2(a)</p> |   |   |   |  |   |  |