

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G080	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	(X3) DATE SURVEY COMPLETED 08/09/2019
NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SOUTH CENTRAL			STREET ADDRESS, CITY, STATE, ZIP COD 725 CARR ST MILAN, IN 47031	
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W 0000 Bldg. 00	<p>This visit was for a pre-determined full annual recertification and state licensure survey. This visit included the investigation of complaint #IN00271541.</p> <p>Complaint #IN00271541: Substantiated, no deficiencies related to the allegation were cited.</p> <p>Dates of the Survey: 8/5/19, 8/6/19, 8/7/19, 8/8/19 and 8/9/19.</p> <p>Facility number: 000623 Provider Number: 15G080 AIM Number: 100233870</p> <p>These deficiencies reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review of this report completed by #15068 on 8/21/19.</p>	W 0000		
W 0149 Bldg. 00	<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 4 of 4 incident reports regarding client C's physical aggression affecting clients A, D, E, and F, the facility failed to implement its policy and procedures for prohibiting abuse, neglect, mistreatment, or violation of an individual's rights due to peer to peer physical aggression.</p> <p>Findings include:</p> <p>On 8/6/19 at 9:56 AM, a review of the Bureau of Developmental Disabilities Services (BDDS)</p>	W 0149	<p>W149: The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p>Corrective Action:</p> <ul style="list-style-type: none"> · All staff retrained on the Abuse and Neglect Policy. (Attachment A) · All BDDS reportable incidents 	09/08/2019

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 other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>incident reports and accompanying Investigative Summaries was completed. The reports indicated:</p> <p>-BDDS report dated 4/16/19 indicated, "[Client C] has been recently admitted to the group home and [name] day program. The day program called the group home and asked that they pick [client C] up early. [Client C] was engaging in physical aggression toward the [name] staff. He was 'hammer fisting' staff in the head. Staff attempted both a one person and two person restraint but was unsuccessful with both. [Client C] was 'pounding' on the counter tops with his hands, picking up items off the counter and pounding them on the counter. He went and sat down, got up and went to the fridge where he got out several food items and sat down and began eating.</p> <p>Workshop reported he struck [client D] and [client F] on the head with a closed fist several times. He also was aggressive toward a pregnant [day program] staff. He then sat down in the art room for few minutes, got up and began 'hopping' back and forth and smiling. Workshop staff report [day program] clients do not feel safe with [client C] and he has been suspended from [day program] indefinitely. Group home staff picked him up and he was calm throughout the evening".</p> <p>-BDDS report dated 4/29/19 indicated, "[Client C] is a new admit at the [street name] home and is having difficulty adjusting to his new placement. Yesterday morning he became physically aggressive toward [client E] striking him with his hand on top of [client E's] head repeatedly. [Client C] broke [client E's] eyeglasses. [Client C] then turned around and began striking [client D] in his head and knocked [client D] down to the floor. [Client C] was calm for appropriately (sic) 5 minutes but then began striking staff in the back of her head and her back with his hand. The</p>			<p>are reviewed by Rescare Management during Peer Review.</p> <ul style="list-style-type: none"> · QIDP conducts IDT team meetings following a reportable incident to discuss the incident, outcomes and plans for what can be put in place to prevent future incidents. (Attachment B) · Quality Assurance Coordinator tracks all incident, BDDS and internal reports into a database. The database will be used to track patterns or trends with incidents and will be utilized during peer reviews and quarterly safety meetings. <p>Monitoring of Corrective Action:</p> <ul style="list-style-type: none"> · The Program Manager will review all Individual Support Plans and Behavior Support Plans to ensure plans meet all needs of the individuals served. · IDT meeting forms are sent to the Program Manager for review. · Abuse and Neglect Policy will be trained annually and reviewed monthly with all staff. · Rescare Administration will have monthly meetings to discuss trends and patterns with individuals. <p>Completion Date: 9/8/19</p>	

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	<p>clients and staff appeared to have no injuries".</p> <p>-BDDS report dated 5/6/19 indicated, "[Client C] got himself a snack, he sat down at the table and while eating he began striking the chair and table with his fist. [Client A] was sitting at the table completing a puzzle and [client F] was sitting on the couch in the living room. [Client C] got up from the table and went toward [client F]. [Client C] attempted to strike [client F], [client F] ducked his head but his glasses fell to the floor. [Client F's] glasses were not broke (sic). Staff hurried [client F] and [client A] outside. [Client C] began hitting the remotes on the TV (television) stand, banging the phone on the table and striking and knocking pictures off the walls. [Client C] then turned and started down the hallway outside after [client A] and [client F]. Staff blocked [client A] and [client F] from [client C]. [Client C] came back inside the house and began banging his dresser up against the wall in his bedroom. [Client C] came out of his bedroom striking the walls with his fist and 'hammer fisted' the washing mashing (sic) denting in the lid. [Client C] went toward staff and began striking her in the head, walked into the office, banging things on the desk and walls, he walked out into the kitchen where he struck the cabinets with his fist and began screaming. He walked to the fridge and began striking the fridge door and opening and closing the fridge door. He then started walking down the hallway striking the bedroom doors and walls as he walked. He went into his bedroom stayed for approriately (sic) two minutes came back out into the living room, sat down on the couch smiling and appeared happy. The behavior lasted appropriately (sic) 15 minutes".</p> <p>-BDDS report dated 5/9/19 indicated, "[Client C] was sitting at the kitchen table eating a snack and</p>			

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	<p>started 'pounding' the table with his fist. He got up from the table walked turned (sic) [client F] sitting in the living room and took his hand to strike at [client F], [client F] moved and staff assisted him up and out the front door without getting struck by [client C]. Staff was attempting to direct [client C] to his bedroom and he became physically aggressive toward staff, staff utilized the You're Safe, I'm Safe to attempt to block aggression. Staff again prompted [client C] to his bedroom, [client C] continued to attempt to push past staff to get outside where [client F] was standing, staff was able to get [client C] prompted to his bedroom. [Client C] went in his bedroom and began knocking his dresser against the wall, struck the walls with his hands and walked across the hallway to [client E's] bedroom. [Client E] was in his bedroom, [client C] attempted to strike [client E] but staff intervened without [client E] beginning (sic) struck. Staff directed [client C] back to his bedroom where he laid down in his bed for appropriately (sic) 5 minutes then came back out to the living room smiling and appeared to be very happy".</p> <p>On 8/7/19 at 9:55 AM, client D's record was reviewed. The record indicated the following:</p> <p>-Individual Support Plan (ISP) dated 6/16/19 indicated, "Individual Profile: Prior to this placement [client D] lived at [State Hospital] for over 40 years... [Client D] can be described as very quiet, friendly, pleasant, stays to himself, but is cooperative with activities and will socialize with peers. [Client D] use (sic) to be a smoker but has not smoked in over 8 years. [Client D] will often answer with one word, and does not maintain eye contact, especially if he doesn't know you very well. No response may mean that he just needs more time to process - his response</p>			

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	<p>time is very slow. [Client D] has shown increased fear with walking related to his Alzheimer's".</p> <p>On 8/7/19 at 10:12 AM, client F's record was reviewed. The record indicated the following:</p> <p>-Individual Support Plan (ISP) dated 5/9/19 indicated, "[Client F] is a [over 70] year-old male. [Client F] is generally in good spirits and enjoys community outings and socializing with others.... [Client F] speaks in short sentences and can be difficult to understand but is able to communicate his wants and needs. [Client F] is able to ambulate independently with his walker. [Client F] does have a history of throwing his walker when he is upset and it resulted in falls".</p> <p>On 8/7/19 at 11:24 AM, client A's record was reviewed. The record indicated the following:</p> <p>-Individual Support Plan (ISP) dated 6/22/19 indicated, "[Client A] is a [over 45] year man,... [Client A] prefers to be called [name]. [Client A] is an emancipated male. [Client A] previous placement was the [name] group home. [Client A] was admitted to the [name] group home in 2015".</p> <p>On 8/8/19 at 1:13 PM, client E's record was reviewed. The record indicated the following:</p> <p>-Individual Support Plan (ISP) dated 8/21/18 indicated, "[Client E] can be described as friendly, likes to greet people, likes to stay busy, very pleasant, and easy going. [Client E] is able to be ambidextrous. Gait is cautious due to sight. Handrails for stairs/steps, also assistance as needed on uneven surfaces. [Client E] speaks in one-word phrases and is difficult to understand at times, he has good receptive skills". Client E is an adult male over the age of 60 years old.</p>			

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	<p>On 8/7/19 at 10:51 AM, client C's record was reviewed. The record indicated the following:</p> <p>-Individual Support Plan (ISP) dated 4/28/19 indicated, "[Client C] is an [under the age of 20] year old male who is generally friendly and smiles often. He has a good personality and likes to be playful with staff. He is diagnosed with Autism and is non-verbal .He communicates with physical gestures, picture cards and some basic signs for water, food, and sleep. [Client C] ambulates without difficulty and is not a fall risk. It is important for those working with [client C] to know that saying the word 'No' to him may cause [client C] to display aggressive behavior. [Client C] requires total assistance with self-care tasks including showering and toileting. Prior to his placement at [name]school [client C] did live with his mom until his behaviors of physical aggression towards family members and non-compliance became unmanageable at home. [Client C] enjoys sensory integration from staff".</p> <p>On 8/5/19 at 1:33 PM, the Program Manager was interviewed. The Program Manager was asked if there were any new admissions to the home. The Program Manager stated, "[Client C] is new to the home. In May we had some client to client incidents. He (client C) was kicked out of [day program] on day 1. We've had many IDTs (interdisciplinary team meetings) and meetings with BDDS. We've added staffing to protect clients and staff. They have just done his ICAP (placement assessment) to determine if he qualifies for waiver (services)". The Program Manager indicated client C was not adjusting to his new home.</p> <p>On 8/5/19 at 5:11 PM, the Residential Manager</p>			

