

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G663	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/25/2013
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NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 5662 N CRESTVIEW AVE INDIANAPOLIS, IN 46220
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W000000	<p>This visit was for a pre-determined full annual recertification and state licensure survey.</p> <p>Survey dates: 11/12/13, 11/13/13, 11/14/13, 11/19/13, 11/20/13, 11/21/13, 11/22/13 and 11/25/13.</p> <p>Facility Number: 001216 Provider Number: 15G663 AIMS Number: 100233690</p> <p>Surveyor: Susan Reichert, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 11/26/13 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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W000104	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on record review and interview for 3 of 3 sampled clients (#1, #2, and #3) and for 2 additional clients (#4 and #5), the governing body failed to exercise general policy and operating direction over the facility to ensure the home was maintained in good condition. The governing body failed to exercise general policy and operating direction over the facility to ensure the facility implemented its policy and procedure to immediately notify BDDS (Bureau of Developmental Disabilities Services) in accordance with state law regarding an incident of physical assault involving clients #2 and #5. The governing body failed to exercise general policy and operating direction over the facility to ensure the facility implemented its policy and procedure to prevent neglect of clients #1 and #4 in regard to developing and implementing effective corrective action to address elopement behavior. The governing body failed to exercise general policy and operating direction over the facility to ensure the facility implemented its policy and procedure to prevent abuse and neglect of clients #2, #4 and #5 in regard to conducting investigations into incidents of elopement and physical assault. The governing body failed to exercise general policy and operating direction over the facility to ensure</p>	W000104	<p>1. Please see W149 The Program Director, along with the prospected teams, created and implemented an elopement protocol for clients 1 and 4. For client 1, the Program Director, with the involvement of the team, created a specific procedure for client 1 to successfully ride the public city bus to and from school each day. The procedure includes the timeframe for the client to be successfully arriving to and from school and home each day with a specified time frame, and a procedure for what to do when this does not occur. Client 4 already had a team approved procedure included in his behavior support plan, to address the target behavior of elopement. The Program Director will be retained in implementation of protective measures for when incidents occur. The Program Director will be retained in the completing follow up procedures when an incident does occur. This can include a team meeting, make changes to the High Risk Plan, or the Behavior Support Plan, or changes in the client's daily routine/activities. The Program Director will be retrained on incident reporting. This retraining will include what is considered BDDS reportable and</p>	12/25/2013			

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	<p>a complete accounting of personal funds in regards to restitution in client #3's plan.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. The governing body failed to exercise general policy and operating direction over the facility to ensure the facility implemented policy and procedure to to prevent neglect of clients #1 and #4 in regard to developing and implementing effective corrective action to address elopement behavior, failed to immediately notify BDDS in accordance with state law regarding an incident of physical assault involving clients #2 and #5, and failed to complete thorough investigations into incidents of elopement and physical assault involving clients #1 and #4. Please see W149. 2. The governing body failed to exercise general policy and operation direction over the facility to ensure the facility immediately notified BDDS in accordance with state law regarding an incident of physical assault involving clients #2 and #5. Please see W153. 3. The governing body failed to exercise general policy and operating direction of the facility to ensure the facility implemented its policy and procedure to prevent abuse and neglect of clients #2, #4 and #5 in regard to conducting investigations into incidents of elopement and physical assault. Please see W154. 		<p>when it should be reported. Ongoing, the Program Director will successfully report all incidents in the future. The Program Director will be retrained on investigations. This retraining will include what is to be investigated, how to complete the investigations, and when to complete the investigations, as to ensure completion on time. Ongoing, the Program Director will complete all future investigations accurately and on time for all applicable incidents. Ongoing, the Area Director will be notified of all incidents within the 24 hour window, and at the time of the notification, the Program Director will review the recommended follow up procedures, and what to include in the investigation, if needed. The Area Director will be kept up to date with all findings as resulted from the investigation within a timely manner, per Indiana MENTOR's policy and procedures. 2. Please see W153. The Program Director will be retrained on incident reporting. This retraining will include what is considered BDDS reportable and when it should be reported. Ongoing, the Program Director will successfully report all incidents in the future. Ongoing, the Area Director will be notified of all incidents within the 24 hour window, and at the time of the notification, the Program Director will review the recommended</p>				

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	<p>4. During observations at the group home on 11/12/13 from 5:05 PM until 6:25 PM and on 11/13/13 from 6:05 AM until 7:45 AM where clients #1, #2, #3, #4 and #5 lived, the screen to a window in the front of the house was loose, hanging down, and unattached to the frame. The frame around the front door had peeling paint exposing bare wood, and a 2 foot in diameter area of gray drops stained the vinyl tile in the kitchen in front of the refrigeration. The carpeting had duct tape across the threshold in the living room, a tear exposing the padding 2 feet in length in the front room of the home and in the hallway leading to the bedrooms and bathroom in the rear of the home. The kitchen counter top was missing laminate areas 2 inches in length exposing bare wood in 2 places and creating sharp edges along the laminate.</p> <p>The house manager was interviewed on 11/12/13 at 5:06 PM and stated, "We keep pushing the screen back in and it comes out. Eventually it will be replaced." He was uncertain of the status of the peeling paint around the front door and stated, "It's probably been there a long time." He indicated the stains on the vinyl were from a powdered drink and stated, "We've tried everything to clean it," and indicated the flooring throughout in the home was scheduled to be replaced at some point in the future.</p> <p>The Area Director (AD), Program Director (PD) and the House Manager (HM) were interviewed on 11/14/13 at 2:35 PM. The AD</p>		<p>follow up procedures, and what to include in the investigation, if needed. The Area Director will be kept up to date with all findings as resulted from the investigation within a timely manner, per Indiana MENTOR's policy and procedures. 3. Please see W154 The Program Director will be retrained on investigations. This retraining will include what is to be investigated, how to complete the investigations, and when to complete the investigations, as to ensure completion on time. Ongoing, the Program Director will complete all future investigations accurately and on time for all applicable incidents. Ongoing, the Area Director will be notified of all incidents within the 24 hour window, and at the time of the notification, the Program Director will review the recommended follow up procedures, and what to include in the investigation, if needed. The Area Director will be kept up to date with all findings as resulted from the investigation within a timely manner, per Indiana MENTOR's policy and procedures. 4. All of the following maintenance issues will be addressed. The screen in the front of the house will be replaced. The front door frame will be repainted. The group home will receive new flooring. The counter top in the kitchen will be replaced where damaged. The Home Manager</p>				

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	<p>indicated there were no maintenance work orders in the home and repairs went on a list maintained by the maintenance department and were completed in order of urgency. There was no evidence provided to indicate when the flooring of the group home would be replaced or other needed repairs to the group home.</p> <p>5. Client #3's financial records at the facility office were reviewed on 11/14/13 at 1:20 PM. Client #3's October, 2013 ledger indicated two checks in the amount of \$10.00 on 10/10/13 made out to Indiana Mentor. There were no receipts to indicate what was purchased, and the ledger indicated "R" in the section to describe what was purchased. An entry in the January, 2013 ledger indicated a \$10.00 check with a ? mark in the section as to who the check was paid to, and a ? in the description of the purchase.</p> <p>The HM was interviewed on 11/14/13 at 1:20 PM and indicated client #3 had a plan for restitution up to \$10 to replace damage to the group home in his plan. He indicated there were no receipts to indicate what was purchased or documentation as to what had been damaged in client #3's record.</p> <p>9-3-1(a)</p>		<p>will be retrained on completing weekly reviews on all maintenance items needed within the group home. This retraining will include following up with the Program Director and/or Home Manager with all items if they remain incomplete. Ongoing, the Home Manager will complete a weekly walk-thru of the home to ensure that all maintenance items are addressed, per Indiana MENTOR policy and procedures. 5. Client 3 has a behavior support plan to address his target behavior of destroying property. The Program Director will work with the team to determine if/assess client 3 is able to give informed consent on the behavior support plan and the included restitution plan. If client 3 is able to give informed consent, the Program Director will retrieve consent for the behavior support plan and all restrictions that are included. The Program Director will be retrained on informed consent and ensuring that all clients are appropriately assessed and a guardian or Health Care Rep is located when clients are unable to independently. After reviewing client 3's behavior support plan and the restitution plan that it includes, the team decided that it was effective and appropriate. Client 3 did give informed consent for this plan to remain in place. Ongoing, per Indiana MENTOR policy and procedures,</p>		

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			all behavior support plans will be approved by the team or the client (when able to give informed consent) and then also approved by the Human Rights Committee annually, and then reviewed no less than quarterly. Changes are made to the Behavior Support Plan as needed, but no less than annually. Responsible Party: Home Manager, Program Director, and Area Director	

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W000125	<p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>Based on observation, record review, and interview, the facility failed to develop criteria and a plan for 5 of 5 clients living in the group home (clients #1, #2, #3, #4 and #5) to regain the right to access locked kitchen knives, household cleaning chemicals, and food.</p> <p>Findings include:</p> <p>During observations on 11/12/13 from 5:05 PM until 6:25 PM and on 11/13/13 from 6:02 AM until 7:45 AM, sharp implements including knives and scissors, extra food, snacks and house hold chemicals were locked in the pantry and closets as demonstrated by the house manager.</p> <p>The House manager was interviewed on 11/12/13 at 5:35 PM. He stated cleaning supplies, extra food and snacks, chemicals and sharps of any kind were locked. He stated the food and snacks were restricted for "dietary reasons" and indicated the clients would waste food by</p>	W000125	<p>Client 1 will be assessed for potential unrestricted access to sharp items, including the knives and scissors, the extra food, snacks, and house hold cleaners. If it is concluded through the assessments that client 1 does not present a risk for having free access to these items, an update to his individualized support plan will be completed. If the assessment includes results showing that client 1 should have the restrictions in place, a plan will be made to titrate these restrictions and help him gain access in the future. Client 2 has restricted access to the sharp items, extra food, snacks, and house hold cleaners. With the involvement of the team, a new goal will be created and put into place to assist him with reaching specific criteria to regain free access to these items. Client 3 has restricted access to the sharp items, extra food, snacks, and house hold cleaners. With the involvement of the team, a new goal will be created and put into place to assist him with reaching specific criteria to regain free access to these items. Client 4</p>	12/25/2013			

