STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G807	A. BUILDING 00 B. WING	05/04/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMMUNITY ALTERNATIVES ADEPT	213 W WATER ST CENTERVILLE, IN 47330

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 0000 Bldg. 00	This visit was for a post certification revisit (PCR) to the predetermined full recertification and state licensure survey completed on 3/12/21. Survey Dates: May 3 and 4, 2021. Facility Number: 012632 Provider Number: 15G807 AIMS Number: 201065000 These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 5/14/21.	W 0000		
W 0125 Bldg. 00	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. Based on record review and interview for 1 of 2 sampled clients (#1), the facility failed to ensure client #1 had the right to due process in regard to accessing the internet. Findings include: On 5/3/21 at 4:25 PM, client #1 was interviewed in person. Client #1 stated, "I still can't get on the internet. I can't use my tablet because I can't get on the internet". Client #1 indicated she would like to be able to use her tablet on the internet to play games.	W 0125	**CORRECTION:** *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.* Specifically, the QIDP manager will assure that the QIDP conducts an interdisciplinary team meeting,	06/03/2021

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G807	A. BUILDING 00 B. WING	05/04/2021

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	Client #1's record was reviewed on 5/3/21 at 3:00 PM. Client #1's record did not indicate client #1 should be restricted from the internet. The record indicated an IDT (interdisciplinary team) meeting was held on 4/30/21 and client #1's internet access was not discussed. On 5/3/21 at 4:50 PM, the QIDP (Qualified Intellectual Disabilities Professional), the AS (Area Supervisor) and the BC (Behavior Clinician) were interviewed. When asked if an IDT meeting was held to discuss client #1's restriction to the internet, the QIDP stated, "I don't know anything about an IDT meeting. We have her quarterly tomorrow so we can discuss it". The QIDP indicated he wasn't aware the plan of correction indicated an IDT meeting would be scheduled to discuss the restriction. The BC stated, "Her aunt (guardian) wants the internet restricted because she doesn't have the capacity to know not to contact strangers". The BC indicated the restriction was not part of client #1's BSP (behavior support plan). The QIDP, AS and the BC indicated client #1 had a tablet, but she didn't have full use of it due to not having access to the internet. This deficiency was cited on 3/12/21. The facility failed to implement a systemic plan of correction to prevent reoccurrence. 9-3-2(a)		including participation by the guardian, to assess the need for internet restrictions for client #1, and if the team consensually agrees the restriction is indicated, the QIDP will obtain written informed consent from the guardian and the approval of the human rights committee. If the team determines the internet restriction is not needed to maintain client #1's safety, the restriction will be lifted. **PREVENTION:** The QIDP will be retrained regarding the need to assure due process occurs before the interdisciplinary team implements restrictive practices and that clients' guardians need to consider input from clients regarding life changing decisions. Members of the Operations Team (comprised of the Executive Director, Operations Managers, Program Managers, Quality Assurance Manager, QIDP Manager, QIDP, Quality Assurance Coordinators, Area Supervisors, Nurse Manager and Assistant Nurse Manager) will conduct administrative monitoring during varied shifts/times, to assure interaction with multiple staff, involved in a full range of active treatment scenarios, no less than twice weekly until all staff demonstrate competence. After this period of enhanced administrative monitoring and	

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			support, the Executive Director and Regional Director will determine the level of ongoing support needed at the facility. · The role of the administrative monitor is not simply to observe & Report. · When opportunities for training are observed, the monitor must step in and provide the training and document it. · If gaps in active treatment are observed the monitor is expected to step in, and model the appropriate provision of supports. · Assuring the health and safety of individuals receiving supports at the time of the observation is the top priority. · Review all relevant documentation, providing documented coaching and training as needed. Administrative oversight will include reviewing restrictive practices to assure due process occurs prior to implementation. **RESPONSIBLE PARTIES:** QIDP, Area Supervisor, Residential Manager, Direct Support Staff, Operations Team, Regional Director	
W 0157 Bldg. 00	483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken. Based on observation, record review and interview for 5 of 19 BDDS (Bureau of Developmental Disabilities Services) reports	W 0157	**CORRECTION:** *If the alleged violation is verified, appropriate corrective action*	06/03/2021