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	<p>was interviewed. The Residential Manager was asked about client C's physical aggression toward housemates. The Residential Manager stated, "The behaviors did not come out during visits. I think he visited four times. He did not show any aggression until the day after he moved in. He beat me up going to the doctor (driving in the van)". The Residential Manager was asked if client C would come out of his room to hit others. The Residential Manager stated, "Not anymore. He tried once to get to [client E] and [client F]. He typically tries to go after the ones with walkers. His packet (transition forms) said don't tell him no. We've found that if you hold your hands up and say no you're not going to hit people he'll go to his room. I feel bad for him. When my phone rings, I wonder what's happening now. I've been with him every day since April 5th I think. That's the day he went to day program. He went to waylaying them. Four staff and three clients at the day program. They tried to restrain him, but could not". The Residential Manager was asked if the other clients in the home were safe. The Residential Manager stated, "My staff keep them safe. They take a beating to protect them. He's had one or two times where he got to people (other clients). We had to take decorations down in the living room (used by client C's as property destruction)".</p> <p>On 8/7/19 at 12:53 PM, the Qualified Intellectual Disability Professional (QIDP) was interviewed. The QIDP was asked how client C's transition into his new home environment was going. The QIDP stated, "He's (client C) . It's just not a good fit. We're having to work hard at keeping the others safe. I'm sure his anxieties are high. It's sad, I wish he did fit". The QIDP indicated client C had not adjusted into his new living arrangement or living with his new housemates.</p>				

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W 0164 Bldg. 00	<p>On 8/8/19 at 2:42 PM, the Reporting and Investigating Abuse, Neglect, Exploitation, Mistreatment or a Violation of Individual's Rights policy dated 7/10/19 was reviewed. The policy indicated, "ResCare strictly prohibits abuse, neglect, exploitation, mistreatment, or violation of an individual's rights".</p> <p>9-3-2(a)</p> <p>483.430(b)(1)</p> <p>PROFESSIONAL PROGRAM SERVICES</p> <p>Each client must receive the professional program services needed to implement the active treatment program defined by each client's individual program plan.</p> <p>Based on observation, record review and interview for 1 of 3 sampled clients (C), the facility failed to ensure client C received behavioral therapy services from a licensed Behavior Specialist after exhibiting a history of physical aggression toward housemates, staff and property destruction within his home.</p> <p>Findings include:</p> <p>Observations were conducted on 8/5/19 from 4:17 PM to 6:20 PM and on 8/6/19 from 6:40 AM to 8:28 AM. Observations indicated the following:</p> <p>-At 4:23 PM, client C was seated in the living room on a sofa. Client A and client E were outside seated in a gliding swing.</p> <p>-At 4:24 PM, the Residential Manager requested client C to come to the medication room for medicines. Client C did not speak, took his medications and returned to the living room sofa. Client A pointed out a fish tank located in the</p>		W 0164	<p>W164: Each client must receive the professional program services needed to implement the active treatment program defined by each client's individual plan.</p> <p>Corrective Action:</p> <ul style="list-style-type: none"> Program Manager reached out to Raschi Reynolds, State Director of Behavior Services for Indiana for assistance with Behavioral concerns. (Attachment C) QIDP inserviced on reaching out for Behavior Services when needed. (Attachment D) All BDDS reportable incidents are reviewed by Rescare Management during Peer Review. QIDP conducts IDT team meetings following a reportable incident to discuss the incident, 	09/08/2019

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	<p>living room as client C passed on his way to the sofa. Client C did not stop or attempt to interact as client A was introducing people and showing his home to the surveyor.</p> <p>-At 4:28 PM, staff #1 asked client C if he wanted to watch television. Staff #1 proceeded to turn on the television, but client C sat in the sofa with his back to the television and his legs crossed.</p> <p>-At 4:34 PM, client A wanted to show the surveyor the rooms down the hallway. Client A pointed out client F and client D's shared bedroom and introduced client B to the surveyor. Client C remained seated on the sofa.</p> <p>-At 4:41 PM, client F returned inside the home from outside. Client C remained seated on the sofa and was not paying attention to the television or other housemates.</p> <p>-At 4:45 PM, client A went outside. Staff #3 went to check on client D in the shower. Client B was also showering in the smaller bathroom. Client C remained seated on the sofa in the living room with his back to the television and not paying attention to his housemates as they came in and out of the living room.</p> <p>-At 4:47 PM, the Residential Manager was explaining that the fifty five gallon fish tank belonged to client D. As the Residential Manager was explaining that client D maintained and fed the fish daily, client C stood up from the sofa in the living room and went to his bedroom.</p> <p>-At 4:49 PM, the Residential Manager stated, "You'll know if he's (client C) going to have a behavior. He'll start banging things". Staff #1 then stated, "We use You Are Safe, I am Safe if he</p>			<p>outcomes and plans for what can be put in place to prevent future incidents. (Attachment B)</p> <ul style="list-style-type: none"> Quality Assurance Coordinator tracks all incident, BDDS and internal reports into a database. The database will be used to track patterns or trends with incidents and will be utilized during peer reviews and quarterly safety meetings. <p>Monitoring of Corrective Action:</p> <ul style="list-style-type: none"> The Program Manager will review all Individual Support Plans and Behavior Support Plans to ensure plans meet all needs of the individuals served. IDT meeting forms are sent to the Program Manager for review. Abuse and Neglect Policy will be trained annually and reviewed monthly with all staff. Rescare Administration will have monthly meetings to discuss trends and patterns with individuals. <p>Completion Date: 9/8/19</p>

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	<p>starts to hit his windows. Other than that he gets to hit whatever he wants (in bedroom)". The Residential Manager stated, "One window is knocked out. We've done a work order to fix it".</p> <p>-At 4:53 PM, client C returned to the living room and sat down on the sofa.</p> <p>-At 4:55 PM, the Residential Manager began preparing for client D's medication administration and shared his dining plan to explain why he would take his medications whole with yogurt. Client C was seated in the living room on a sofa with his back to the television and not paying attention to his housemates as they passed through the living room.</p> <p>-At 5:00 PM, client A began to place utensils and plates around the table for the evening meal. Client D used his walker to ambulate from the medication room toward the dining room table. Client C stood and went past client F near the entrance of the hallway as he used his walker to ambulate entering the living room.</p> <p>-At 5:01 PM, client D stopped and fed his fish as he ambulated toward the dining room. The Residential Manager went outside to sit with client E just prior to the evening meal.</p> <p>-At 5:03 PM, client C returned to the living room and went to the sofa.</p> <p>-At 5:05 PM, staff #3 went to client A to help him open a bag of salad for the evening meal. Staff #1 looked at the bag of salad and stated, "the expiration date is 8/10/19. Both bags have wilted lettuce, so let's not take a chance". Client C remained seated on the sofa with his back to the television and not paying attention to housemates</p>			

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	<p>and conversation as others moved through the living room and dining area preparing for the evening meal.</p> <p>-At 5:11 PM, the Residential Manager indicated a look into client C's bedroom could be done since he was seated in the living room and not in his bedroom. The Residential Manager indicated client C did not share a room with a housemate. The top portion of client C's bedroom window was covered with a piece of plywood. An 8 inch by 8 inch hole in the drywall above client C's bed was indicated by the Residential Manager as a preferred location client C would like to hit. The Residential Manager indicated client C would sit on his bed and repeatedly strike the wall in that location. All four walls and closet doors had numerous holes and indentations from where client C would physically strike the surface. Client C's bedroom was bare with no pictures. Five nails which used to hold pictures were in the wall and were requested to be removed. The Residential Manager was asked how often client C would hit his walls and doors in his bedroom. The Residential Manager stated, "almost daily". Through further interview with the Residential Manager at 5:16 PM, the Residential Manager indicated client C had recently aged out of his previous placement at another facility location and stated, "He just turned [under 20 years of age]. I told them he did not fit (appropriate placement with current housemates). The behaviors did not come out during visits. I think he visited four times. He did not show any aggression until the day after he moved in. He beat me up going to the doctor (driving in the van)". The Residential Manager was asked if client C would come out of his room to hit others. The Residential Manager stated, "Not anymore. He tried once to get to [client E] and [client F]. He</p>			

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	<p>typically tries to go after the ones with walkers. His packet (transition forms) said don't tell him no. We've found that if you hold your hands up and say no you're not going to hit people, he'll go to his room. I feel bad for him. When my phone rings, I wonder what's happening now. I've been with him every day since April 5th I think. That's the day he went to day program. He went to waylaying them. Four staff and three clients at the day program. They tried to restrain him, but could not". The Residential Manager was asked if the other clients in the home were safe. The Residential Manager stated, "My staff keep them safe. They take a beating to protect them. He's had one or two times where he got to people (other clients). We had to take decorations down in the living room (used by client C's as property destruction)".</p> <p>On 8/6/19 at 9:56 AM, a review of the Bureau of Developmental Disabilities Services (BDDS) incident reports and accompanying Investigative Summaries was completed. The reports indicated:</p> <p>-BDDS report dated 4/16/19 indicated, "[Client C] has been recently admitted to the group home and [name] day program. The day program called the group home and asked that they pick [client C] up early. [Client C] was engaging in physical aggression toward the [day service] staff. He was 'hammer fist'ing staff in the head. Staff attempted both a one person and two person restraint but was unsuccessful with both. [Client C] was 'pounding' on the counter tops with his hands, picking up items off the counter and pounding them on the counter. He went and sat down, got up and went to the fridge where he got out several food items and sat down and began eating.</p> <p>Workshop reported he struck [client D] and [client F] on the head with a closed fist several times. He</p>			