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	<p>taking more than they would or should eat and the group home was throwing away excess food. When asked how clients were able to access the items, he stated, "With staff assistance."</p> <p>Client #1's record was reviewed on 11/13/13 at 10:40 AM. The review failed to indicate specific criteria had been developed and implemented for client #1 to regain the right to unimpeded access to the group home's sharp implements including knives and scissors, extra food, snacks and house hold chemicals. There was no evidence in client #1's Behavior Support Plan dated 9/17/13 of a need to secure the items from client #1's free access.</p> <p>Client #2's record was reviewed on 11/14/13 at 12:02 PM. The review failed to indicate specific criteria had been developed and implemented for client #2 to regain the right to unimpeded access to the group home's sharp implements including knives and scissors, extra food, snacks and house hold chemicals.</p> <p>Client #3's record was reviewed on 11/13/13 at 4:30 PM. The review failed to indicate specific criteria had been developed and implemented for client #3 to regain the right to unimpeded access to the group home's sharp implements</p>		<p>has restricted access to the sharp items, extra food, snacks, and house hold cleaners. With the involvement of the team, a new goal will be created and put into place to assist him with reaching specific criteria to regain free access to these items. Client 5 will be assessed for potential unrestricted access to sharp items, including the knives and scissors, the extra food, snacks, and house hold cleaners. If it is concluded through the assessments that client 1 does not present a risk for having free access to these items, an update to his individualized support plan will be completed. If the assessment includes results showing that client 1 should have the restrictions in place, a plan will be made to titrate these restrictions and help him gain access in the future. The Program Director will be retrained on assessing clients on restrictions before putting them into place. If it is decided that the restrictions are needed, the Program Director will seek approvals from the teams and the HRC before implementing. The Program Director will be retrained that when restrictions are put into place, a titration plan must be included to ensure that a way of removing the restrictions is in place for the future. This includes putting training goals into place to ensure that clients are able to work to gain access to anything</p>		

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	<p>including knives and scissors, extra food, snacks and house hold chemicals. Client #3's Behavior Support Plan dated 5/23/13 indicated he had restricted access to chemicals and lighters due to a history of misusing the items.</p> <p>Client #4's record was reviewed on 11/14/13 at 3:40 PM. The review failed to indicate specific criteria had been developed and implemented for client #4 to regain the right to unimpeded access to the group home's sharp implements including knives and scissors, extra food, snacks and house hold chemicals.</p> <p>Client #5's record was reviewed on 11/14/13 at 3:40 PM. The review failed to indicate specific criteria had been developed and implemented for client #5 to regain the right to unimpeded access to the group home's sharp implements including knives and scissors, extra food, snacks and house hold chemicals.</p> <p>The Area Director, Program Director (PD)/ QIDP (Qualified Intellectual Disabilities Professional), and House Manager were interviewed on 11/14/13 at 2:35 PM. The PD/QIDP indicated there was no plan or criteria developed for clients to regain the use of the group home's sharp implements including knives and scissors, extra food, snacks</p>		<p>that is restricted. Ongoing, the Area Director will complete 3 random book reviews for the first 4 weeks in order to ensure that all restrictions are included in the Individualized support plans with a titration plan, and goals for removing the restrictions are in place. After the initial four weeks, the Area Director will complete 2 random book reviews per week for 3 weeks. After the follow up three weeks, the Area Director will complete 1 random book review per quarter, as stated in Indiana MENTOR's policy and procedures. Responsible Party: Home Manager, Program Director, and Area Director</p>				

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	and house hold chemicals. 9-3-2(a)			

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W000149	<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 record review and interview for 3 of 3 sampled clients (#1, #2, and #3) and 2 additional clients (#4 and #5), the facility failed to implement policy and procedure to prevent neglect of clients #1 and #4 by: 1) neglecting to develop and implement effective corrective action to address elopement behavior, 2) failed to immediately notify the administrator or BDDS in accordance with state law regarding an incident of physical assault involving clients (#2 and #5) and 3) failed to complete thorough investigations into incidents of elopement and physical assault involving clients #1 and #4.</p> <p>Findings include:</p> <p>The facility's reports to the Bureau of Developmental Disabilities Services (BDDS) were reviewed on 11/12/13 at 2:55 PM and included the following:</p> <p>1. A report dated 10/31/13 indicated after client #1 left on the city bus to go to day services client #1's day services staff had notified the group home staff at 9:30 AM, client #1 had not attended the program. After a half an hour of looking for client #1, the day services staff called 911 to file a missing person's report. The house manager called client #1's relatives to notify them of the situation, and at 1:00 PM, client #1's relative</p>	W000149	<p>1. The Program Director will be retrained on investigations. This retraining will include what is to be investigated, how to complete the investigations, and when to complete the investigations, as to ensure completion on time. Ongoing, the Program Director will complete all future investigations accurately and on time for all applicable incidents. Client 1 was previously assessed on his ability to ride the public city bus independently. His school program through the Indianapolis Public Schools completed the assessment and found him to be capable of independently completing this task. The Program Director will update Client 1's RMAP and ISP to show that he has been assessed and is able to ride the public transportation independently with a specific procedure in place for ongoing protection and independence. The Program Director will update the Bus Protocol for client 1 to address his independence with riding the city transportation to and from school ongoing. This protocol will also include what to do if the procedure is not followed by client 1, as expected. The team will be involved in this planning as well. 2. The</p>	12/25/2013			

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	<p>called the group home to indicate client #1 was with them. The report indicated client #1 had thought it was OK to leave day program for the day as it was raining, had pedestrian safety skills, and could independently travel on the city bus. Corrective action indicated client #1 would be taken by facility van until further notice. There was no evidence of an investigation into the incident of client #1 missing.</p> <p>Observations were completed at the group home on 11/13/13 from 6:05 AM until 7:45 AM. During the observation, client #1 used profanity at his housemate, stating, "I'm going to kick your a..." At 6:50 AM, client #1 left the group home to get on the city bus by himself after staff #5 followed him to the stop to ensure he got on the bus.</p> <p>The House Manager (HM) was interviewed on 11/13/13 at 6:55 AM. When asked if client #1 was safe to ride the bus, he indicated staff follow client #1 to ensure he got on the bus and stated, "Yes, he can control his behavior-he is showing off." He indicated client #1 used a city bus the general public used for transportation.</p> <p>Client #1's record was reviewed on 11/13/13 at 10:40 AM. Client #1's 9/17/13 ISP (Individual Support Plan) did not include an objective related to riding the bus. A Risk Management Assessment and Plan dated 7/17/13 indicated his pedestrian safety skills placed him at risk, and he needed staff assistance when out in the community in</p>		<p>Program Director will be retrained on creating recommendations based on the results of any specific investigation. These recommendations should include a corrective action plan or specification for follow up, based on the specific incident at hand. This retraining will include what protective measure should be put into place, and working with the team to ensure that these are completed in a timely manner in the least restrictive manner possible. The Program Director will be retained in the completing follow up procedures when an incident does occur. This can include a team meeting, make changes to the High Risk Plan, or the Behavior Support Plan, or changes in the client's daily routine/activities. 3. The Program Director will be retained on incident reporting. This retraining will include what is considered BDDS reportable and when it should be reported. Ongoing, the Program Director will successfully report all incidents in the future. Ongoing, the Area Director will be notified of all incidents within the 24 hour window, and at the time of the notification, the Program Director will review the recommended follow up procedures, and what to include in the investigation, if needed. The Area Director will be kept up to date with all findings as resulted from the investigation within a timely manner, per</p>				

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	<p>regard to pedestrian safety skills and use of public transportation. The assessment indicated client #1 presents a risk "using reasonable caution w/(with) strangers, relates person I.D. information, exhibits socially acceptable behaviors in public, and demonstrates law abiding behavior." The assessment indicated client #1 presented a risk in the area of busy streets, intersections, ability to remain alone in any environment and "will be monitored 24/7." The assessment indicated client #1 presented a risk in the area of: "defending self against abuse, reports abuse to the appropriate person, behaviors which may provoke abuse by others including consumers. Level of Support Required for Residential Services was marked, "Support person on premises at all times when individual is home." A section "Can be unsupervised in the community for ___ minutes/hours (circle one)" was not marked in regards to client #1's ability to be in the community unsupervised. A Behavior Support Plan (BSP) dated 9/17/13 indicated target behaviors for "aggressive outburst, hyperactivity/impulsivity, SIB (self injurious behavior), stealing, lying/manipulative, and elopement." Elopement interventions indicated staff were to stay with client #3 until his return to the group home. There was no evidence of revision to client #1's plan to address his elopement.</p> <p>The Area Director (AD) and Program Director (PD) were interviewed on 11/13/13 at 10:06 AM. When asked about client #1's incident of being missing, he stated "It was</p>		Indiana MENTOR's policy and procedures. Responsible Party: Home Manager, Program Director, and Area Director				