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	15G807	A. BUILDING 00 B. WING	05/04/2021

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	reviewed for 1 of 2 sampled clients (#2), the facility failed to initiate effective corrective measures to address client #2's continued episodes of wrapping items around her neck (SIB/self injurious behavior) during behavioral episodes. Findings include: On 5/3/21 at 4:35 PM client #2 was interviewed. Client #2's left arm had a 4" (inch) scab surrounded by a dark colored bruise. Client #2 stated, "I did it myself last night". Client #2 indicated she scratched her arm with her fingernails and the bruise was from her banging her arm against the wall and door frame. Client #2 stated, "I like pain. It feels good". Client #2 indicated all of her stuff was removed from her bedroom due to her continuing to hurt herself. Client #2 stated, "My guardian said to do it (remove her belongings from her room)". Client #2 showed the surveyor her bedroom and it contained a bed with a blanket. The facility's incident/investigative reports were reviewed on 5/3/21 at 12:30 PM and indicated the following: A BDDS (Bureau of Developmental Disabilities Services) report dated 3/23/21 indicated, "...On 3/22/21, staff had noticed the velcro on [client #2's] door was peeled off. Staff asked [client #2] about it and she denied tearing off the velcro. [Client #2] then went to the bathroom and flushed the velcro down the toilet. Staff verbally redirected [client #2], and she laughed at staff. After taking her medication, [client #2] was in her bedroom making tapping sounds. Staff checked and [client #2] was tapping at the wall in her closet creating holes with a marker. [Client		*must be taken.* Specifically, the following protective measures are in place for client #2: The Behavioral Clinician has updated client #2's Behavior Support Plan to specifically address preventing client #2 from tying items around her neck during episodes of aberrant behavior. All facility staff will receive formal retraining toward effective and consistent implementation of client #2's Behavior Support Plan and the Behavioral Clinician will be on site, at the facility, no less than ten hours per week, providing hands on coaching and assessing the effectiveness of current supports and revising them as needed. **PREVENTION:** When incidents occur, The QIDP Manager will coordinate with the trained investigator and QIDP, through the investigation and corrective measure implementation process, providing follow-up as needed but no less than daily. Additionally, the Quality Assurance Manager and QIDP Manager will follow-up with administrative level program staff (Program Manager and Operations Manager). A management staff will be present, supervising active treatment during no less than five active treatment sessions per week, on varied shifts to assist	

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	#2] gave staff the marker and began pulling on her necklace. [Client #2] then spit at staff and became verbally aggressive. [Client #2] took a long sleeve shirt and wrapped it around her neck stating, let me die. Staff followed her support plan and swept her bedroom for safety. Staff encouraged [client #2] to utilize her coping skills and she became physically aggressive toward staff. [Client #2] attempted to scratch herself and staff blocked while placing on her mitts for safety. [Client #2] went to the floor and began flopping around on the floor attempting to hit her head. Staff blocked and applied her helmet. [Client #2] remained agitated crawling around the floor while staff continued to encourage her to utilize her coping skills. [Client #2] talked to staff one to one and calmed. Staff removed her helmet and mitts, and [client #2] went to sleep with no further issues...." A 3/27/21 BDDS report indicated, "...On 3/26/21, [client #2] became agitated when prompted to receive her medication, asking for different staff to pass her medication to her. [Client #2] began opening and closing drawers in the medication room, ignoring staff's verbal redirection. [Client #2] took her medication and became verbally aggressive. [Client #2] then became physically aggressive attempting to hit and kick staff. Staff blocked and backed away. Staff continued to encourage [client #2] to utilize her coping skills. [Client #2] talked to staff and tore off decorations causing paint and drywall paper to separate from the wall. [Client #2] removed some velcro and laid on the floor asking staff to sit on her. Staff requested the velcro and [client #2] rolled around on the floor and flopped around. [Client #2] stated she was going to run so they have to touch her. [Client #2]		with assuring staff implement behavior supports and protective measures as written. Members of the Operations Team (comprised of the Executive Director, Operations Managers, Program Managers, Quality Assurance Manager, QIDP Manager, QIDP, Quality Assurance Coordinators, Area Supervisors, Nurse Manager and Assistant Nurse Manager) will conduct administrative monitoring during varied shifts/times, to assure interaction with multiple staff, involved in a full range of active treatment scenarios, no less than twice weekly until all staff demonstrate competence. After this period of enhanced administrative monitoring and support, the Executive Director and Regional Director will determine the level of ongoing support needed at the facility. · The role of the administrative monitor is not simply to observe & Report. · When opportunities for training are observed, the monitor must step in and provide the training and document it. · If gaps in active treatment are observed the monitor is expected to step in, and model the appropriate provision of supports. · Assuring the health and safety of individuals receiving supports at the time of the observation is the top priority. · Review all relevant	