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	<p>also was aggressive toward a pregnant [day program] staff. He then sat down in the art room for few minutes, got up and began 'hopping' back and forth and smiling. Workshop staff report [day program] clients do not feel safe with [client C] and he has been suspended from [day program] indefinitely. Group home staff picked him up and he was calm throughout the evening".</p> <p>-BDDS report dated 4/29/19 indicated, "[Client C] is a new admit at the [street name] home and is having difficulty adjusting to his new placement. Yesterday morning he became physically aggressive toward [client E] striking him with his hand on top of [client E's] head repeatedly. [Client C] broke [client E's] eyeglasses. [Client C] then turned around and began striking [client D] in his head and knocked [client D] down to the floor. [Client C] was calm for appropriately (sic) 5 minutes but then began striking staff in the back of her head and her back with his hand. The clients and staff appeared to have no injuries".</p> <p>-BDDS report dated 5/6/19 indicated, "[Client C] got himself a snack, he sat down at the table and while eating he began striking the chair and table with his fist. [Client A] was sitting at the table completing a puzzle and [client F] was sitting on the couch in the living room. [Client C] got up from the table and went toward [client F]. [Client C] attempted to strike [client F], [client F] ducked his head but his glasses fell to the floor. [Client F's] glasses were not broke (sic). Staff hurried [client F] and [client A] outside. [Client C] began hitting the remotes on the TV (television) stand, banging the phone on the table and striking and knocking pictures off the walls. [Client C] then turned and started down the hallway outside after [client A] and [client F]. Staff blocked [client A] and [client F] from [client C]. [Client C] came back</p>			

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	<p>inside the house and began banging his dresser up against the wall in his bedroom. [Client C] came out of his bedroom striking the walls with his fist and 'hammer fisted' the washing mashing (sic) denting in the lid. [Client C] went toward staff and began striking her in the head, walked into the office, banging things on the desk and walls, he walked out into the kitchen where he struck the cabinets with his fist and began screaming. He walked to the fridge and began striking the fridge door and opening and closing the fridge door. He then started walking down the hallway striking the bedroom doors and walls as he walked. He went into his bedroom stayed for approroropriately (sic) two minutes came back out into the living room, sat down on the couch smiling and appeared happy. The behavior lasted appropriately (sic) 15 minutes".</p> <p>-BDDS report dated 5/9/19 indicated, "[Client C] was sitting at the kitchen table eating a snack and started 'pounding' the table with his fist. He got up from the table walked turned (sic) [client F] sitting in the living room and took his hand to strike at [client F], [client F] moved and staff assisted him up and out the front door without getting struck by [client C]. Staff was attempting to direct [client C] to his bedroom and he became physically aggressive toward staff, staff utilized the You're Safe, I'm Safe to attempt to block aggression. Staff again prompted [client C] to his bedroom, [client C] continued to attempt to push past staff to get outside where [client F] was standing, staff was able to get [client C] prompted to his bedroom. [Client C] went in his bedroom and began knocking his dresser against the wall, struck the walls with his hands and walked across the hallway to [client E's] bedroom. [Client E] was in his bedroom, [client C] attempted to strike [client E] but staff intervened without [client E]</p>				

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	<p>beginning (sic) struck. Staff directed [client C] back to his bedroom where he laid down in his bed for appropriately (sic) 5 minutes then came back out to the living room smiling and appeared to be very happy".</p> <p>BDDS incident reports related to physical aggression:</p> <p>-BDDS report dated 4/15/19 indicated, "[Client C] is a new admit to the group home and is currently having difficulty adjusting to his new environment. Yesterday, one staff was assisting a client with his shower in the bathroom and the second staff knocked on the door for assistance with [client C] behavior. [Client C] had got (sic) a snack for himself and would not accept direction to sit down and have the snack with a glass of water. [Client C] approached staff and began striking the staff in the head. [Client C] struck both staff in the head and arms before walking to his bedroom. [Client C] stayed in his bedroom for a few minutes banging and kicking the dresser, then walked across the hallway to another client's bedroom (client was not in the bedroom). [Client C] paced back and forth in the other client's bedroom but did not touch anything. [Client C] then walked back into his bedroom where he laid down in his bed, staff heard light 'thumping' and after a few minutes [client C] walked back out into the living room sat down, was smiling and appeared happy. [Client C] did not exhibit any further behavioral issues".</p> <p>-BDDS report dated 4/24/19 indicated, "[Client C] is a new admit to the group home and is having difficulty adjusting to his new placement. Yesterday morning when coming back on the van from workshop [client C] became aggressive toward staff. [Client C] was sitting in the</p>			

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	<p>passenger seat and reached over and began striking the staff on the head. Staff pulled the van off the road to a safe place, talked with [client C] until he calmed. Staff and [client C] were the only two people on the van. There were no injuries".</p> <p>-BDDS report dated 5/4/19 indicated, "[Client C] waked to the cabinets, got a snack out and walked back to his bedroom striking the walls with his hands as he went to his bedroom. When he came out of his bedroom he continued to strike the walls, walked into the living room, picked up the remote control and began striking the entertainment center. Staff walked into the med room, [client C] followed and began striking her in the head. The second staff took all other clients outside. Staff was attempting to direct [client C] out of the med room, he continued to strike the staff on the head and once in the mouth. He was directed to his bedroom where he calmed".</p> <p>-BDDS report dated 5/11/19 indicated, "This afternoon [client C] was in his bedroom and he began banging items around in his bedroom. Staff went to his bedroom, [client C] was aggressive toward staff and came running out of the bedroom and into the living room. The second staff had all clients go outside. [Client C] continued aggression banging items around and attempting aggression toward staff. Staff utilized You're Safe I'm Safe. [Client C] did strike staff in the nose. The behavior last appropriately (sic) 30 minutes. [Client C] did calm without further incident for the day".</p> <p>-BDDS report dated 5/15/19 indicated, "Staff was working one on one with [client C]. He got up from the couch and walked to his bedroom. [Client C] started banging his hands on the walls and picked up his roommates belongings and started</p>			

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	<p>banging and throwing roommates items. Staff asked him to stop, he walked toward staff and attempt physical aggression. He proceeded to bang roommates stereo, the DBD (sic) player. He then grabbed roommates TV and started striking the walls. Staff again asked him to stop, he began striking both staff on their heads, he got in his bed and began striking the walls, got up out of his bed, went and laid down in his roommates bed and began masturbating. When he finished he got up and broke a craft belonging to his roommate. He got back in his own bed, dumped out his garbage can and started chewing on the garbage (a raisin box) then proceeded to lick his roommates shoes. When staff got the shoes he laid down in his bed and calmed".</p> <p>-BDDS report dated 5/20/19 indicated, "[Client C] was sitting in the living room watching television. [Client C] got up and went and used the restroom. [Client C] then went into his bedroom. He was in his bedroom for a few minutes and starting (sic) banging on the walls with his hands. Staff directed all clients outside. He hit the walls, his roommates nightstand and was banging his dresser on the wall. He was striking and banging on his roommates TV, radio and blue ray player. He continued jumping up and down and banging all items in the bedroom. He then walked out of his bedroom into the living room picking up items and banging them on the entertainment center, table and cabinets. He got a box of granola bars from the emergency supply food, took the box back to his bedroom and ate the entire box of granola bars. Once he had ate (sic) the granola bars he got up from his bed and again began striking the walls with his hands. He walked to the bathroom and came out and sat on the couch in the living room. He got up from the couch and attempted to strike both staff. He walked to the television and started</p>				

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	<p>striking the top of the TV stand. He attempted to strike staff again then walked into the hallway and banging the chair in front of the dryer. He went back into the bathroom, then back out into the kitchen where he opened the fridge door and got a quart size container of leftover fries, he heated the up in them microwave, sat down at the table and ate them. He got up from table, striking the couch as he walked, picked up his water bottle, took a drink and then filled the bottle at the sink. He walked across the living room, laid down on the couch and began striking at the couch and the wall behind the couch. He then got up, went to kitchen began opening and slamming closed the freezer lid, kitchen cabinets and fridge door. He started down the hallway, banging walls, went into bathroom and then to his bedroom banging walls as he walked. In his bedroom he dumped the trash can, opened and closed dresser drawers, banging the TV against the wall. He laid down on his bed for about ten minutes then came back out to the living room and sat on the small couch smiling".</p> <p>-BDDS report dated 5/20/19 indicated, "[Client C] was sitting on the small couch, he got up, went into both bathrooms then went to his bedroom. [Client C] was in his bedroom appropriately (sic) 2 minutes and he began opening and slamming his dresser dressers (sic). Staff was in the med room and the kitchen and immediately directed all clients outside. One client was in his bedroom and did not want to leave the bedroom so the staff closed his bedroom door. [Client C] remained in his bedroom where he smashed his roommates radio breaking the radio. He was banging the TV into the wall, pounding his roommates blue ray player into the walls. He dumped the garbage out of the trash can and broke the trash can against the floor. He attempted to break roommates</p>				