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	<p>raining and he works outside. He took it upon himself to go to [relatives]. We bought him a cell phone to use so we can reach him. When the facts came out, he knew where he was going. We implemented the phone (as corrective action)." When asked how it was determined client #1 was safe to use the bus and travel independently in the community, he stated, "Because history tells us so," and indicated staff at his day service at a local university were waiting on him and would call the group home if client #1 did not appear. He indicated client #1 had been riding the bus independently when he was admitted to the facility and he had been assessed by the day services as to his ability to ride the bus. He stated, "That was a rough 4 hours, but the facts are he knew where he was going." He indicated client #1's behavior was different in the community than that exhibited at the group home and the client has maladaptive behavior at the group home as he was more comfortable there.</p> <p>The AD and PD were interviewed on 11/13/13 at 1:42 PM. When asked if staff had assessed client #1's ability to use the cell phone, he PD stated, "No." He indicated there was no written protocol in place regarding client #1's bus riding to ensure his safety, and indicated there should be a written protocol when asked. The AD indicated the HM might have more information regarding the procedures for client #1 to ride the bus.</p> <p>Client #1's day services site supervisor was interviewed on 11/13/13 at 11:35 AM. She</p>			

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	<p>indicated client #1 was able to ride the bus independently on a known route, but was uncertain as to his ability to find his way should he take an unfamiliar route. She stated client #1 needed "clear expectations," and indicated client #1 sometimes would not be where he was supposed to be while at day services. She stated client #1 was late by one hour the day before to arrive home and was not where he was supposed to be at day services or late to arrive home "about once a week."</p> <p>The Area Director provided an undated "Bus Riding Protocol for [client A] which was reviewed on 11/13/13 at 3:30 PM. The protocol indicated "on 9/13/13, [client #1] will be independently riding [city bus] to and from the [day service program site] program. This is a standard part of the [program]. [Client #1's] teacher rode the bus to and from [group home] and determined that [client #1] is capable of navigating the bus routes in order to get to and from the program." The protocol indicated client #1's group home staff would ensure client #1 got on the bus to day services in the morning "typically around 7:06 AM" and day service staff would notify the HM (span of time not indicated) if client #1 was not at the transfer station. If client #1 did not arrive home by 3:45 PM ("typically arrives home between 3:00 PM and 3:35 PM"), then the HM would contact day services staff to verify client #1 got on the bus. At that time, group home staff were to contact people in client #1's old community to "keep an eye out for him...At this time,</p>			

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	<p>[client #1] not being at [group home] is considered elopement," and indicated staff were to implement his behavior support plan regarding elopement.</p> <p>The AD was interviewed on 11/13/13 at 3:30 PM and indicated client #1 had been late the day before, but the incident was not documented as it was within the hour time frame of the protocol. She indicated the protocol was not part of client #1's record.</p> <p>2. a) A BDDS report dated 3/8/13 indicated client #4 "became upset" because he didn't like the snack options that were provided. Client #4 "eloped" down the street, but "was never out of sight during the elopement." The report indicated client #4 was "consistently looking back to see where staff was," and walked at a slow pace.</p> <p>An attached investigation dated 3/15/13 indicated a conclusion "Evidence supports [client #4] became upset because he wanted to go on an outing, but instead redirected to clean up after dinner. Evidence supports [client #4] kicking four holes in his bedroom walls, and breaking his TV, MP3 player, and radio. Evidence also supports [client #4] eloping from the group home for a short period of time." There was no corrective action included in the investigation.</p> <p>b) A BDDS report dated 3/9/13 indicated client #4 had left the home within eyesight of group home staff after he "appeared to become upset and broke his TV and radio. He</p>						

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	<p>also created four holes in walls from kicking the walls of his bedroom," The report indicated staff "assisted" client #4 "in self relaxation." The report indicated an investigation into the incident was conducted. A follow up report dated 5/15/13 indicated client #1's behavior was attention seeking and staff were trained on what to say around client #4 and other clients to keep conversations to be confidential. There was no investigation in regards to the incident, and no other corrective action was indicated.</p> <p>c) A BDDS report dated 4/26/13 client #4 "was having behavioral issues towards staff...while out in the community. Staff determined that it wasn't safe to have [client #4] out in the community, so they brought him back to the group home." Client #4 eloped upon return to the home towards the community park, but was not out of eyesight of staff. Client #4 spit at staff four times until he was calm enough to walk with staff back to the group home. Client #4 then engaged in self injurious behavior resulting in red marks (size and location not specified). The report indicated staff were to monitor the health and safety of client #4. There was no investigation in regards to the incident, and no other corrective action was indicated.</p> <p>d) A BDDS report dated 7/6/13 indicated client #4 became "agitated" when told it was not time to go on an outing, ran out out the door and into the driveway. Staff followed him and "noticed that he was running down the street. As there was only one staff on at</p>			

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	<p>the time, staff called 911 to report the incident, as indicated in [client #4's] BSP. Staff took the other resident at home at the time in the van and began driving around the neighborhood in an attempt to locate [client #4]. At approximately 6:30 PM, [client #4] was located by police; he was walking on the [name of pedestrian and biking trail]. Police transported [client #4] back...." Corrective action indicated "staff will continue following [client #4's] BSP, and will continue to intervene as early as possible when [client #4] becomes upset in order to minimize the chances of a repeat incident." There was no investigation in regards to the incident, and no other corrective action was indicated.</p> <p>e) A BDDS report dated 8/27/13 indicated client #4 "got upset at the staff member in the home and eloped." Staff followed client #4 and redirected him home. "An hour later, [client #4] got upset again and eloped from the group home and staff couldn't keep up with [client #4], so staff called 911. Police came to the area and within a couple of minutes of calling the police...they found [client #4]." The report indicated client #4 was returned home after a 10 minute discussion with police. Corrective action indicated "We as an IDT (interdisciplinary team) need to figure out how to communicate better between [client #4] and staff members about his emotions. If there is something on his mind that makes him upset, we need to figure out how we can get [client #4] to express his frustrations through words besides running away." There was no</p>			

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	<p>investigation in regards to the incident, and no other corrective action was indicated.</p> <p>f) A BDDS report dated 11/4/13 indicated client #4 was arrested at school after "displaying oppositional behaviors while at school today." The report indicated he had threatened 3 students and a teachers aid, "stating he was going to kill them" for unknown reason. Corrective action indicated the facility was in contact with the police and the jail "to get [client #4] returned to the group home." There was no investigation in regards to the incident, and no other corrective action was indicated.</p> <p>The PD and AD were interviewed on 11/14/13 at 2:35 PM. They indicated there were no additional corrective actions and investigations into the cause and prevention of the incidents of elopement involving client #4.</p> <p>3. Client #2's record was reviewed on 11/14/13 at 12:02 PM. A narrative note dated 10/30/13 indicated "A housemate attacked him hitting him on the face. He hit ...housemate back on the face giving him a bleeding nose. He was very upset when the housemate attacked him." There was no evidence the incident was reported to the administrator, to BDDS, investigated, or corrective action taken.</p> <p>The AD, PD and HM were interviewed on 11/14/13 at 2:35 PM. The PD and AD were unaware of the incident to report it or to</p>			

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	<p>conduct an investigation. The HM indicated he was aware of the incident between client #2 and client #5, but it had not been reported.</p> <p>The facility's Quality and Risk Management policy dated April, 2011 was reviewed on 11/13/13 at 12:55 PM 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 identifying, evaluating and reducing risk to which individuals are exposed." Incidents reported to BDDS included, "Alleged, suspected, or actual abuse, neglect, or exploitation of an individual...Failure to provide appropriate supervision, care or training..."</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 for 1 of 3 sampled clients (#2) and 1 additional client (#5), the facility failed to immediately notify the administrator or Bureau of Developmental Disabilities Services (BDDS) in accordance with state law regarding an incident of physical assault involving clients (#2 and #5).</p> <p>Findings include:</p> <p>Client #2's record was reviewed on 11/14/13 at 12:02 PM. A narrative note dated 10/30/13 indicated "A housemate (client #5) attacked him hitting him on the face. He hit ...housemate back on the face giving him a bleeding nose. He was very upset when the housemate attacked him." There was no evidence the incident was reported to the administrator and to BDDS.</p> <p>The AD (Area Director), PD (Program Director) and HM (House Manager) were interviewed on 11/14/13 at 2:35 PM. The PD and AD were unaware of the incident to report it to BDDS. The HM indicated he was aware of the incident between client #2 and client #5, but it had not been reported.</p>	W000153	<p>Program Director will be retrained on incident reporting. This retraining will include what is considered BDDS reportable and when it should be reported. Ongoing, the Program Director will successfully report all incidents in the future. The Program Director will be retained in the completing follow up procedures when an incident does occur. This can include a team meeting, make changes to the High Risk Plan, or the Behavior Support Plan, or changes in the client's daily routine/activities. The Program Director will be retrained on investigations. This retraining will include what is to be investigated, how to complete the investigations, and when to complete the investigations, as to ensure completion on time. Ongoing, the Program Director will complete all future investigations accurately and on time for all applicable incidents. Ongoing, the Area Director will be notified of all incidents within the 24 hour window, and at the time of the notification, the Program Director will review the recommended</p>	12/25/2013			

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	9-3-2(a)		follow up procedures, and what to include in the investigation, if needed. The Area Director will be kept up to date with all findings as resulted from the investigation within a timely manner, per Indiana MENTOR's policy and procedures. Responsible Party: Home Manager, Program Director, and Area Director		