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	continued to ignore staff and used the hood on her shirt to cover her head and tighten the strings on her shirt to choke herself. Staff blocked and her bedroom was swept for safety per her Behavior Support Plan. [Client #2] eventually took deep breaths and counted with staff. [Client #2] handed staff the velcro and asked for her weighted blanket. [Client #2] calmed and went to sleep with no further issues...." A 4/10/21 BDDS report indicated, "...On 4/9/21, [client #2] informed staff she was going to attack a housemate on Monday when she returns. Staff encouraged her to utilize her coping skills and she became verbally aggressive. [Client #2] went to her bedroom and began throwing belongings. [Client #2] went under her covers and began to scratch herself. Staff removed the blanket and she stopped. [Client #2] attempted to leave the bedroom while yelling at housemate and staff blocked. [Client #2] sat back on her bed, spit at staff and bit her arms. Staff blocked and [client #2] remained verbally aggressive and continued throwing her belongings on the floor. [Client #2] hit the window open palm and staff blocked further attempts. [Client #2] took a pair of her pants and wrapped around her throat. Staff blocked and swept [client #2's] room per her behavior support plan for safety. [Client #2] attempted to hit and kick staff. Staff stepped back avoiding contact. [Client #2] sat in her bed yelling at intervals for two hours. [Client #2] eventually fell asleep with no further issues...." A 4/20/21 BDDS report indicated, "...On 4/19/21, [client #2] became agitated when staff placed her mattress back in the frame. [Client #2] took her tablet charger cord and		documentation, providing documented coaching and training as needed. Administrative oversight will include: assuring behavior supports and protective measures are in place and implemented as written. **RESPONSIBLE PARTIES:** QIDP, Area Supervisor, Residential Manager, Direct Support Staff, Operations Team, Regional Director	

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	wrapped it around her throat. Staff removed the cord and [client #2] laughed while starting to hit her feet on the floor. Staff placed a mat underneath to block and [client #2] scooted away. [Client #2] began to flop her upper body on the floor and against the wall. Staff placed the mat under her and she attempted to hit her head. Staff blocked and applied her helmet for safety. [Client #2] began to pinch herself while stating she is going to tell people that 'you hit me and left bruises on my arms'. Staff applied her mitts for safety. [Client #2] started to attempt to kick staff and was placed into a 2 person You're Safe I'm Safe hold. Staff continued to encourage [client #2] to utilize her coping skills who ignored and stated 'I'm going to lie and get you fired'. After several minutes, [client #2] began to calm and the hold was released. [Client #2] remained calm for 15 minutes and staff removed her helmet and mitts. Moments later, [client #2] attempted to open her window and staff blocked. [Client #2] laid on the floor flopping around threatening to hit a housemate. [Client #2] reengaged in self-injurious behavior pinching herself. Staff blocked and [client #2] ripped the padding on her wall. Staff blocked and [client #2] was physically aggressive. [Client #2] laid still for several minutes and reengaged in self-injurious behavior and physical aggression two more times. Staff reapplied her helmet and mitts, and [client #2] was placed into a one person You're Safe I'm Safe hold for safety. Once calm the hold was released. [Client #2] then laid on her bed, and did deep breathing and counting with staff. [client #2] remained calm with no further issues...."			