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	<p>electric razor and took his roommates wooden hair brush and put multiple holes in the bedroom walls with the handle of the brush. [Client C] jumped up and down on both his and his roommate beds. He went across the hallway into another peers room and banged on the walls a couple of times then got into the bed and masturbated. He got up, went back into his own bedroom, tore his roommates wall hangings down from the wall and then tore the curtain off the window, breaking the curtain rod. He hit the dresser on the wall, came out into the hallway running his hands up and down bedroom door. He went into the living room, started hitting on the couch arms and tried to strike staff. He went back down the hallway to the back door where he hit off the glass window. He went back to his bedroom, continued to strike the walls with his hands and striking his roommates nightstand and electronics. Behavior lasted appropriately (sic) 1 hour".</p> <p>-BDDS report dated 6/8/19 indicated, "Yesterday evening, [client C] was in his bedroom when he began striking the bedroom walls. Staff went into his bedroom to check on him. He was striking the bedroom walls with the backs of his hands. When he saw the staff come through the bedroom door he approached the staff and attempted to strike the staff. Staff utilized You're Safe I'm Safe blocking techniques successfully. [Client C] walked back to his bed, got in the bed, began striking the wall, making a hole in the wall, pulled the covers up over him, rolled over and calmed without further incident".</p> <p>-BDDS report dated 6/8/19 indicated, "[Client C] was in his bedroom. He began banging on the walls (sic) in his bedroom. Staff directed clients outside. Staff went to [client C's] bedroom, when staff directed him away from the walls he left his</p>				

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	<p>bedroom and attempted to enter another bedroom but staff were able to direct him back into his bedroom. When he entered his bedroom he went toward the window and began striking the window. The window is a two paned (panel) window and he busted out the inner paned (panel) window, the outer window was not damaged. [Client C] received small abrasions on both wrists and scraps (sic) on both arms. Staff aided (sic) first aid and band aids. Staff cleaned up the glass. [Client C] calmed".</p> <p>-BDDS report dated 6/8/19 indicated, "Staff and clients were sitting in the living room. [Client C] was in his bedroom and began hitting the walls. Staff directed clients outside and shut all bedroom doors. When staff stepped into his bedroom he began hitting the window with a tray. Staff directed him away from the window and to the bed, he began attempting to strike staff. Staff utilized You're safe I'm safe blocking techniques unsuccessfully, being struck on the head, face and her glasses were knocked off her face onto the floor. [Client C] had no injuries. No other clients were involved in incident. Staff has a red area on the check (sic) of her face and experienced a mild headache".</p> <p>-BDDS report dated 6/10/19 indicated, "The group home was finishing lunch. [Client C] got up, filled his water jug then sat down and began striking the couch. There were four clients still at the table with a staff member and another client was out on the front porch. Staff verbally directed client to stay outside. [Client C] got up and walked toward the hallway glaring at the staff sitting at the table and raising his arms. Staff smiled and waved to [client C] in an attempt to defuse the behavioral situation. [Client C] went back to the couch and began hitting the couch harder than previous</p>			

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	<p>(sic). Staff verbally directed [client C] to his bedroom. He got up, jumped up and down; down the hallway raising his knees very high and slamming his feet down hard on the floor. When [client C] entered his bedroom he started striking the walls. Staff redirected the remaining clients outside. One client wanted to go to his bedroom, staff accompanied that client to his bedroom and shut the bedroom door. [Client C] continued to bang on the walls and the broken window doing further damage to the window. [Client C] came out of his bedroom and attempted to enter another bedroom. Staff intervened and directed him back to his room. [Client C] struck the walls and jumped/hopped up and down around his bedroom for appropriately (sic) one hour then laid down in his bed and calmed".</p> <p>-BDDS report dated 6/12/19 indicated, "[Client C] came to the kitchen and got a drink, walked back into the living room sat down and started striking the couch with his hands. [Client C] got up from the couch and became physically aggressive toward staff. Staff verbally prompted [client C] to his bedroom. [Client C] began walking down the hall, turned back before getting to his bedroom door and again became physically aggressive towards staff. Staff physically directed [client C] to his bedroom and closed his bedroom door. [Client C] began striking the walls with his hands and struck a painting on the wall causing multiple holes in the walls. All clients were directed to their bedrooms. [Client C] received no injuries. Staff received no injuries".</p> <p>-BDDS report dated 7/11/19 indicated, "Last night as [client C] was getting ready to go to bed he became aggressive. All housemates were already asleep in their bedrooms. [Client C] was in the living room and went to the kitchen for a glass of</p>				

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	<p>water. When finished drinking his water he started walking down the hallway and began striking the walls with his hands. When he reached his bedroom (does not have a roommate) he began striking the walls enlarging the holes in the walls from previous incidents of striking the walls. Staff entered his bedroom to attempt to calm him. He initially laid down in his bed but jumped back up and attempted to strike staff with closed fist. Staff blocked his aggression using the You're safe I'm safe blocking techniques. [Client C] struck walls, the closet door and then again laid down in bed. He calmed without further incident. Staff did not have any injuries".</p> <p>-BDDS report dated 7/13/19 indicated, "Last evening when staff asked [client C] to wash his hands for a snack he became agitated. He walked to the table and began striking the table with his hands. Staff directed him to his bedroom. He got up from the table, stopped at the dryer and began striking the top of the dryer and attempting to strike staff. He walked on down the hallway, entered his bedroom and began striking his closet doors putting holes in the wood doors. He calmed and went to bed".</p> <p>On 8/7/19 at 10:51 AM, client C's record was reviewed. The record indicated the following:</p> <p>-Individual Support Plan (ISP) dated 4/28/19 indicated, "[Client C] is an [under the age of 20] year old male who is generally friendly and smiles often. He has a good personality and likes to be playful with staff. He is diagnosed with Autism and is non-verbal .He communicates with physical gestures, picture cards and some basic signs for water, food, and sleep. [Client C] ambulates without difficulty and is not a fall risk. It is important for those working with [client C] to</p>			

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	<p>know that saying the word 'No' to him may cause [client C] to display aggressive behavior. [Client C] requires total assistance with self-care tasks including showering and toileting. Prior to his placement at [name]school [client C] did live with his mom until his behaviors of physical aggression towards family members and non-compliance became unmanageable at home. [Client C] enjoys sensory integration from staff".</p> <p>-Behavior Support Plan dated 4/28/19 indicated, "Area: Maladaptive behaviors associated with the diagnosis of Autism and Intermittent Explosive Disorder. Goal: To eliminate episodes of targeted behaviors thereby improving his social acceptance and independence. Objective: Will exhibit no more than 10 episodes of Defined Behaviors, per month for 6 consecutive months by 4/28/20. Intermediate objective: Will exhibit no more than 15 episodes of Defined Behaviors, per month for 6 consecutive months by 10/28/19.</p> <p>Definition of Behaviors: SIB (self-injurious behavior), defined as: Any time [client C] hits or slaps self; biting the heel of his hand; banging his elbows and legs on items; hitting his legs with the heels of his feet; scratching self; banging head on walls; hitting his forehead with heel of his hand.</p> <p>Physical Aggression, defined as: Any time [client C] hits, kicks, or bites biting others. May punch/strike walls or tear up property. Throwing items or slamming items on tables. Verbal</p> <p>Disruption, defined as: Any time [client C] yells; screams; which disrupts the environment. Non-Compliance, defined as: Unwillingness to follow simple directions, requests, or prompts from staff such has completing his chores, hygiene, goals, etc.</p> <p>Insomnia: Inability to fall asleep or stay asleep".</p> <p>On 8/6/19 at 11:10 AM, the Qualified Intellectual</p>			

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W 0210 Bldg. 00	<p>Disability Professional Designee (QIDPD) was interviewed. The QIDPD was asked if client C received formal behavior therapy services. The QIDPD stated, "No, I think we (interdisciplinary team) were more focused on transition and placement for him. He has a behavior plan, but not receiving behavior therapy services".</p> <p>On 8/9/19 at 10:20 AM, the Qualified Intellectual Disability Professional (QIDP) was interviewed. The QIDP was asked why a decline in BDDS reported physical aggression since 7/13/19 had occurred. The QIDP stated, "He had back to back episodes in July. That's the last of any aggression, but no, I'm not aware of anymore reports of physical aggression since then that I'm aware of. He manipulated to eat and do whatever he wants to. So, now he's doing whatever he wants to. Mom said she praying for us. He had manipulated her so he could eat when he wanted and however much he wanted". The QIDP stated, "he's doing what he wants and we're avoiding the behavioral incident at this point".</p> <p>9-3-3(a)</p> <p>483.440(c)(3) INDIVIDUAL PROGRAM PLAN Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission. Based on observation, record review and interview for 1 additional client (F), the facility failed to ensure client F was reassessed for appropriate dining supports through a swallow evaluation. Findings include:</p>	W 0210	W210: Within 30 days of admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission.	09/08/2019