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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 for 2 of 3 sampled clients (#1, #2) and 2 additional clients (#4 and #5), the facility failed to complete thorough investigations into incidents of elopement and physical assault.</p> <p>Findings include:</p> <p>The facility's reports to the Bureau of Developmental Disabilities Services (BDDS) were reviewed on 11/12/13 at 2:55 PM and included the following:</p> <p>1. A report dated 10/31/13 indicated after client #1 left on the city bus to go to day services client #1's day services staff had notified the group home staff at 9:30 AM, client #1 had not attended the program. After a half an hour of looking for client #1, the day services staff called 911 to file a missing person's report. The house manager called client #1's relatives to notify them of the situation, and at 1:00 PM, client #1's relative called the group home to indicate client #1 was with them. The report indicated client #1 had thought it was OK to leave day program for the day as it was raining, had pedestrian safety skills, and could independently travel on the city bus. There was no evidence of a written investigation into the incident of client #1 missing.</p> <p>2. a) A BDDS report dated 3/9/13 indicated</p>	W000154	<p>Program Director will be retrained on incident reporting. This retraining will include what is considered BDDS reportable and when it should be reported. Ongoing, the Program Director will successfully report all incidents in the future. The Program Director will be retained in the completing follow up procedures when an incident does occur. This can include a team meeting, make changes to the High Risk Plan, or the Behavior Support Plan, or changes in the client's daily routine/activities. The Program Director will be retrained on investigations. This retraining will include what is to be investigated, how to complete the investigations, and when to complete the investigations, as to ensure completion on time. Ongoing, the Program Director will complete all future investigations accurately and on time for all applicable incidents. Ongoing, the Area Director will be notified of all incidents within the 24 hour window, and at the time of the notification, the Program Director will review the recommended follow up procedures, and what to include in the investigation, if needed. The Area Director will be</p>	12/25/2013			

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	<p>client #4 had left the home within eyesight of group home staff after he "appeared to become upset and broke his TV and radio. He also created four holed in walls from kicking the walls of his bedroom," The report indicated staff "assisted" client #4 "in self relaxation." The report indicated an investigation into the incident was conducted. A follow up report dated 5/15/13 indicated client #4's behavior was attention seeking and staff were trained on what to say around client #4 and other clients to keep conversations to be confidential. There was no investigation in regards to the incident.</p> <p>b) A BDDS report dated 4/26/13 client #4 "was having behavioral issues towards staff...while out in the community. Staff determined that it wasn't safe to have [client #4] out in the community, so they brought him back to the group home." Client #4 eloped upon return to the home towards the community park, but was not out of eyesight of staff. Client #4 spit at staff four times until he was calm enough to walk with staff back to the group home. Client #4 then engaged in self injurious behavior resulting in red marks (size and location not specified). The report indicated staff were to monitor the health and safety of client #4. There was no investigation in regards to the incident.</p> <p>c) A BDDS report dated 7/6/13 indicated client #4 became "agitated" when told it was not time to go on an outing, ran out out the door and into the driveway. Staff followed him and "noticed that he was running down</p>		kept up to date with all findings as resulted from the investigation within a timely manner, per Indiana MENTOR's policy and procedures. Responsible Party: Home Manager, Program Director, and Area Director		

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	<p>the street. As there was only one staff on at the time, staff called 911 to report the incident, as indicated in [client #4's] BSP. Staff took the other resident at home at the time in the van and began driving around the neighborhood in an attempt to locate [client #4]. At approximately 6:30 PM, [client #4] was located by police; he was walking on the [pedestrian and biking trail]. Police transported [client #4] back...." Corrective action indicated "staff will continue following [client #4's] BSP, and will continue to intervene as early as possible when [client #4] becomes upset in order to minimize the chances of a repeat incident." There was no investigation in regards to the incident.</p> <p>d) A BDDS report dated 8/27/13 indicated client #4 "got upset at the staff member in the home and eloped." Staff followed client #4 and redirected him home. "An hour later, [client #4] got upset again and eloped from the group home and staff couldn't keep up with [client #4], so staff called 911. Police came to the area and within a couple of minutes of calling the police...they found [client #4]." The report indicated client #4 was returned home after a 10 minute discussion with police. Corrective action indicated "We as an IDT (interdisciplinary team) need to figure out how to communicate better between [client #4] and staff members about his emotions. If there is something on his mind that makes him upset, we need to figure out how we can get [client #4] to express his frustrations through words besides running away." There was no</p>			

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	<p>investigation in regards to the incident.</p> <p>e) A BDDS report dated 11/4/13 indicated client #4 was arrested at school after "displaying oppositional behaviors while at school today." The report indicated he had threatened 3 students and a teachers aid, "stating he was going to kill them" for unknown reason. Corrective action indicated the facility was in contact with the police and the jail "to get [client #4] returned to the group home." There was no investigation in regards to the incident.</p> <p>3. Client #2's record was reviewed on 11/14/13 at 12:02 PM. A narrative note dated 10/30/13 indicated "A housemate (client #5) attacked him hitting him on the face. He hit ...housemate back on the face giving him a bleeding nose. He was very upset when the housemate attacked him." There was no evidence the incident was investigated.</p> <p>The PD (Program Director) and AD (Area Director) were interviewed on 11/14/13 at 2:35 PM. They indicated there were no additional written investigations into the cause and prevention of the incidents of elopement involving client #1 and client #4. The AD and PD indicated they were unaware of the incident of physical assault between clients #2 and #5 and an investigation had not been completed regarding the incident.</p> <p>9-3-2(a)</p>				

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W000157	<p>483.420(d)(4) STAFF TREATMENT OF CLIENTS</p> <p>If the alleged violation is verified, appropriate corrective action must be taken.</p> <p>Based on record review and interview for 1 of 3 sampled clients (#1) and 1 additional client (client #4), the facility failed to develop and implement effective corrective action to address elopement behavior.</p> <p>Findings include:</p> <p>The facility's reports to the Bureau of Developmental Disabilities Services (BDDS) were reviewed on 11/12/13 at 2:55 PM and included the following:</p> <p>1. A report dated 10/31/13 indicated after client #1 left on the city bus to go to day services client #1's day services staff had notified the group home staff at 9:30 AM, client #1 had not attended the program. After a half an hour of looking for client #1, the day services staff called 911 to file a missing person's report. The house manager called client #1's relatives to notify them of the situation, and at 1:00 PM, client #1's relative called the group home to indicate client #1 was with them. The report indicated client #1 had thought it was OK to leave day program for the day as it was raining, had pedestrian safety skills, and could independently travel on the city bus. Corrective action indicated client #1 would be taken by facility van until further notice.</p> <p>Observations were completed at the group</p>	W000157	Client 1 was previously assessed on his ability to ride the public city bus independently. His school program through the Indianapolis Public Schools completed the assessment and found him to be capable of independently completing this task. The Program Director will update Client 1's RMAP and ISP to show that he has been assessed and is able to ride the public transportation independently with a specific procedure in place for ongoing protection and independence. The Program Director will update the Bus Protocol for client 1 to address his independence with riding the city transportation to and from school ongoing. This protocol will also include what to do if the procedure is not followed by client 1, as expected. The team will be involved in this planning as well. The Program Director will be retrained on creating recommendations based on the results of any specific investigation. These recommendations should include a corrective action plan or specification for follow up, based on the specific incident at hand. This retraining will include what protective measure should be put into place, and working with the team to ensure that these are	12/25/2013			

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	<p>home on 11/13/13 from 6:05 AM until 7:45 AM. During the observation, client #1 used profanity at his housemate, stating, "I'm going to kick your a..." At 6:50 AM, client #1 left the group home to get on the city bus by himself after staff #5 followed him to the stop to ensure he got on the bus.</p> <p>Client #1's record was reviewed on 11/13/13 at 10:40 AM. A Behavior Support Plan (BSP) dated 9/17/13 indicated target behaviors for "aggressive outburst, hyperactivity/impulsivity, SIB (self injurious behavior), stealing, lying/manipulative, and elopement." Elopement interventions indicated staff were to stay with client #1 until his return to the group home. There was no evidence of revision to client #1's plan to address his elopement.</p> <p>The Area Director (AD) and Program Director (PD) were interviewed on 11/13/13 at 10:06 AM. When asked about client #1's incident of being missing, he stated "It was raining and he works outside. He took it upon himself to go to [relative's]. We bought him a cell phone to use so we can reach him. When the facts came out, he knew where he was going. We implemented the phone (as corrective action)." When asked how it was determined client #1 was safe to use the bus and travel independently in the community, he stated, "Because history tells us so," and indicated staff at his day service at a local university were waiting on him and would call the group home if client #1 did not appear. He indicated client #1 had been</p>		<p>completed in a timely manner in the least restrictive manner possible. The Program Director will be retained in the completing follow up procedures when an incident does occur. This can include a team meeting, make changes to the High Risk Plan, or the Behavior Support Plan, or changes in the client's daily routine/activities. The Program Director will be retrained on incident reporting. This retraining will include what is considered BDDS reportable and when it should be reported. Ongoing, the Program Director will successfully report all incidents in the future.</p> <p>Ongoing, the Area Director will be notified of all incidents within the 24 hour window, and at the time of the notification, the Program Director will review the recommended follow up procedures, and what to include in the investigation, if needed. The Area Director will be kept up to date with all findings as resulted from the investigation within a timely manner, per Indiana MENTOR's policy and procedures. Responsible Party: Home Manager, Program Director, and Area Director</p>				

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	<p>riding the bus independently when he was admitted to the facility and he had been assessed by the day services as to his ability to ride the bus. He stated, "That was a rough 4 hours, but the facts are he knew where he was going." He indicated client #1's behavior was different in the community than that exhibited at the group home and the client has maladaptive behavior at the group home as he was more comfortable there.</p> <p>The AD and PD were interviewed on 11/13/13 at 1:42 PM. When asked if staff had assessed client #1's ability to use the cell phone, the PD stated, "No." He indicated there was no written protocol in place regarding client #1's bus riding to ensure his safety, and indicated there should be a written protocol when asked. The AD indicated the HM might have more information regarding the procedures for client #1 to ride the bus.</p> <p>Client #1's day services site supervisor was interviewed on 11/13/13 at 11:35 AM. She indicated client #1 was able to ride the bus independently on a known route, but was uncertain as to his ability to find his way should he take an unfamiliar route. She stated client #1 needed "clear expectations," and indicated client #1 sometimes would not be where he was supposed to be while at day services. She indicated client #1 was late by one hour the day before to arrive home.</p> <p>The Area Director provided an undated "Bus Riding Protocol for [client A]" which was</p>			