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	A 4/24/21 BDDS report indicated, "...On 4/23/21, [client #2] reported to her Behavioral Counselor that she had been engaging in self injurious behavior. [Client #2] showed injuries on her left forearm and right thigh. Later in the afternoon, [client #2] became frustrated with a housemate and went to her bedroom. Staff overheard [client #2] state 'This is why I cut myself, I'm going to cut myself right now'. Staff observed [client #2] as she sat in her closet and encouraged her to utilize her coping skills. [Client #2] began to kick the walls and when staff placed mats for protection, she began to bite herself. Staff blocked and she became physically aggressive attempting to hit, kick and punch staff. Staff backed away and [client #2] began to hit and her face. Staff blocked and applied her mitts. [Client #2] tapped her head on the floor and staff applied her helmet for safety. [Client #2] flopped around hitting her legs and arms against the wall and when staff would block, she would attempt to hit and kick staff. Staff placed her into a 2-person You're Safe I'm Safe hold for safety. Once calm the hold was released. After 30 minutes [client #2] calmed, and staff removed her helmet and mitts, but [client #2] began biting herself and staff blocked. [Client #2] calmed for several minutes. [Client #2] changed into her pajamas and when staff checked on her noticed she defecated on the floor and then grabbed her helmet. She began to choke herself with the strap. Staff blocked and [client #2] attempted to head strike. Staff blocked and applied her helmet again. Staff reapplied her mitts also and [client #2] screamed for over 45 minutes. [Client #2] eventually talked to staff one to one. Staff removed her helmet and mitts. [client #2] went to bed with no further issues...." A review of the BDDS reports indicated			

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	15G807	A. BUILDING 00 B. WING	05/04/2021

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	effective corrective measures were not in place to prevent incidents of client #2 wrapping items around her neck during behavior episodes. On 5/3/21 at 2:15 PM, the BC was interviewed and she stated, "She is not supposed to have access to lanyards and cords. She has manipulated staff into not following her plan". The BC indicated client #2 should not have access to lanyards, belts, shoe laces, anything she can use to wrap around her neck. The BC indicated client #2's bedroom should be checked during and after behaviors to ensure there's nothing in the room she could use to harm herself. The BC indicated the restriction had been in place since January when she moved into the group home. The BC indicated staff needed to be retrained on client #2's BSP. The BC indicated there had been 3 recent IDT (interdisciplinary team) meetings and client #2's BSP was updated, but it had not been finalized yet. The surveyor requested a copy of the updated BSP and IDT. The BC indicated she would send the items this evening (5/3/21). On 5/3/21 at 4:50 PM, the QIDP, the AS and the BC were interviewed. The QIDP and the AS indicated corrective measures were not put in place to assist with preventing client #2 from wrapping items around her neck during behavioral episodes. On 5/4/21 at 8:14 AM, the surveyor sent a text message to the BC requesting client #2's updated BSP and IDT notes. At 8:17 AM the BC responded, "Yes. I can and will send them along. I had a call from a client's parent that took up my evening and by the time I returned home, I could barely see straight. I'm traveling to [city] now and will email everything once I get to the site". The			

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	15G807	A. BUILDING 00 B. WING	05/04/2021

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	documents were not provided. 9-3-2(a)			
W 0249 Bldg. 00	483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. Based on observation, record review and interview, for 1 of 2 sampled clients (#2), the facility failed to implement client #2's BSP (behavior support plan) to prevent behavioral incidents where client #2 wrapped items around her neck. Findings include: On 5/3/21 at 4:35 PM client #2 was interviewed. Client #2's left arm had a 4" (inch) scab surrounded by a dark colored bruise. Client #2 stated, "I did it myself last night". Client #2 indicated she scratched her arm with her fingernails and the bruise was from her banging her arm against the wall and door frame. Client #2 stated, "I like pain. It feels good". Client #2 indicated all of her stuff was removed from her bedroom due to her continuing to hurt herself. Client #2 stated, "My guardian said to do it (remove her belongings from her room)". Client #2 showed the surveyor her bedroom and it contained a bed with a blanket. The facility's incident/investigative reports were reviewed on 5/3/21 at 12:30 PM and indicated	W 0249	**CORRECTION:** *As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.* Specifically, all facility staff will receive formal retraining toward effective and consistent implementation of client #2's Behavior Support Plan and the Behavioral Clinician will be on site, at the facility, no less than ten hours per week, providing hands on coaching and assessing the effectiveness of current supports and revising them as needed. **PREVENTION:** The facility's QIDP will be trained	06/03/2021