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	<p>Observations were conducted on 8/5/19 from 4:17 PM to 6:20 PM and on 8/6/19 from 6:40 AM to 8:28 AM. Observations indicated the following:</p> <p>-At 5:29 PM, client F was seated at the dining room table preparing to eat a pureed green bean, potato and sausage meal made in a crockpot, cottage cheese, and spinach. Client F used a high sided divided plate, small coated spoon and a plastic cup with a sip lid. Client F's crystal light drink had been thickened.</p> <p>-At 5:45 PM, client F coughed and cleared his throat. Staff #1 stated, "slow down and take a drink".</p> <p>-At 5:51 PM, client F coughed and the Residential Manager asked client F to take a drink. After client F took a drink, the Residential Manager asked client F what his name was. Client F responded to the Residential Manager by stating his name.</p> <p>-At 5:54 PM, client F requested second portions of spinach. The Residential Manager used a small blender to puree the second portion of spinach for client F.</p> <p>-At 5:58 PM, staff #3 verbally prompted client F to use his napkin. Client F had nasal drainage and used the napkin to clean his face.</p> <p>-At 6:00 PM, client F used his plastic cup with a sip lid to take a drink.</p> <p>-At 6:02 PM, client F coughed and then used his plastic cup with a sip lid to take a drink.</p> <p>-At 6:05 PM, the Residential Manager requested a conversation away from the dining room table and</p>			<p>Corrective Action:</p> <ul style="list-style-type: none"> ·All staff trained on updated Dining Plan that includes when to notify the Nurse on client (F). <p>(Attachment E)</p> <ul style="list-style-type: none"> ·Nurse scheduled swallow study for September 16th, 2019 at 9am. ·Nurse will conduct meal observations per quarter to ensure dining plans are being followed. <p>Monitoring of Corrective Action:</p> <ul style="list-style-type: none"> ·The Nurse will send update on meal observation to the Nurse Manager and Program Manager for review and monitoring. ·The Nurse will change or update dining plans and high risk plans based on change of needs for each client and train staff accordingly. ·QIDP will review plans quarterly with IDT to ensure all issues are being addressed. <p>Completion Date: 9/8/19</p>

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	<p>clients in the medication room. The Residential Manager indicated he noticed the surveyor monitoring client F's coughing during the evening meal. The Residential Manager indicated client F's previous primary care physician had recommended a feeding tube, but that client F's guardian did not agree with this recommendation. The Residential Manager was asked what the current primary care physician's recommendations were. The Residential Manager indicated the current physician did not support the recommendation of a feeding tube.</p> <p>-At 7:23 AM, client F come out of the medication room to the dining room table using his walker preparing to eat the morning meal. Client F had a small plastic bowl, small plastic spoon and a small plastic cup with a sip lid. Client F had oatmeal thinned with milk for his morning meal and a Juicy Juice drink that had been thickened.</p> <p>-At 7:29 AM, client F took his first bite of oatmeal.</p> <p>-At 7:31 AM, client F continued to eat oatmeal. Client F had not taken a drink.</p> <p>-At 7:32 AM, client F continued to eat oatmeal. Client F had not taken a drink. During this time the Residential Manager supported client F with wearing his eye glasses and hearing aid in the left ear.</p> <p>-At 7:36 AM, client F continued to eat oatmeal. client F had not taken a drink.</p> <p>-At 7:38 AM, client F took his first drink from the plastic sip cup with lid and then asked the Residential Manager about work. The Residential Manager stated, "You'll go to workshop after your appointment".</p>			

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	<p>-At 7:39 AM, client F continued to eat his oatmeal.</p> <p>-At 7:41 AM, client F used his left hand to help place oatmeal on his small plastic spoon and take a bite.</p> <p>-At 7:45 AM, client F took his last bite of oatmeal and placed his spoon in his bowl.</p> <p>-At 7:46 AM, client F took a drink from his plastic cup with sip lid.</p> <p>-At 7:47 AM, client F took a drink from his plastic cup and stood to take his empty bowl to the sink. The Qualified Intellectual Disability Professional Designee (QIDPD) prompted client F to use his walker.</p> <p>-At 7:48 AM, client F returned to the dining room table and began to drink from his plastic cup with sip lid.</p> <p>-At 7:49 AM, client F coughed slightly to clear his throat.</p> <p>-At 7:50 AM, client F continued to use his plastic cup with sip lid to drink.</p> <p>-At 7:51 AM, client F attempted to drink from his plastic cup with sip lid, but coughed in the process of lifting the cup. The Qualified Intellectual Disability Professional (QIDP) prompted client F to wait before attempting another drink.</p> <p>-At 7:52 AM, client F coughed hard and the QIDP prompted client F to set his plastic cup with sip lid down and stated, "take a break". Client F waited approximately thirty seconds and took another</p>				

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	<p>drink.</p> <p>-At 7:55 AM, client F cleared his throat. Client F had nasal drainage coming from his sinuses. The Nurse for the home was present during the meal and was asked if she had noted client F's coughing and clearing of his throat. The Nurse stated, "I will see if we can get an eval (swallow evaluation). I noticed the cough".</p> <p>-At 7:58 AM, client F stood and took his plastic sip cup to the sink. The sip cup was nearly as full as when client F began to drink from it. The QIDPD was at the sink and was asked if client F's drink had been thickened. The QIDPD stated, "It was". The QIDPD was asked if it was nearly full. The QIDPD stated, "It was nearly full".</p> <p>-At 8:08 AM, the Nurse took client F's vital signs. The Nurse asked client F to sit up and take a deep breath. Client F then coughed and cleared his throat. The Nurse took client F's blood pressure and stated, "112 over 78". The Nurse then proceeded to listen to client F's breathing using a stethoscope. The Nurse was asked how client F's breathing and lungs sounded. The Nurse stated, "clear".</p> <p>On 8/7/19 at 10:12 AM, client F's record was reviewed. The record indicated:</p> <p>-Individual Support Plan (ISP) dated 5/9/19 indicated the client's diagnoses included, but were not limited to, "Dysphagia (difficulty in swallowing), Mild Chronic Sinusitis (inflammation of the sinus), Chronis (sic) Cough, Emphysema Lung (progressive lung disease), History of Aspiration (breathe foreign objects into airway) and at risk for Pneumonia (lung inflammation)".</p>			

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	<p>-Dining Plan dated 5/9/19 indicated, "Aspiration Risk: Severe. Choking Risk: Severe. EATING: [Client F] is able to eat independently with the use of a small coated spoon and divided plate. Staff will encourage [client F] to eat slowly, alternating small bites with small sips. Staff will encourage [client F] to remain upright for 30 minutes after meals. DRINKING: [Client F] is able to consume all drinks independently with Provale cup or using a small coated spoon for pudding thick liquids". During both the evening meal and morning meal, client F's drinks had been thickened with the use of the Provale cup. Client F did not consume all of the drinks and showed nasal drainage and coughing toward the end of his dining experience.</p> <p>-Health Risk Plan (HRP) dated 5/9/19 indicated, "Risk for choking R/T (related to) Dysphagia, Hx (history) of silent aspiration.... 1. Interventions: a. Staff will prepare all meals and snacks according to the current diet texture order puree with pudding thick liquids. b. Staff will encourage [client F] to sit upright for all meals. c. Staff will encourage [client F] to remain upright for 30 minutes after meals. d. Staff will ensure [client F] uses a small coated spoon and divided plate at all meals. e. If choking occurs, staff will immediately call 911 and begin life saving techniques as learned in CPR training. 2. Monitoring: a. Staff will monitor at all meals for any signs of choking, coughing, drooling, watery eyes, and or blue/red face.... 4. Notification: a. Staff will notify nurse of any issues noted during meals and if choking occurs".</p> <p>-Swallow Evaluation dated 6/28/16 indicated, "Modified Barium Swallow. Indication: Dysphagia. Conclusion: Episode of delayed silent aspiration due to spillage of residue with large volumes of thin liquids. Assessment: [Client F]</p>			

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W 0240 Bldg. 00	<p>has h/o (history of) aspiration with all consistencies. A feeding tube was recommended approx (approximately) 1 year ago. Pt's (patients) sister reportedly noticed increased difficulty with pureed diet/pudding thick liquids".</p> <p>On 8/7/19 at 10:18 AM, the Nurse was interviewed. The nurse was asked if client F had a current swallow evaluation. The Nurse indicated a swallow evaluation had been referred to client F's primary care physician and stated, "[Residential Manager] said he would like for that to be done in [city] at [name of facility], but it depends on what the doctor says. Our protocol is an evaluation every three to five years. He (client F) is just coming do for another evaluation. His last eval was 6/28/16". The Nurse further indicated she expected client F's adaptive equipment to accompany client F to the upcoming swallow evaluation to ensure proper adaptive equipment and supports were in place during client F's meals.</p> <p>9-3-4(a)</p> <p>483.440(c)(6)(i) INDIVIDUAL PROGRAM PLAN The individual program plan must describe relevant interventions to support the individual toward independence. Based on observation, record review and interview for 1 additional client (F), the facility failed to ensure client F's dining plan and health risk plan for choking identified the same instructions for notifying the nurse of client F's dining difficulties.</p> <p>Findings include:</p> <p>Observations were conducted on 8/5/19 from 4:17 PM to 6:20 PM and on 8/6/19 from 6:40 AM to 8:28</p>	W 0240	<p>W240: The individual program plan must describe relevant interventions to support the individual toward independence.</p> <p>Corrective action:</p> <ul style="list-style-type: none"> · The Nurse updated client (F) dining plan to include when to call the Nurse. (Attachment E) · Nurse ensured dining plan and high risk plans have the same 	09/08/2019