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	<p>reviewed on 11/13/13 at 3:30 PM. The protocol indicated "on 9/13/13, [client #1] will be independently riding [city bus] to and from the [day service program site] program. This is a standard part of the [program]. [Client #1's] teacher rode the bus to and from [group home] and determined that [client #1] is capable of navigating the bus routes in order to get to and from the program." The protocol indicated client #1's group home staff would ensure client #1 got on the bus to day services in the morning "typically around 7:06 AM" and day service staff would notify the HM (span of time not indicated) if client #1 was not at the transfer station. If client #1 did not arrive home by 3:45 PM ("typically arrives home between 3:00 PM and 3:35 PM"), then the HM would contact day services staff to verify client #1 got on the bus. At that time, group home staff were to contact people in client #1's old community to "keep an eye out for him...At this time, [client #1] not being at [group home] is considered elopement," and indicated staff were to implement his behavior support plan regarding elopement.</p> <p>The AD was interviewed on 11/13/13 at 3:30 PM and indicated client #1 had been late the day before, but the incident was not documented as it was within the hour time frame of the protocol. She indicated the protocol was not part of client #1's record.</p> <p>2. a) A BDDS report dated 3/8/13 indicated client #4 "became upset" because he didn't like the snack options that were provided.</p>			

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	<p>Client #4 "eloped" down the street, but "was never out of sight during the elopement." The report indicated client #4 was "consistently looking back to see where staff was," and walked at a slow pace.</p> <p>An attached investigation dated 3/15/13 indicated a conclusion "Evidence supports [client #4] became upset because he wanted to go on an outing, but instead redirected to clean up after dinner. Evidence supports [client #4] kicking four holes in his bedroom walls, and breaking his TV, MP3 player, and radio. Evidence also supports [client #4] eloping from the group home for a short period of time." There was no corrective action included in the investigation.</p> <p>b) A BDDS report dated 3/9/13 indicated client #4 had left the home within eyesight of group home staff after he "appeared to become upset and broke his TV and radio. He also created four holed in walls from kicking the walls of his bedroom," The report indicated staff "assisted" client #4 "in self relaxation." The report indicated an investigation into the incident was conducted. A follow up report dated 5/15/13 indicated client #4's behavior was attention seeking and staff were trained on what to say around client #4 and other clients to keep conversations to be confidential. There was no other corrective action indicated.</p> <p>c) A BDDS report dated 4/26/13 client #4 "was having behavioral issues towards staff...while out in the community. Staff</p>				

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	<p>determined that it wasn't safe to have [client #4] out in the community, so they brought him back to the group home." Client #4 eloped upon return to the home towards the community park, but was not out of eyesight of staff. Client #4 spit at staff four times until he was calm enough to walk with staff back to the group home. Client #4 then engaged in self injurious behavior resulting in red marks (size and location not specified). The report indicated staff were to monitor the health and safety of client #4. There was no other corrective action indicated.</p> <p>d) A BDDS report dated 7/6/13 indicated client #4 became "agitated" when told it was not time to go on an outing, ran out out the door and into the driveway. Staff followed him and "noticed that he was running down the street. As there was only one staff on at the time, staff called 911 to report the incident, as indicated in [client #4's] BSP. Staff took the other resident at home at the time in the van and began driving around the neighborhood in an attempt to locate [client #4]. At approximately 6:30 PM, [client #4] was located by police; he was walking on the [pedestrian and biking trail]. Police transported [client #4] back...." Corrective action incubated "staff will continue following [client #4's] BSP, and will continue to intervene as early as possible when [client #4] becomes upset in order to minimize the chances of a repeat incident." There was no other corrective action indicated.</p> <p>e) A BDDS report dated 8/27/13 indicated</p>			

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	<p>client #4 "got upset at the staff member in the home and eloped." Staff followed [client #4] and redirected him home. "An hour later, [client #4] got upset again and eloped from the group home and staff couldn't keep up with [client #4], so staff called 911. Police came to the area and within a couple of minutes of calling the police...they found [client #4]." The report indicated client #4 was returned home after a 10 minute discussion with police. Corrective action indicated "We as an IDT (interdisciplinary team) need to figure out how to communicate better between [client #4] and staff members about his emotions. If there is something on his mind that makes him upset, we need to figure out how we can get [client #4] to express his frustrations through words besides running away." There was no other corrective action indicated.</p> <p>f) A BDDS report dated 11/4/13 indicated client #4 was arrested at school after "displaying oppositional behaviors while at school today." The report indicated he had threatened 3 students and a teachers aid, "stating he was going to kill them" for unknown reason. Corrective action indicated the facility was in contact with the police and the jail "to get [client #4] returned to the group home." There was no other corrective action indicated.</p> <p>The PD and AD were interviewed on 11/14/13 at 2:35 PM. They indicated there were no additional corrective action into the cause and prevention of the incidents of</p>						

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	elopement involving clients #1 and #4. 9-3-2(a)				

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W000159	<p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL</p> <p>Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Based upon record review, interview and observation, the QIDP (Qualified Intellectual Disabilities Professional) failed for 1 of 3 sampled clients (client #1) to link, coordinate and develop services by failing to update client #1's assessments in regards to his ability and supervision needs to travel safely in the community, failed to develop a protocol with documented progress to be included in client #1's record to safely use public transportation, and failed to visit client #1's day services to assess his needs and progress in the program.</p> <p>Findings included:</p> <p>The facility's reports to the Bureau of Developmental Disabilities Services (BDDS) were reviewed on 11/12/13 at 2:55 PM and included the following:</p> <p>1. A report dated 10/31/13 indicated after client #1 left on the city bus to go to day services client #1's day services staff had notified the group home staff at 9:30 AM, client #1 had not attended the program. After a half an hour of looking for client #1, the day services staff called 911 to file a missing person's report. The house manager called</p>	W000159	Client 1 was previously assessed on his ability to ride the public city bus independently. His school program through the Indianapolis Public Schools completed the assessment and found him to be capable of independently completing this task. The Program Director will update Client 1's RMAP and ISP to show that he has been assessed and is able to ride the public transportation independently with a specific procedure in place for ongoing protection and independence. The Program Director will update the Bus Protocol for client 1 to address his independence with riding the city transportation to and from school ongoing. This protocol will also include what to do if the procedure is not followed by client 1, as expected. The team will be involved in this planning as well. The Program Director will be retrained on assessing clients appropriately. Ongoing, the Area Director will complete 3 random book reviews for the first 4 weeks in order to ensure that all restrictions are included in the Individualized support plans with a titration plan, and goals for removing the restrictions are in place. After the initial four weeks,	12/25/2013			

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	<p>client #1's relatives to notify them of the situation, and at 1:00 PM, client #1's relative called the group home to indicate client #1 was with them. The report indicated client #1 had thought it was OK to leave day program for the day as it was raining, had pedestrian safety skills, and could independently travel on the city bus. Corrective action indicated client #1 would be taken by facility van until further notice. There was no evidence of an investigation into the incident of client #1 missing.</p> <p>Observations were completed at the group home on 11/13/13 from 6:05 AM until 7:45 AM. During the observation, client #1 used profanity at his housemates, stating, "I'm going to kick your a..." At 6:50 AM, client #1 left the group home to get on the city bus by himself after staff #5 followed him to the stop to ensure he got on the bus.</p> <p>The House Manager (HM) was interviewed on 11/13/13 at 6:55 AM. When asked if client #1 was safe to ride the bus, he indicated staff follow client #1 to ensure he got on the bus and stated, "Yes, he can control his behavior-he is showing off." He indicated client #1 used a city bus the general public used for transportation.</p> <p>Client #1's record was reviewed on 11/13/13 at 10:40 AM. Client #1's 9/17/13 ISP (Individual Support Plan) did not include an objective related to riding the bus. A Risk Management Assessment and Plan dated 7/17/13 indicated his pedestrian safety skills</p>		<p>the Area Director will complete 2 random book reviews per week for 3 weeks. After the follow up three weeks, the Area Director will complete 1 random book review per quarter, as stated in Indiana MENTOR's policy and procedures. Responsible Party: Home Manager, Program Director, and Area Director</p>	

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	<p>placed him at risk, and he needed staff assistance when out in the community in regard to pedestrian safety skills and use of public transportation. The assessment indicated client #1 presents a risk "using reasonable caution w/(with) strangers, relates person I.D. information, exhibits socially acceptable behaviors in public, and demonstrates law abiding behavior." The assessment indicated client #1 presented a risk in the area of busy streets, intersections, ability to remain alone in any environment and "will be monitored 24/7." The assessment indicated client #1 presented a risk in the area of: "defending self against abuse, reports abuse to the appropriate person, behaviors which may provoke abuse by others including consumers." Level of Support Required for Residential Services was marked, "Support person on premises at all times when individual is home." A section "Can be unsupervised in the community for ___ minutes/hours (circle one)" was not marked in regards to client #1's ability to be in the community unsupervised. A Behavior Support Plan (BSP) dated 9/17/13 indicated target behaviors for "aggressive outburst, hyperactivity/impulsivity, SIB (self injurious behavior), stealing, lying/manipulative, and elopement."</p> <p>The Area Director (AD) and Program Director (PD) were interviewed on 11/13/13 at 10:06 AM. When asked about client #1's incident of being missing, he stated "It was raining and he works outside. He took it upon himself to go to [relative's]. We bought him a</p>			