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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	the following: A BDDS (Bureau of Developmental Disabilities Services) report dated 3/23/21 indicated, "...On 3/22/21, staff had noticed the velcro on [client #2's] door was peeled off. Staff asked [client #2] about it and she denied tearing off the velcro. [Client #2] then went to the bathroom and flushed the velcro down the toilet. Staff verbally redirected [client #2], and she laughed at staff. After taking her medication, [client #2] was in her bedroom making tapping sounds. Staff checked and [client #2] was tapping at the wall in her closet creating holes with a marker. [Client #2] gave staff the marker and began pulling on her necklace. [Client #2] then spit at staff and became verbally aggressive. [Client #2] took a long sleeve shirt and wrapped it around her neck stating, let me die. Staff followed her support plan and swept her bedroom for safety. Staff encouraged [client #2] to utilize her coping skills and she became physically aggressive toward staff. [Client #2] attempted to scratch herself and staff blocked while placing on her mitts for safety. [Client #2] went to the floor and began flopping around on the floor attempting to hit her head. Staff blocked and applied her helmet. [Client #2] remained agitated crawling around the floor while staff continued to encourage her to utilize her coping skills. [Client #2] talked to staff one to one and calmed. Staff removed her helmet and mitts, and [client #2] went to sleep with no further issues...." A 3/27/21 BDDS report indicated, "...On 3/26/21, [client #2] became agitated when prompted to receive her medication, asking for different staff to pass her medication to her. [Client #2] began opening and closing drawers in the medication room, ignoring staff's		regarding the need to assure aggressive and consistent implementation of active treatment for all clients, including but not limited to implementation of dining plans. A management staff will be present, supervising active treatment during no less than five active treatment sessions per week, on varied shifts to assist with and monitor implementation of active treatment including but not limited to assuring staff implement behavior supports as written. Members of the Operations Team (comprised of the Executive Director, Operations Managers, Program Managers, Quality Assurance Manager, QIDP Manager, QIDP, Quality Assurance Coordinators, Area Supervisors, Nurse Manager and Assistant Nurse Manager) will conduct administrative monitoring during varied shifts/times, to assure interaction with multiple staff, involved in a full range of active treatment scenarios, no less than twice weekly until all staff demonstrate competence. After this period of enhanced administrative monitoring and support, the Executive Director and Regional Director will determine the level of ongoing support needed at the facility. Administrative Monitoring is defined as follows: · The role of the	

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	15G807	A. BUILDING 00 B. WING	05/04/2021

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	verbal redirection. [Client #2] took her medication and became verbally aggressive. [Client #2] then became physically aggressive attempting to hit and kick staff. Staff blocked and backed away. Staff continued to encourage [client #2] to utilize her coping skills. [Client #2] talked to staff and tore off decorations causing paint and drywall paper to separate from the wall. [Client #2] removed some velcro and laid on the floor asking staff to sit on her. Staff requested the velcro and [client #2] rolled around on the floor and flopped around. [Client #2] stated she was going to run so they have to touch her. [Client #2] continued to ignore staff and used the hood on her shirt to cover her head and tighten the strings on her shirt to choke herself. Staff blocked and her bedroom was swept for safety per her Behavior Support Plan. [Client #2] eventually took deep breaths and counted with staff. [Client #2] handed staff the velcro and asked for her weighted blanket. [Client #2] calmed and went to sleep with no further issues...." A 4/10/21 BDDS report indicated, "...On 4/9/21, [client #2] informed staff she was going to attack a housemate on Monday when she returns. Staff encouraged her to utilize her coping skills and she became verbally aggressive. [Client #2] went to her bedroom and began throwing belongings. [Client #2] went under her covers and began to scratch herself. Staff removed the blanket and she stopped. [Client #2] attempted to leave the bedroom while yelling at housemate and staff blocked. [Client #2] sat back on her bed, spit at staff and bit her arms. Staff blocked and [client #2] remained verbally aggressive and continued throwing her belongings on the floor. [Client #2]		administrative monitor is not simply to observe & Report. · When opportunities for training are observed, the monitor must step in and provide the training and document it. · If gaps in active treatment are observed the monitor is expected to step in, and model the appropriate provision of supports. · Assuring the health and safety of individuals receiving supports at the time of the observation is the top priority. · Review all relevant documentation, providing documented coaching and training as needed Administrative support at the home will include assuring staff provide continuous active treatment, including but not limited to implementation of behavior supports. **RESPONSIBLE PARTIES:** QIDP, Residential Manager, Direct Support Staff, Operations Team, Regional Director	