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	<p>AM. Observations indicated the following:</p> <p>-At 5:29 PM, client F was seated at the dining room table preparing to eat a pureed green bean, potato and sausage meal made in a crockpot, cottage cheese, and spinach. Client F used a high sided divided plate, small coated spoon and a plastic cup with a sip lid. Client F's crystal light drink had been thickened.</p> <p>-At 5:45 PM, client F coughed and cleared his throat. Staff #1 stated, "slow down and take a drink".</p> <p>-At 5:51 PM, client F coughed and the Residential Manager asked client F to take a drink. After client F took a drink, the Residential Manager asked client F what his name was. Client F responded to the Residential Manager by stating his name.</p> <p>-At 5:54 PM, client F requested second portions of spinach. The Residential Manager used a small blender to puree the second portion of spinach for client F.</p> <p>-At 5:58 PM, staff #3 verbally prompted client F to use his napkin. Client F had nasal drainage and used the napkin to clean his face.</p> <p>-At 6:00 PM, client F used his plastic cup with a sip lid to take a drink.</p> <p>-At 6:02 PM, client F coughed and then used his plastic cup with a sip lid to take a drink.</p> <p>-At 6:05 PM, the Residential Manager requested a conversation away from the dining room table and clients in the medication room. The Residential Manager indicated he noticed the surveyor monitoring client F's coughing during the evening</p>		<p>instructions for when to call the Nurse. (Attachment F)</p> <ul style="list-style-type: none"> ·All staff trained on updated dining and high risk plan for client (F). (Attachment G) ·Nurse will conduct meal observations per month to ensure dining plans are being followed. <p>Monitoring of Corrective Action:</p> <ul style="list-style-type: none"> ·Nurse will update all plans annually and as needed and send to the Nurse Manager, Program Manager. ·All trainings are sent to the HR department for tracking. ·IDT Meetings are held quarterly to discuss any concerns with individuals plans and programming. <p>Completion Date: 9/8/19</p>	

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	<p>meal. The Residential Manager indicated client F's previous primary care physician had recommended a feeding tube, but that client F's guardian did not agree with this recommendation. The Residential Manager was asked what the current primary care physician's recommendations were. The Residential Manager indicated the current physician did not support the recommendation of a feeding tube.</p> <p>-At 7:23 AM, client F came out of the medication room to the dining room table using his walker preparing to eat the morning meal. Client F had a small plastic bowl, small plastic spoon and a small plastic cup with a sip lid. Client F had oatmeal thinned with milk for his morning meal and a Juicy Juice drink that had been thickened.</p> <p>-At 7:29 AM, client F took his first bite of oatmeal.</p> <p>-At 7:31 AM, client F continued to eat oatmeal. Client F had not taken a drink.</p> <p>-At 7:32 AM, client F continued to eat oatmeal. Client F had not taken a drink. During this time the Residential Manager supported client F with wearing his eye glasses and hearing aid in the left ear.</p> <p>-At 7:36 AM, client F continued to eat oatmeal. Client F had not taken a drink.</p> <p>-At 7:38 AM, client F took his first drink from the plastic sip cup with lid and then asked the Residential Manager about work. The Residential Manager stated, "You'll go to workshop after your appointment".</p> <p>-At 7:39 AM, client F continued to eat his oatmeal.</p>			

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	<p>-At 7:41 AM, client F used his left hand to help place oatmeal on his small plastic spoon and take a bite.</p> <p>-At 7:45 AM, client F took his last bite of oatmeal and placed his spoon in his bowl.</p> <p>-At 7:46 AM, client F took a drink from his plastic cup with sip lid.</p> <p>-At 7:47 AM, client F took a drink from his plastic cup and stood to take his empty bowl to the sink. The Qualified Intellectual Disability Professional Designee (QIDPD) prompted client F to use his walker.</p> <p>-At 7:48 AM, client F returned to the dining room table and began to drink from his plastic cup with sip lid.</p> <p>-At 7:49 AM, client F coughed slightly to clear his throat.</p> <p>-At 7:50 AM, client F continued to use his plastic cup with sip lid to drink.</p> <p>-At 7:51 AM, client F attempted to drink from his plastic cup with sip lid, but coughed in the process of lifting the cup. The Qualified Intellectual Disability Professional (QIDP) prompted client F to wait before attempting another drink.</p> <p>-At 7:52 AM, client F coughed hard and the QIDP prompted client F to set his plastic cup with sip lid down and stated, "take a break". Client F waited approximately thirty seconds and took another drink.</p> <p>-At 7:55 AM, client F cleared his throat. Client F</p>			

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	<p>had nasal drainage coming from his sinuses. The Nurse for the home was present during the meal and was asked if she had noted client F's coughing and clearing of his throat. The Nurse stated, "I will see if we can get an eval (swallow evaluation). I noticed the cough".</p> <p>-At 7:58 AM, client F stood and took his plastic sip cup to the sink. The sip cup was nearly as full as when client F began to drink from it. The QIDPD was at the sink and was asked if client F's drink had been thickened. The QIDPD stated, "It was". The QIDPD was asked if it was nearly full. The QIDPD stated, "It was nearly full".</p> <p>-At 8:08 AM, the Nurse took client F's vital signs. The Nurse asked client F to sit up and take a deep breath. Client F then coughed and cleared his throat. The Nurse took client F's blood pressure and stated, "112 over 78". The Nurse then proceeded to listen to client F's breathing using a stethoscope. The Nurse was asked how client F's breathing and lungs sounded. The Nurse stated, "clear".</p> <p>On 8/7/19 at 10:12 AM, client F's record was reviewed. The record indicated:</p> <p>-Individual Support Plan (ISP) dated 5/9/19 indicated the client's diagnoses included, but were not limited to, "Dysphagia (difficulty in swallowing), Mild Chronic Sinusitis (inflammation of the sinus), Chronis (sic) Cough, Emphysema Lung (progressive lung disease), History of Aspiration (breathe foreign objects into airway) and at risk for Pneumonia (lung inflammation)".</p> <p>-Dining Plan dated 5/9/19 indicated, "Aspiration Risk: Severe. Choking Risk: Severe. EATING: [Client F] is able to eat independently with the use</p>			

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	<p>of a small coated spoon and divided plate. Staff will encourage [client F] to eat slowly, alternating small bites with small sips. Staff will encourage [client F] to remain upright for 30 minutes after meals. DRINKING: [Client F] is able to consume all drinks independently with Provale cup or using a small coated spoon for pudding thick liquids". During both the evening meal and morning meal, client F's drinks had been thickened with the use of the Provale cup. Client F did not consume all of the drinks and showed nasal drainage and coughing toward the end of his dining experience.</p> <p>-Health Risk Plan (HRP) dated 5/9/19 indicated, "Risk for choking R/T (related to) Dysphagia, Hx (history) of silent aspiration.... 1. Interventions: a. Staff will prepare all meals and snacks according to the current diet texture order puree with pudding thick liquids. b. Staff will encourage [client F] to sit upright for all meals. c. Staff will encourage [client F] to remain upright for 30 minutes after meals. d. Staff will ensure [client F] uses a small coated spoon and divided plate at all meals. e. If choking occurs, staff will immediately call 911 and begin life saving techniques as learned in CPR training. 2. Monitoring: a. Staff will monitor at all meals for any signs of choking, coughing, drooling, watery eyes, and or blue/red face.... 4. Notification: a. Staff will notify nurse of any issues noted during meals and if choking occurs".</p> <p>On 8/7/19 at 10:18 AM, the Nurse was interviewed. The nurse was asked about client F's dining plan and lack of instruction for staff to notify nursing if client F experienced difficulties during dining. The nurse indicated the HRP had some instruction for notifying nursing, but the dining plan did not contain those instructions. The nurse indicated client F's triggers and</p>			

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W 0368 Bldg. 00	<p>protocol to notify nursing would need to be reviewed for both the HRP for choking and client F's dining plan.</p> <p>9-3-4(a)</p> <p>483.460(k)(1) DRUG ADMINISTRATION</p> <p>The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. Based on record review and interview for 1 additional client (D), the facility failed to ensure client D received his medications without error.</p> <p>Findings include:</p> <p>On 8/6/19 at 9:56 AM, a review of the Bureau of Developmental Disabilities Services (BDDS) incident reports was completed. The BDDS reports indicated client D received medications that were for another person and indicated:</p> <p>-BDDS report dated 6/28/19 indicated, "This morning at the 7 AM med (medicine) pass staff gave [client D] another client's meds. The meds he was given in error as follows: Aripiprazole (antipsychotic) tab (tablet) 20 mg (milligram) - 1 tab, Buspirone (mild antianxiety tranquilizer) tab 5 mg - 1 tab, Carbamazepine (anticonvulsant) 200 mg - 2 tabs, Certavite tab (vitamin) - 1 tab, Clonazepam (seizure) tab 1 mg - 1 tab, Levothyroxine (thyroid hormone replacement) sodium 25 mcg (micrograms) - 1 tab. Medications that [client D] should have received but were not given due to receiving the other clients medication are as follows: Aspirin 81 mg tab QD (one a day), Fluticasone nasal spray 50 mcg - 2 sprays each nostril QD, Ibuprofen tab 400 mg - 1 tab BID (twice a day), Levetiracetam (treat</p>	W 0368	<p>W368: The facility for drug administration must assure that all drugs, including those that are self-administered are administered without error.</p> <p>Corrective Action:</p> <ul style="list-style-type: none"> · Staff received a medication error as a result of giving client (D) the wrong medications. <p>(Attachment H)</p> <ul style="list-style-type: none"> · All staff trained on Medication Administration. (Attachment I) <p>How we will identify others:</p> <ul style="list-style-type: none"> · Site Supervisor will conduct med pass observations weekly. · Nurse will complete weekly medication observations. · Staff trained annually and as needed on medication administration. <p>Measures to be put in place:</p> <ul style="list-style-type: none"> · Site Supervisor will conduct med pass observations weekly. · All staff in serviced on 	09/08/2019