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	<p>cell phone to use so we can reach him. When the facts came out, he knew where he was going. We implemented the phone (as corrective action)." When asked how it was determined client #1 was safe to use the bus and travel independently in the community, he stated, "Because history tells us so," and indicated staff at his day service at a local university were waiting on him and would call the group home if client #1 did not appear. He indicated client #1 had been riding the bus independently when he was admitted to the facility and he had been assessed by the day services as to his ability to ride the bus. He stated, "That was a rough 4 hours, but the facts are he knew where he was going." He indicated client #1's behavior was different in the community than that exhibited at the group home and the client has maladaptive behavior at the group home as he was more comfortable there.</p> <p>The AD and PD were interviewed on 11/13/13 at 1:42 PM. When asked if staff had assessed client #1's ability to use the cell phone, the PD stated, "No." He indicated there was no written protocol in place regarding client #1's bus riding to ensure his safety, and indicated there should be a written protocol when asked. He indicated client #1's initial assessments had been completed using limited knowledge available obtained through BDDS and it had been determined client #1 had independent skills in using transportation, but client #1's assessments had not been updated. He indicated there had been a meeting at client</p>			

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	<p>#1's day service site regarding the incident, but he was not able to attend and had not yet visited client #1's day service program to assess his transition to services though he had attended since 8/13. The AD indicated the HM might have more information regarding the procedures for client #1 to ride the bus. The AD indicated it was the PD's responsibility to update assessments.</p> <p>Client #1's day services site supervisor was interviewed on 11/13/13 at 11:35 AM. She indicated client #1 was able to ride the bus independently on a known route, but was uncertain as to his ability to find his way should he take an unfamiliar route. She stated client #1 needed "clear expectations," and indicated client #1 sometimes would not be where he was supposed to be while at day services. She indicated client #1 was late by one hour the day before to arrive home.</p> <p>The Area Director provided an undated "Bus Riding Protocol for [client A]" which was reviewed on 11/13/13 at 3:30 PM. The protocol indicated "on 9/13/13, [client #1] will be independently riding [city bus] to and from the [day service program site] program. This is a standard part of the [program]. [Client #1's] teacher rode the bus to and from [group home] and determined that [client #1] is capable of navigating the bus routes in order to get to and from the program." The protocol indicated client #1's group home staff would ensure client #1 got on the bus to day services in the morning "typically around 7:06 AM" and day service staff would notify</p>						

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	<p>the HM (span of time not indicated) if client #1 was not at the transfer station. If client #1 did not arrive home by 3:45 PM ("typically arrives home between 3:00 PM and 3:35 PM"), then the HM would contact day services staff to verify client #1 got on the bus. At that time, group home staff were to contact people in client #1's old community to "keep an eye out for him...At this time, [client #1] not being at [group home] is considered elopement," and indicated staff were to implement his behavior support plan regarding elopement.</p> <p>The AD was interviewed on 11/13/13 at 3:30 PM and indicated client #1 had been late the day before, but the incident was not documented as it was within the hour time frame of the protocol. She indicated the protocol was not part of client #1's record.</p> <p>9-3-3(a)</p>			

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W000198	<p>483.440(b)(1) ADMISSIONS, TRANSFERS, DISCHARGE Clients who are admitted by the facility must be in need of and receiving active treatment services.</p> <p>Based on observation, interview, and record review, the facility failed for 1 of 3 sampled clients (client #2) to ensure client #2 required and was in need of continuous and aggressive active treatment.</p> <p>Findings include:</p> <p>During the observation period on 11/12/13 from 5:05 PM until 6:25 PM, client #2 slept in his room. During the observation on 11/13/13 from 6:03 AM until 7:45 AM, client #2 independently got his clothes from the dryer, took a shower, dressed and made breakfast. He waited for the bus with client #3 to go to high school.</p> <p>The Home Manager (HM) was interviewed on 11/12/13 at 5:50 PM. He indicated client #2 sometimes did not eat dinner with the remainder of the clients as scheduled, and client #2 would eat dinner later on after he got up from sleeping.</p> <p>The HM was interviewed again on 11/12/13 at 6:10 PM. He indicated client #2 did not have petty cash in the home as his parents controlled his money. He indicated client #2 had recently begun</p>	W000198	The Area Director and Program Director will ensure that client # 2 and his guardians are assisted with a roommate search and finding appropriate housing for when his budget is ready to move him into a supportive living setting. The Program Director will review each remaining clients' annual assessments to ensure that clients are appropriately placed in the group home setting. All clients will be assessed no less than annually to determine that group home placement is appropriate. Ongoing, the Area Director will complete 3 random book reviews for the first 4 weeks in order to ensure that all restrictions are included in the Individualized support plans with a titration plan, and goals for removing the restrictions are in place. After the initial four weeks, the Area Director will complete 2 random book reviews per week for 3 weeks. After the follow up three weeks, the Area Director will complete 1 random book review per quarter, as stated in Indiana MENTOR's policy and procedures. Responsible Party: Home Manager, Program Director, and Area Director	12/25/2013			

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	<p>receiving an allowance from his work at a local sandwich shop. He indicated client #2 often will do his homework after coming home from school and will take a nap afterwards. He stated client #2 had not slept through dinner "in awhile."</p> <p>Client #2 was interviewed on 11/13/13 at 6:56 AM as he waited for the bus. When asked if he liked school, he stated, "Better than here." He indicated he planned to go to college after high school, and currently worked at a local sandwich shop. He indicated at school he was taking algebra and learning maximum and minimum equations, taking Earth and Space Science, and Theater. When asked what type of work he did at his job, he stated, "Pretty much everything," and indicated he made sandwiches and ran the cash register. He indicated he had been involved in after school activities such as track and football. He indicated he received a gift card from the HM to access money.</p> <p>The facility's reports to the Bureau of Developmental Disabilities Services (BDDS) were reviewed on 11/12/13 at 2:55 PM and included the following:</p> <p>A BDDS report dated 3/29/13 indicated client #2 threw a bowl at client #4 after a "verbal altercation." An attached</p>				

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	<p>investigation into the incident dated 4/2/13 included a statement by client #2 which indicated, "I can't handle his behavior anymore. [Client #4] makes me so mad by the way he treats staff. I don't want staff to get fired for something he did. [Client #4] was about to throw a bowl of gravy towards [staff #5] and I stopped him from doing it. After I stopped him, I threw another bowl and threw it at [client #4]."</p> <p>A BDDS report dated 7/10/13 indicated client #2 "jump (sic) out of the group home bathroom window and eloped. When staff recognized [client #2] was not in bathroom (sic) anymore...all staff could do was call police and start searching the area for him. After 4 1/2 hours of staff and police searching for [client #2] without any luck, [client #2] came back to the group home." The report indicated there would be an IDT (Interdisciplinary Team) meeting to address the incident. A follow up report dated 7/19/13 indicated client #2 left to "walk off his frustrations. [Client #2] is not at risk to himself or to others as he has pedestrian safety skills. It was noted in the IDT meeting (date not specified) that another reason why [client #2] was upset and because he eloped was because he was upset at his mother for putting so many restrictions on him. The outcome of the meeting was to give</p>			

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	<p>[client #2] more opportunity to be more independent within a safe environment. The IDT had conversations [client #2] (sic), feels this was an isolated situation. [Client #2] he did apologize to everyone for elopement and said he would never do this again." Corrective action indicated "The IDT set a quarterly meeting...to continue to track his progression closely as we strive to gain more independence for [client #2]."</p> <p>A BDDS report dated 8/5/13 indicated "After [client #2] got off the phone with his mother, he became aggressively upset at everyone in the home. [Client #2] made threats to staff, made threats to consumers, and also made threats towards his mom. [Client #2] made general verbal threats to everyone in the home that he was going to kill them. He also stated he was going to kill his mom once he gets the chance." The report indicated client #2 threw objects at clients and staff, but no one was hit, and "tried to attack a staff member. The staff member was not injury (sic) in the incident, just used ...blocks to stop the behavior." The report indicated client #2 left the home and ran around the home, and remained on group home property. "At this point, staff called 911, and the police came to the home. When the police came to the home, the behaviors stopped instantly." The report</p>						

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	<p>indicated client #2 then slept all night and went to school without incident. The report indicated there would be an IDT meeting to discuss the incident to review client #2's goals, and client #2's mom was scheduling psychological testing to be obtained to gain further information.</p> <p>Financial records for the clients living at the group home were reviewed on 11/14/13 at 1:20 PM. Client #2 did not have a financial record.</p> <p>The HM (Home Manager) was interviewed on 11/14/13 at 1:20 PM and indicated client #2 had no financial records as his parents controlled his money and provided his access to funds.</p> <p>Client #2's record was reviewed on 11/14/13 at 12:02 PM. The record indicated client #2 had a legal guardian. Client #2's Individual Support Plan dated 9/12/13 and progress data for November 2013 indicated an objective to participate in 30 minutes of physical activity 3 times weekly and documentation indicated he completed the objective independently. Documentation for objectives to wash hair, comb hair, put deodorant on, brush teeth and put non-wrinkled clothes on before school indicated client #2 completed the objectives independently with the exception of wearing non-wrinkled clothing (required verbal</p>						

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	<p>prompts on 5 days). Documentation for an objective to complete laundry (all steps) indicated he completed the skill independently. Documentation to assist in preparing dinner did not indicate data had been collected. Documentation to discuss with staff his school day and what he learned that day indicated client #2 completed the objective independently.</p> <p>Client #2's undated Camelot Behavioral Checklist indicated client #2 was independent in the area of self-help, bathing, hair care, grooming, physical development, hand movements, sensory development, house cleaning, balance, posture, body movements, walking, clothing care, cooking, yard care, car maintenance, operating appliances, work related skills, works alone or with others, job skills, shopping (with the exception of resisting "high pressure sales"), money handling, transportation (bike, bus, taxi, train, plane and subway), travel skills (understand right, left, up and down, recognize policeman as source of help, read addresses, respond to traffic lights and signs, find and use public toilets, read common signs, knows location of local landmarks, ask for and follow directions, knows North, South, East, West, read maps (city, road, bus), can read bus, train, plane schedule), Numerical Skills including multiplying, dividing, and</p>			