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	15G807	A. BUILDING 00 B. WING	05/04/2021

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	hit the window open palm and staff blocked further attempts. [Client #2] took a pair of her pants and wrapped around her throat. Staff blocked and swept [client #2's] room per her behavior support plan for safety. [Client #2] attempted to hit and kick staff. Staff stepped back avoiding contact. [Client #2] sat in her bed yelling at intervals for two hours. [Client #2] eventually fell asleep with no further issues...." A 4/20/21 BDDS report indicated, "...On 4/19/21, [client #2] became agitated when staff placed her mattress back in the frame. [Client #2] took her tablet charger cord and wrapped it around her throat. Staff removed the cord and [client #2] laughed while starting to hit her feet on the floor. Staff placed a mat underneath to block and [client #2] scooted away. [Client #2] began to flop her upper body on the floor and against the wall. Staff placed the mat under her and she attempted to hit her head. Staff blocked and applied her helmet for safety. [Client #2] began to pinch herself while stating she is going to tell people that 'you hit me and left bruises on my arms'. Staff applied her mitts for safety. [Client #2] started to attempt to kick staff and was placed into a 2 person You're Safe I'm Safe hold. Staff continued to encourage [client #2] to utilize her coping skills who ignored and stated 'I'm going to lie and get you fired'. After several minutes, [client #2] began to calm and the hold was released. [Client #2] remained calm for 15 minutes and staff removed her helmet and mitts. Moments later, [client #2] attempted to open her window and staff blocked. [Client #2] laid on the floor flopping around threatening to hit a housemate. [Client #2] reengaged in self-injurious behavior pinching			

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	herself. Staff blocked and [client #2] ripped the padding on her wall. Staff blocked and [client #2] was physically aggressive. [Client #2] laid still for several minutes and reengaged in self-injurious behavior and physical aggression two more times. Staff reapplied her helmet and mitts, and [client #2] was placed into a one person You're Safe I'm Safe hold for safety. Once calm the hold was released. [Client #2] then laid on her bed, and did deep breathing and counting with staff. [client #2] remained calm with no further issues...." A 4/24/21 BDDS report indicated, "...On 4/23/21, [client #2] reported to her Behavioral Counselor that she had been engaging in self injurious behavior. [Client #2] showed injuries on her left forearm and right thigh. Later in the afternoon, [client #2] became frustrated with a housemate and went to her bedroom. Staff overheard [client #2] state 'This is why I cut myself, I'm going to cut myself right now'. Staff observed [client #2] as she sat in her closet and encouraged her to utilize her coping skills. [Client #2] began to kick the walls and when staff placed mats for protection, she began to bite herself. Staff blocked and she became physically aggressive attempting to hit, kick and punch staff. Staff backed away and [client #2] began to hit and her face. Staff blocked and applied her mitts. [Client #2] tapped her head on the floor and staff applied her helmet for safety. [Client #2] flopped around hitting her legs and arms against the wall and when staff would block, she would attempt to hit and kick staff. Staff placed her into a 2-person You're Safe I'm Safe hold for safety. Once calm the hold was released. After 30 minutes [client #2] calmed, and staff removed her helmet and mitts, but [client #2] began biting herself and			