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	<p>epilepsy) tab 500 mg - 1 tab BID, Memantine (treat moderate to severe Alzheimer's disease) tab HCL 10 mg - 1 tab PO (per order) BID, Mouthkote - 3 sprays - BID, Tamsulosin (muscle relaxer for prostate) cap 0.4 mg - 2 caps (capsules) QD, Vitamin E 400 units - 1 cap QD. [Client D] was taken to [hospital name] for evaluation. At ER (emergency room) doctor noted a normal physical exam with normal vital signs. He was released from the ER with orders to watch for increased drowsiness, vomiting, or any shortness of breath and to return to ER if needed. Staff currently monitoring vital signs every two hours for 24 hours. PCP (Primary Care Physician) f/u (follow up) will be scheduled". Under the plan to resolve the BDDS report indicated, "[Client D] appears tired but is currently doing well. Staff will continue to monitor [client D] every two hours for 24 hours. Staff will continue to monitor and report any changes to ensure [client D's] optimum health and care".</p> <p>-BDDS report dated 6/29/19 indicated, "Staff had monitored [client D's] vital signs as instructed every 2 hours due to med error same morning followed under BDDS (noted above). His body temp (temperature) and pulse were low with temp reading of 94.9. [Client D] pulse generally runs in the 60's reading was 49. His blood pressure was initially high but came down with intake. Temperatures and heart rate were stable entire time at ER. He was released with orders to continue to monitor and follow up with PCP". Under the section plan to resolve the BDDS report indicated, "PCP appointment will be scheduled. Staff will follow all medical orders and recommendations and report any changes to ensure [client D's] optimum health and care".</p> <p>On 8/7/19 at 9:55 AM, client D's record was</p>	<p>medication administration.</p> <ul style="list-style-type: none"> ·All staff trained annually and as needed on medication administration. ·Nurse completes weekly medication pass observations. <p>Monitoring of Corrective Action:</p> <ul style="list-style-type: none"> ·Site Supervisor will conduct med pass observations 2 times a week for no less than 30 days. ·Site Supervisor will report any issues with medication administration to the Area Supervisor, Program Manager and Nurse immediately. ·Nurse retrained all staff on medication administration. ·Nurse completes weekly medication pass observations. ·Nurse sends completed medication observations to Nurse Manager. <p>Completion Date: 9/8/19</p>		

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W 0407 Bldg. 00	<p>reviewed. The record indicated:</p> <p>-Individual Program Plan (IPP) dated 6/16/19 indicated, "What do others choose for [client D]? Medications, physicians, Nutritional necessities (menu)... Primary Objectives 2. Medication Administration".</p> <p>On 8/7/19 at 9:57 AM, the Nurse was interviewed. The Nurse was asked if client D should receive medications without error. The Nurse stated, "Yes, medication should be administered without error".</p> <p>On 8/7/19 at 9:59 AM, the Qualified Intellectual Disability Professional (QIDP) was interviewed. The QIDP was asked how client D received the wrong person medications. The QIDP stated, "She (staff) admitted she was in a hurry and picked up the wrong person's". The QIDP was asked to clarify how a staff picked up the wrong person medications to administer to client D. The QIDP stated, "She was pre-setting everyone's medications and then gave the wrong one". The QIDP was asked if staff should be pre-setting the medications. The QIDP stated, "Should not happen".</p> <p>9-3-6(a)</p> <p>483.470(a)(1) CLIENT LIVING ENVIRONMENT The facility must not house clients of grossly different ages, developmental levels, and social needs in close physical or social proximity unless the housing is planned to promote the growth and development of all those housed together.</p> <p>Based on observation, record review and interview for 1 of 3 sampled clients (C), the facility</p>	W 0407	W407: The facility must not house clients of grossly different ages,	09/08/2019

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	<p>failed to ensure client C was appropriately placed with housemates of similar age and developmental status.</p> <p>Findings include:</p> <p>Observations were conducted on 8/5/19 from 4:17 PM to 6:20 PM and on 8/6/19 from 6:40 AM to 8:28 AM. Observations indicated the following:</p> <p>-At 4:23 PM, client C was seated in the living room on a sofa. Client A and client E were outside seated in a gliding swing.</p> <p>-At 4:24 PM, the Residential Manager requested client C to come to the medication room for medicines. Client C did not speak, took his medications and returned to the living room sofa. Client A pointed out a fish tank located in the living room as client C passed on his way to the sofa. Client C did not stop or attempt to interact as client A was introducing people and showing his home to the surveyor.</p> <p>-At 4:28 PM, staff #1 asked client C if he wanted to watch television. Staff #1 proceeded to turn on the television, but client C sat in the sofa with his back to the television and his legs crossed.</p> <p>-At 4:34 PM, client A wanted to show the surveyor the rooms down the hallway. Client A pointed out client F and client D's shared bedroom and introduced client B to the surveyor. Client C remained seated on the sofa.</p> <p>-At 4:41 PM, client F returned inside the home from outside. Client C remained seated on the sofa and was not paying attention to the television or other housemates.</p>		<p>developmental levels and social needs in close physical or social proximity unless the housing is planned to promote the growth and development of all those housed together.</p> <p>Corrective Action:</p> <ul style="list-style-type: none"> ·The QIDP will follow the updated referral process. (Attachment J) ·As stated in the referral process an outside Behavior Specialist will be brought on the team for assistance when behaviors exceed the scope of our behavior plans. ·Once the transition has taken place and the consumer moves in the home, the QIDP will monitor 3 times weekly (Attachment K) and notify all team members of the information. These observations will be at various times throughout Active Treatment times. (Example-mealtime, returning home from workshop, showers and med pass times, weekends, etc.) ·The QIDP was in serviced on duties for updated referral process, referral monitoring and follow up, the QIDP will notify all team members following the Active Treatment Observations on progress or changes throughout the referral process, and integrate, coordinate and monitor all 	

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	<p>-At 4:45 PM, client A went outside. Staff #3 went to check on client D in the shower. Client B was also showering in the smaller bathroom. Client C remained seated on the sofa in the living room with his back to the television and not paying attention to his housemates as they came in and out of the living room.</p> <p>-At 4:47 PM, the Residential Manager was explaining that the fifty five gallon fish tank belonged to client D. As the Residential Manager was explaining that client D maintained and fed the fish daily, client C stood up from the sofa in the living room and went to his bedroom.</p> <p>-At 4:49 PM, the Residential Manager stated, "You'll know if he's (client C) going to have a behavior. He'll start banging things". Staff #1 then stated, "We use You Are Safe, I am Safe if he starts to hit his windows. Other than that he gets to hit whatever he wants (in bedroom)". The Residential Manager stated, "One window is knocked out. We've done a work order to fix it".</p> <p>-At 4:53 PM, client C returned to the living room and sat down on the sofa.</p> <p>-At 4:55 PM, the Residential Manager began preparing for client D's medication administration and shared his dining plan to explain why he would take his medications whole with yogurt. Client C was seated in the living room on a sofa with his back to the television and not paying attention to his housemates as they passed through the living room.</p> <p>-At 5:00 PM, client A began to place utensils and plates around the table for the evening meal. Client D used his walker to ambulate from the medication room toward the dining room table.</p>			<p>consumers Active Treatment Programs. (Attachment D)</p> <ul style="list-style-type: none"> · Consumer council meetings are held monthly by the Residential Manager to discuss with the consumers various topics and to gather any concerns they have. (Attachment L) · If at any time it is noted or observed that an individual is not adjusting through or following the transition the QIDP will reach out to the team including BDDS to request other placement options for the individual. · Once client C began to show signs of not being an appropriate placement for the location the QIDP and Program Manager both reached out to BDDS to hold an emergency IDT to discuss alternate placement. The IDT has continued to meet and discuss options throughout the last several months for a more appropriate placement for client (C). At this time client (C) is doing visits at a waiver site for potential placement there. <p>Monitoring of Corrective Action:</p> <ul style="list-style-type: none"> · The Program Manager will report to the Associate Executive Director any concerns noted on the weekly checks, site reviews, client council meetings, active treatment observations and the 	

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	<p>Client C stood and went past client F near the entrance of the hallway as he used his walker to ambulate entering the living room.</p> <p>-At 5:01 PM, client D stopped and fed his fish as he ambulated toward the dining room. The Residential Manager went outside to sit with client E just prior to the evening meal.</p> <p>-At 5:03 PM, client C returned to the living room and went to the sofa.</p> <p>-At 5:05 PM, staff #3 went to client A to help him open a bag of salad for the evening meal. Staff #1 looked at the bag of salad and stated, "the expiration date is 8/10/19. Both bags have wilted lettuce, so let's not take a chance". Client C remained seated on the sofa with his back to the television and not paying attention to housemates and conversation as others moved through the living room and dining area preparing for the evening meal.</p> <p>-At 5:11 PM, the Residential Manager indicated that a look into client C's bedroom could be done since he was seated in the living room and not in his bedroom. The Residential Manager indicated client C did not share a room with a housemate. The top portion of client C's bedroom window was covered with a piece of plywood. An 8 inch by 8 inch hole in the drywall above client C's bed was indicated by the Residential Manager as a preferred location client C would like to hit. The Residential Manager indicated client C would sit on his bed and repeatedly strike the wall in that location. All four walls and closet doors had numerous holes and indentations from where client C would physically strike the surface. Client C's bedroom was bare with no pictures. Five nails which used to hold pictures were in the wall and</p>		<p>weekly monitoring for all referrals.</p> <ul style="list-style-type: none"> ·Active Treatment Observations will be reviewed by Program Manager for implementation of Behavior Support Plans, as written, and revisions or investigations, as warranted, to prevent Abuse or Neglect have been implemented. ·Program Manager, Associate Executive Director, Executive Director, Business Manager, HR Manager and Nursing Manager will perform Best In Class reviews at all locations within the year. The results will be shared with all team members. ·QIDP will review plans quarterly with IDT to ensure all issues are being addressed. ·During the referral process the nurse will do a weekly observation. ·QIDP will update the IDT concerning placement, visits and the ongoing plan to find appropriate placement for client (C). <p>Completion Date: 9/8/19</p>	