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	<p>subtracting, counting backwards from 100. Client #2 was independent in the areas of time, communication, expressive language, reading, writing, use of telephone, social behaviors, participation with the exception of dances, sews, goes camping, playing musical instrument, gardens, plays golf. He was independent in the area of interaction with others, social responsibility, response to emergencies and security.</p> <p>A Psychological Evaluation dated 1/18/10 and 1/25/10 indicated "present findings indicate that [client #2's] overall abilities fall within the borderline range of intelligence," and "symptomatology consistent with Attention Deficit Hyperactivity Disorder-Inattentive Subtype. His difficulty with focused and sustained attention, distractibility, forgetfulness, and memory are all consistent with this diagnosis." The evaluation indicated client #2 was diagnosed with "Mood Disorder-Not otherwise Specified," and indicated client #2 had experienced "bullying" from classmates and required the use of accommodations and modifications for school work in the area of attention weaknesses, such as preferential seating, repeating instructions, giving work in smaller chunks, clarifying and simplifying assignments.</p>						

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	<p>A Behavior Support Plan dated 5/9/13 included target behaviors of resistance to instruction, aggressive outburst (undefined), lying/manipulative behavior, inappropriate social behavior (undefined), teasing/taunting, bossing, and inappropriate gestures (undefined). Client #2's plan did not include the use of medication or physical interventions to address his behaviors, and did include staff reminding him of appropriate interactions, a reinforcement program to earn money for appropriate behavior and to discuss situations in which he is upset with staff. There was no evidence in the plan of psychotropic medications prescribed to treat behavior.</p> <p>The Program Director (PD), Area Director (AD) and Home Manager (HM) were interviewed on 11/14/13 at 2:35 PM. The PD stated client #2 was "Pretty high functioning," though client #2 did not want to learn to cook on a stove. When asked if client #2 was appropriately placed, she indicated client #2's guardian was resistive to a less restrictive environment. She indicated client #2 had a community job with no supports, took algebra, participated on the high school athletic teams and the school play. She indicated client #2 had the ability to do more, but the guardian was concerned</p>			
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	<p>about providing more freedom. She indicated client #2 was working at the sandwich shop and waiting for graduation.</p> <p>The AD was interviewed again on 11/25/13 at 8:15 AM. She indicated client #2's behaviors resulted from frustration with peers or restrictions placed on him by the desire of his legal guardian.</p> <p>9-3-4(a)</p>			

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W000263	<p>483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian.</p> <p>Based on record review and interview, the facility failed to ensure informed consent was obtained for 1 of 3 sampled clients (client #3) with restrictive interventions in his plan (restitution, sharps, chemicals, physical intervention, and psychotropic medication).</p> <p>Findings include:</p> <p>During observations on 11/12/13 from 5:05 PM until 6:25 PM and on 11/13/13 from 6:02 AM until 7:45 AM, sharp implements including knives and scissors, extra food, snacks and house hold chemicals were locked in the pantry and closets as demonstrated by the house manager.</p> <p>Client #3's record was reviewed on 11/13/13 at 4:30 PM. A BSP (Behavior Support Plan) dated 5/23/13 indicated target behaviors of property destruction, vacating, physical aggression, fire setting, wastes food, negative self talk. Interventions included restitution of writing a check to replace property he damaged (amount unspecified), psychotropic medication Abilify 10 mg (milligrams) as a mood stabilizer,</p>	W000263	<p>The Program Director will work with the team to determine if/assess client 3 is able to give informed consent. If client 3 is able to give informed consent, the Program Director will retrieve consent for the behavior support plan and all restrictions that are included. The Program Director will be retrained on informed consent and ensuring that all clients are appropriately assessed and a guardian or Health Care Rep is located when clients are unable to independently. Ongoing, the Area Director will complete 3 random book reviews for the first 4 weeks in order to ensure that all restrictions are included in the Individualized support plans with a titration plan, and goals for removing the restrictions are in place. After the initial four weeks, the Area Director will complete 2 random book reviews per week for 3 weeks. After the follow up three weeks, the Area Director will complete 1 random book review per quarter, as stated in Indiana MENTOR's policy and procedures. Responsible Party: Area Director and Program Director</p>	12/25/2013	

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	<p>Methylphenidate 45 mg for "other" (not specified), and physical holds of facility approved PIA (behavior management system not otherwise specified). Client #3's record indicated he was emancipated. The record did not include informed consent for the restrictions in his plan.</p> <p>The Area Director, Program Director (PD)/QIDP (Qualified Intellectual Disabilities Professional), and House Manager were interviewed on 11/14/13 at 2:35 PM. The AD indicated they would look for informed consent for client #3's plan. No informed consent was provided for client #3's BSP.</p> <p>9-3-4(a)</p>				

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W000286	<p>483.450(b)(3) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR Techniques to manage inappropriate client behavior must never be used for disciplinary purposes. Based upon record review and interview, for 1 of 3 sampled clients (client #3), the facility failed to ensure techniques to address his property destruction was not used as retribution.</p> <p>Findings include:</p> <p>The facility's reports to the Bureau of Developmental Disabilities Services (BDDS) were reviewed on 11/12/13 at 2:55 PM and included the following:</p> <p>A report dated 3/20/13 indicated client #3 "became really upset, slammed the phone on the ground, went into his room and began throwing things in his room. [Client #3] threw an object at his window and broke the window. After [client #3] broke the window he calm (sic) and realized what he did." The report indicated an investigation would be conducted to determine the result of his aggression. A follow up report dated 3/27/13 indicated client #3 was upset with his mother over an incident with staff in which client #3 "dumped cereal over a staff member's head, then wanted to get into a physical altercation with her afterwards. Mom was very displeased with his behavior." Corrective action indicated client #3 "has a restitution plan up to \$10.00. [Client #3] will be</p>	W000286	<p>Client 3 has a behavior support plan to address his target behavior of destroying property. The Program Director will work with the team to determine if/assess client 3 is able to give informed consent on the behavior support plan and the included restitution plan. If client 3 is able to give informed consent, the Program Director will retrieve consent for the behavior support plan and all restrictions that are included. The Program Director will be retrained on informed consent and ensuring that all clients are appropriately assessed and a guardian or Health Care Rep is located when clients are unable to independently. After reviewing client 3's behavior support plan and the restitution plan that it includes, the team decided that it was effective and appropriate. Client 3 did give informed consent for this plan to remain in place. Ongoing, per Indiana MENTOR policy and procedures, all behavior support plans will be approved by the team or the client (when able to give informed consent) and then also approved by the Human Rights Committee annually, and then reviewed no less than quarterly. Changes are</p>	12/25/2013	

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	<p>required to pay \$10.00 of the total amount of the window he broke. [Client #3] will write a check to the amount of \$10.00 and give the check to AD (Area Director) as learning process of being responsible of property destruction and controlling behavior."</p> <p>Client #3's record was reviewed on 11/13/13 at 4:30 PM. Client #3's Risk Management Assessment and Plan dated 8/30/13 indicated client #3 did not present a risk in the area of "associates consequences with actions," but demonstrated a risk in the area of "mental/emotional condition affecting judgement." The plan to reduce risk indicated "Receives medication daily. Behavior Support Plan (BSP) implemented." The assessment indicated client #3 presents a risk in the area of "recognizes mismanagement of finances." A plan to reduce risk indicated "His petty cash account is reconciled at least once weekly. Receipts are obtained for all purchases. Has a training objective to enhance financial independence. "</p> <p>A BSP dated 5/23/13 indicated for the target behavior of property destruction, "Give [client #3] time to cool off and provide minimal attention to him directly following the incident. If [client #3] breaks property that is not his, the program director and/or IDT (interdisciplinary team) will determine if [client #3] was responsible for replacing the cost of the item out of his personal savings account of allowance."</p> <p>Client #3's financial records at the facility</p>		<p>made to the Behavior Support Plan as needed, but no less than annually. Ongoing, the Area Director will complete 3 random book reviews for the first 4 weeks in order to ensure that all restrictions are included in the Individualized support plans with a titration plan, and goals for removing the restrictions are in place. After the initial four weeks, the Area Director will complete 2 random book reviews per week for 3 weeks. After the follow up three weeks, the Area Director will complete 1 random book review per quarter, as stated in Indiana MENTOR's policy and procedures. Responsible Party: Program Director and Home Manager</p>	

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	<p>office were reviewed on 11/14/13 at 1:20 PM. Client #3's October, 2013 ledger indicated two checks in the amount of \$10.00 on 10/10/13 made out to Indiana Mentor. There were no receipts to indicate what was purchased, and the ledger indicated "R" in the section to describe what was purchased. An entry in the January, 2013 ledger indicated a \$10.00 check with a ? mark in the section as to who the check was paid to, and a ? in the description of the purchase.</p> <p>The House Manager (HM) was interviewed on 11/14/13 at 1:20 PM and indicated client #3 had a plan for restitution up to \$10 to replace damage to the group home in his plan and the entries marked R indicated client #3 had provided a check for restitution for property damage.</p> <p>The Area Director (AD), Program Director (PD), and HM were interviewed on 11/14/13 at 2:35 PM. The AD stated the facility used restitution "for a lot of clients," and indicated there were no policy and procedures regarding the practice. She stated, "We've been doing it (requiring client #3 to pay restitution)" and indicated client #3 did not like to write a check to repay Indiana Mentor for damages.</p> <p>9-3-5(a)</p>						