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	staff blocked. [Client #2] calmed for several minutes. [Client #2] changed into her pajamas and when staff checked on her noticed she defecated on the floor and then grabbed her helmet. She began to choke herself with the strap. Staff blocked and [client #2] attempted to head strike. Staff blocked and applied her helmet again. Staff reapplied her mitts also and [client #2] screamed for over 45 minutes. [Client #2] eventually talked to staff one to one. Staff removed her helmet and mitts. [client #2] went to bed with no further issues...." On 5/3/21 at 3:45 PM, client #2's record was reviewed. Client #2's 1/8/21 BSP indicated client #2 had a target behavior of SIB (self injurious behavior). "...1. Operational Definition: The direct, deliberate destruction of or injury to one's own body and/or tissues without suicidal intent (e.g., includes striking head against an object or striking her head with an object; hit solid object-typically, a door or wall or floor, table, window; scratch(es) self (any area on the body) that leaves a mark with own fingernails; scratch/cut/stab self with weapon, self-made or otherwise, that leaves a mark (scratching any area of the body using nails or other items; pinching self; choking self with or without use of an object)...." Reactive Procedures for SIB: "...Monitor the environment to discern whether there are any items within the area which [client #2] may obtain and use to attempt to harm herself. Limit the amount of time that [client #2] is alone and not under the direct supervision of staff. Displays of Self-Injury Behavior(s) generally occur alongside of displays of Disruptive Behavior and Task Refusal...."			

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	Modified Enhanced Supervision (MES) Protocols: "...When [client #2] demonstrates she is a threat to herself (through the expression of suicidal ideations or other high intensity displays of behaviors), supervision will move from Modified Enhanced Supervision to Enhanced Supervision protocols. During these displays, [client #2] needs the support and heightened supervision protocols that Enhanced Supervision provide; these specific measures are to be implemented when [client #2] is potentially a threat to herself or others while at home and in the community. MES means that she is on Enhanced Supervision and not able to enter the community. The MES protocol (when implemented) will be evaluated every 2-hours by the RM (Residential Manager)/QIDP (Qualified Intellectual Disabilities Professional)/AS (Area Supervisor) and Behaviorist. [Client #2's] belongings should be removed from her bedroom until the displays of behavior have ceased and [client #2] has displayed a state of calm for a minimum period of 2-hours. [Client #2] should not be unsupervised during this period of time and the staff should record [client #2's] movements/activities on the 15-minute check sheet/paperwork which should be maintained in [client #2's] documentation binder...." A review of the 1/8/21 BSP indicated when client #2 is a threat to herself her supervision level should move from modified enhanced supervision to enhanced supervision and her belongings should be removed from her bedroom. The enhanced supervision protocol indicated client #2 should not be left unsupervised. Staff did not implement the plan as written during the aforementioned behavioral episodes.			

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	On 5/3/21 at 2:15 PM, the BC was interviewed and she stated, "She is not supposed to have access to lanyards and cords. She has manipulated staff into not following her plan". The BC indicated client #2 should not have access to lanyards, belts, shoe laces, anything she can use to wrap around her neck. The BC indicated client #2's bedroom should be checked during and after behaviors to ensure there's nothing in the room she could use to harm herself. The BC indicated the restriction had been in place since January when she moved into the group home. The BC indicated there had been 3 recent IDT (interdisciplinary team) meetings and client #2's BSP was updated, but it had not been finalized yet. The surveyor requested a copy of the updated BSP and IDT. The BC indicated she would send the items this evening (5/3/21). On 5/3/21 at 4:50 PM, the QIDP, the AS and the BC were interviewed. The QIDP and the AS indicated client #2's BSP should be followed. On 5/4/21 at 8:14 AM, the surveyor sent a text message to the BC requesting client #2's updated BSP and IDT notes. At 8:17 AM the BC responded, "Yes. I can and will send them along. I had a call from a client's parent that took up my evening and by the time I returned home, I could barely see straight. I'm traveling to [city] now and will email everything once I get to the site". The documents were not provided. 9-3-4(a)			