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W000289	<p>483.450(b)(4) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR</p> <p>The use of systematic interventions to manage inappropriate client behavior must be incorporated into the client's individual program plan, in accordance with §483.440(c)(4) and (5) of this subpart. Based on interview and record review for 2 of 3 sampled clients (clients #1 and #3), the facility failed to ensure specific intervention strategies were written in the behavioral intervention plan.</p> <p>Findings included:</p> <ol style="list-style-type: none"> Client #1's record was reviewed on 11/13/13 at 10:40 AM. A Behavior Support Plan (BSP) dated 9/17/13 indicated target behaviors for "aggressive outburst, hyperactivity/impulsivity, SIB (self injurious behavior), stealing, lying/manipulative, and elopement." Interventions for aggressive outburst included, If the outburst continues to escalate and he appears that he may cause injuries that would require first aid or medical treatment, intervene using Indiana Mentor-approved PIA (physical intervention techniques) to stop the behaviors." There was no indication of what holds were to be used or a hierarchy of their use. Client #3's record was reviewed on 11/13/13 at 4:30 PM. A BSP dated 5/23/13 indicated for the target behavior of property destruction, "If needed, use Indiana Mentor-approved PIA to prevent injury." 	W000289	<p>The Program Director will review all client's behavior support plans of which include the company approved use of 'PIA' (Physical Intervention Alternatives). The Behavior Specialist, Program Director, and appropriate teams will work together to specify all physical interventions that may be used on each client in particular. Once the Behavior Support Plans are updated appropriately, the Program Director will seek the Human Rights Committee approval and retrain all staff on the changes. Ongoing, the behavior specialists will include specific PIA techniques into each plan where physical intervention may be needed. Ongoing, the Area Director will complete 3 random book reviews for the first 4 weeks. After the initial four weeks, the Area Director will complete 2 random book reviews per week for 3 weeks. After the follow up three weeks, the Area Director will complete 1 random book review per quarter, as stated in Indiana MENTOR's policy and procedures. Responsible Party: Area Director, Program Director</p>	12/25/2013	

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	<p>There was no indication of what holds were to be used or a hierarchy of their use.</p> <p>The Area Director, Program Director (PD)/ QIDP (Qualified Intellectual Disabilities Professional), and House Manager were interviewed on 11/14/13 at 2:35 PM. The AD indicated the facility had never specified what type of physical restraints or a hierarchy of their use in client plans.</p> <p>9-3-5(a)</p>			

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W000331	<p>483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs.</p> <p>Based on record review and interview, the facility's nursing services failed for 1 of 3 sampled clients (client #3) to ensure the medication label matched the medication administration record (MAR) and failed to ensure 1 additional client's (client #5) record included a November 2013 MAR to record medication administration.</p> <p>Findings include:</p> <p>Medication administration was observed at the group home on 11/13/13 at 6:30 AM. Client #3 received 18 mg (milligrams) of Concerta (Attention Deficit/Hyperactivity Disorder) during the observation. The label on the medication indicated client #3 was to receive 18 mg with 27 mg every morning. Client #5 received Seroquel (anti-psychotic) 100 mg, Glucophage HCL (hydrochloride) (Metformin) 500 mg for diabetes, Benztropine MES (mesylate) 1 mg for side effects, Lamictal 50 mg for seizures, and Depakote ER (extended release) 500 mg (seizures).</p> <p>Client #3's November, 2013 MAR was reviewed on 11/13/13 at 7:05 AM. The MAR indicated Concerta "with 27 mg"</p>	W000331	<p>The Program Nurse will receive corrective action for the lack of Medication Administration Records for all clients. The Program Nurse will be retrained on ensuring that the Medication Administration Records are in the home at all times and are correct in order to ensure that medication administration is completed correctly via the direct care staff.</p> <p>The Home Manager, Program Nurse, and/or Program Director will review the medication administration records (MARs) no less than every Monday, Wednesday, and Friday for the first 4 weeks. After the 4 initial weeks and ongoing, the Home Manager, Program Nurse, and/or Program Director will review the MARs randomly, no less than 2 times per week, per Indiana MENTOR policy and procedure for documentation review. In addition to the book audits that will be completed by the Clinical Supervisor and/or the Area Director, the Program Nurse will implement the Weekly/Monthly Nursing Progress Report. This report was designed to assist nursing staff with ensuring that all weekly, bi-weekly, and monthly duties are completed and on time. For the first 4 weeks, the Area Director and/or Clinical Supervisor will meet with the</p>	12/25/2013			

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	<p>was crossed out.</p> <p>Client #5's MAR was reviewed on 11/13/13 at 7:05 AM. The MAR included two sheets with a handwritten note "No MARs for all the guys for the month of November, 2013" at the top of the first page. The sheets included handwritten documentation client #3's "meds (medications)" were given (without specifying medication or dosage) at the time the medication was given along with the staff's initials.</p> <p>The Area Director (AD) was interviewed on 11/14/13 at 2:35 AM. The AD indicated the label on the medication should match the MAR and physician's orders and the clients should all have MARs in their record to record medication administration. She indicated she had taken steps to rectify the issues with the nursing supervisor.</p> <p>9-3-6(a)</p>		<p>Program Nurse once a week during a scheduled meeting to review the 'Weekly/Monthly Nursing Progress Report' that is in progress. This will be a designated meeting to discuss what the nurse has accomplished, what is still left to do, and to assist in creating a work plan to get all left over items accomplished. After the first initial 4 weeks, the Area Director and/or clinical supervisor will meet with the Program Nurse once every 2 weeks to continue to review the 'Weekly/Monthly Nursing Progress Report' that is in progress at the time. This will continue for 4 additional weeks. Following the follow up 4 weeks, the Area Director and/or Clinical Supervisor will continue to meet with the Program Nurse no less than once a month. This meeting will consist of continuing to review the ongoing 'Weekly/Monthly Nursing Progress Report' that is in progress at the time. Ongoing, the Program Nurse will continue to utilize the 'Weekly/Monthly Nursing Progress Report', and turn it in at the beginning of the following month to be reviewed by the Area Director and/or Clinical Supervisor for any further follow up that may need to be completed or discussed. Responsible Party: Program Nurse, Home Manager, Program Director, Area Director, and Clinical Supervisor</p>		

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W000368	<p>483.460(k)(1) DRUG ADMINISTRATION The system for drug administration must assure that all drugs are administered in compliance with the physician's orders.</p> <p>Based upon record review and interview for 1 of 3 sampled clients (client #3), and 1 additional client (client #5), the facility failed to ensure medications were administered as indicated in physician's orders.</p> <p>Findings include:</p> <p>The facility's reports to the Bureau of Developmental Disabilities Services (BDDS) were reviewed on 11/12/13 at 2:55 PM and included the following:</p> <p>1. A BDDS report dated /7/2/13 client #3 did not receive his Concerta (dosage not indicated) for Attention Deficit/Hyperactivity Disorder from 7/1/13-7/12/13 as "the pharmacy stated they did not have the required documentation from Indiana Mentor to release meds (medications) to us." The report indicated Indiana Mentor did have the required documentation to show the information was provided to the pharmacy and the pharmacy delivered his Concerta on 7/13/13. The report indicated Indiana Mentor and the pharmacy were working together to resolve the issue so it</p>	W000368	<p>The Program Nurse will be retrained on reviewing all client Physician orders and Medication Administration Records for accuracy. All staff were retrained at the time of the incident on medication administration, and reporting missing, inaccurate, and incorrect medications as they become aware. The Home Manager was retained on ordering medications appropriately from the pharmacy as needed to ensure timely delivery. Ongoing, the Williams' Brother's Pharmacy conducts quarterly audits to ensure that all errors are addressed and corrected. Ongoing, the Program Nurse and/or Home Manager will complete random audits of the med cabinets to ensure that all appropriate medications are in the house as needed and prescribed. Responsible Party: Home Manager and Program Nurse, and Pharmacy Personnel</p>	12/25/2013	

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	<p>did not occur again and the Program Director (PD) and Home Manager (HM) had daily interactions to resolve the issue, and client #3 had no side effects from the missed medication.</p> <p>2. A BDDS report dated 8/17/13 indicated client #4 did not receive his morning medications (medications not specified) as staff "forgot." The report indicated staff were retrained on the medication error.</p> <p>The Area Director (AD) was interviewed on 10/14/13 at 2:35 PM. She indicated staff had been retrained on administering medications to address the medication errors.</p> <p>9-3-6(a)</p>			

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W000440	<p>483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills at least quarterly for each shift of personnel. Based on record review and interview, the facility failed for 3 of 3 sampled clients (#1, #2 and #3), and 2 additional clients (#4 and #5), to ensure an evacuation drill was conducted quarterly for the day shift of personnel on the overnight shift.</p> <p>Findings include:</p> <p>The facility's evacuation drills were reviewed on 11/12/13 at 6:10 PM. The review indicated the facility had failed to conduct evacuation drills for clients #1, #2, #3, #4 and #5 for the overnight shift from 3/11/13 until 9/14/13.</p> <p>The Home Manager (HM) was interviewed on 11/12/13 at 6:20 PM. The HM indicated there were no drills during the overnight shift from 3/11/13 until 9/14/13.</p> <p>9-3-7(a)</p>	W000440	The Direct Support Staff will be retrained on Indiana MENTOR's policy and Procedures for completing the monthly fire drills. The Home Manager and/or Program Director will work together to ensure that all staff have access to Indiana MENTOR's schedule for all expected fire drill dates and times. The Home Manager and/or Program Director will review all completed fire drills to ensure that they are completed correctly, at the right time, on the right day, and within the right timeframe, among other things. Responsible Party: Home Manager and/or Program Director	12/25/2013	