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	<p>were requested to be removed. The Residential Manager was asked how often client C would hit his walls and doors in his bedroom. The Residential Manager stated, "almost daily". Through further interview with the Residential Manager at 5:16 PM, the Residential Manager indicated client C had recently aged out of his previous placement at another facility location and stated, "He just turned [under 20 years of age]. I told them he did not fit (appropriate placement with current housemates). The behaviors did not come out during visits. I think he visited four times. He did not show any aggression until the day after he moved in. He beat me up going to the doctor (driving in the van)". The Residential Manager was asked if client C would come out of his room to hit others. The Residential Manager stated, "Not anymore. He tried once to get to [client E] and [client F]. He typically tries to go after the ones with walkers. His packet (transition forms) said don't tell him no. We've found that if you hold your hands up and say no you're not going to hit people, he'll go to his room. I feel bad for him. When my phone rings, I wonder what's happening now. I've been with him every day since April 5th I think. That's the day he went to day program. He went to waylaying them. Four staff and three clients at the day program. They tried to restrain him, but could not". The Residential Manager was asked if the other clients in the home were safe. The Residential Manager stated, "My staff keep them safe. They take a beating to protect them. He's had one or two times where he got to people (other clients). We had to take decorations down in the living room (used by client C's as property destruction)".</p> <p>On 8/6/19 at 9:56 AM, a review of the Bureau of Developmental Disabilities Services (BDDS)</p>			

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	<p>incident reports and accompanying Investigative Summaries was completed. The reports indicated:</p> <p>-BDDS report dated 4/16/19 indicated, "[Client C] has been recently admitted to the group home and [name] day program. The day program called the group home and asked that they pick [client C] up early. [Client C] was engaging in physical aggression toward the [day service] staff. He was 'hammer fisting' staff in the head. Staff attempted both a one person and two person restraint but was unsuccessful with both. [Client C] was 'pounding' on the counter tops with his hands, picking up items off the counter and pounding them on the counter. He went and sat down, got up and went to the fridge where he got out several food items and sat down and began eating. Workshop reported he struck [client D] and [client F] on the head with a closed fist several times. He also was aggressive toward a pregnant [day program] staff. He then sat down in the art room for few minutes, got up and began 'hopping' back and forth and smiling. Workshop staff report [day program] clients do not feel safe with [client C] and he has been suspended from [day program] indefinitely. Group home staff picked him up and he was calm throughout the evening".</p> <p>-BDDS report dated 4/29/19 indicated, "[Client C] is a new admit at the [street name] home and is having difficulty adjusting to his new placement. Yesterday morning he became physically aggressive toward [client E] striking him with his hand on top of [client E's] head repeatedly. [Client C] broke [client E's] eyeglasses. [Client C] then turned around and began striking [client D] in his head and knocked [client D] down to the floor. [Client C] was calm for appropriately (sic) 5 minutes but then began striking staff in the back of her head and her back with his hand. The</p>				

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	<p>clients and staff appeared to have no injuries".</p> <p>-BDDS report dated 5/6/19 indicated, "[Client C] got himself a snack, he sat down at the table and while eating he began striking the chair and table with his fist. [Client A] was sitting at the table completing a puzzle and [client F] was sitting on the couch in the living room. [Client C] got up from the table and went toward [client F]. [Client C] attempted to strike [client F], [client F] ducked his head but his glasses fell to the floor. [Client F's] glasses were not broke (sic). Staff hurried [client F] and [client A] outside. [Client C] began hitting the remotes on the TV (television) stand, banging the phone on the table and striking and knocking pictures off the walls. [Client C] then turned and started down the hallway outside after [client A] and [client F]. Staff blocked [client A] and [client F] from [client C]. [Client C] came back inside the house and began banging his dresser up against the wall in his bedroom. [Client C] came out of his bedroom striking the walls with his fist and 'hammer fisted' the washing mashing (sic) denting in the lid. [Client C] went toward staff and began striking her in the head, walked into the office, banging things on the desk and walls, he walked out into the kitchen where he struck the cabinets with his fist and began screaming. He walked to the fridge and began striking the fridge door and opening and closing the fridge door. He then started walking down the hallway striking the bedroom doors and walls as he walked. He went into his bedroom stayed for approriately (sic) two minutes came back out into the living room, sat down on the couch smiling and appeared happy. The behavior lasted appropriately (sic) 15 minutes".</p> <p>-BDDS report dated 5/9/19 indicated, "[Client C] was sitting at the kitchen table eating a snack and</p>			

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	<p>started 'pounding' the table with his fist. He got up from the table walked turned (sic) [client F] sitting in the living room and took his hand to strike at [client F], [client F] moved and staff assisted him up and out the front door without getting struck by [client C]. Staff was attempting to direct [client C] to his bedroom and he became physically aggressive toward staff, staff utilized the You're Safe, I'm Safe to attempt to block aggression. Staff again prompted [client C] to his bedroom, [client C] continued to attempt to push past staff to get outside where [client F] was standing, staff was able to get [client C] prompted to his bedroom. [Client C] went in his bedroom and began knocking his dresser against the wall, struck the walls with his hands and walked across the hallway to [client E's] bedroom. [Client E] was in his bedroom, [client C] attempted to strike [client E] but staff intervened without [client E] beginning (sic) struck. Staff directed [client C] back to his bedroom where he laid down in his bed for appropriately (sic) 5 minutes then came back out to the living room smiling and appeared to be very happy".</p> <p>On 8/7/19 at 9:55 AM, client D's record was reviewed. The record indicated the following:</p> <p>-Individual Support Plan (ISP) dated 6/16/19 indicated, "Individual Profile: Prior to this placement [client D] lived at [State Hospital] for over 40 years... [Client D] can be described as very quiet, friendly, pleasant, stays to himself, but is cooperative with activities and will socialize with peers. [Client D] use (sic) to be a smoker but has not smoked in over 8 years. [Client D] will often answer with one word, and does not maintain eye contact, especially if he doesn't know you very well. No response may mean that he just needs more time to process - his response</p>			

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	<p>time is very slow. [Client D] has shown increased fear with walking related to his Alzheimer's".</p> <p>On 8/7/19 at 10:12 AM, client F's record was reviewed. The record indicated the following:</p> <p>-Individual Support Plan (ISP) dated 5/9/19 indicated, "[Client F] is a [over 70] year-old male. [Client F] is generally in good spirits and enjoys community outings and socializing with others.... [Client F] speaks in short sentences and can be difficult to understand but is able to communicate his wants and needs. [Client F] is able to ambulate independently with his walker. [Client F] does have a history of throwing his walker when he is upset and it resulted in falls".</p> <p>On 8/7/19 at 11:24 AM, client A's record was reviewed. The record indicated the following:</p> <p>-Individual Support Plan (ISP) dated 6/22/19 indicated, "[Client A] is a [over 45] year man,... [Client A] prefers to be called [name]. [Client A] is an emancipated male. [Client A] previous placement was the [name] group home. [Client A] was admitted to the [name] group home in 2015".</p> <p>On 8/8/19 at 1:13 PM, client E's record was reviewed. The record indicated the following:</p> <p>-Individual Support Plan (ISP) dated 8/21/18 indicated, "[Client E] can be described as friendly, likes to greet people, likes to stay busy, very pleasant, and easy going. [Client E] is able to be ambidextrous. Gait is cautious due to sight. Handrails for stairs/steps, also assistance as needed on uneven surfaces. [Client E] speaks in one-word phrases and is difficult to understand at times, he has good receptive skills". Client E is an adult male over the age of 60 years old.</p>			

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	<p>On 8/7/19 at 10:51 AM, client C's record was reviewed. The record indicated the following:</p> <p>-Individual Support Plan (ISP) dated 4/28/19 indicated, "[Client C] is an [under the age of 20] year old male who is generally friendly and smiles often. He has a good personality and likes to be playful with staff. He is diagnosed with Autism and is non-verbal .He communicates with physical gestures, picture cards and some basic signs for water, food, and sleep. [Client C] ambulates without difficulty and is not a fall risk. It is important for those working with [client C] to know that saying the word 'No' to him may cause [client C] to display aggressive behavior. [Client C] requires total assistance with self-care tasks including showering and toileting. Prior to his placement at [name]school [client C] did live with his mom until his behaviors of physical aggression towards family members and non-compliance became unmanageable at home. [Client C] enjoys sensory integration from staff".</p> <p>On 8/5/19 at 1:33 PM, the Program Manager was interviewed. The Program Manager was asked if there were any new admissions to the home. The Program Manager stated, "[Client C] is new to the home. In May we had some client to client incidents. He (client C) was kicked out of [day program] on day 1. We've had many IDTs (interdisciplinary team meetings) and meetings with BDDS. We've added staffing to protect clients and staff. They have just done his ICAP (placement assessment) to determine if he qualifies for waiver (services)". The Program Manager indicated client C was not adjusting to his new home.</p> <p>On 8/7/19 at 12:53 PM, the Qualified Intellectual</p>			

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	<p>Disability Professional (QIDP) was interviewed. The QIDP was asked how client C's transition into his new home environment was going. The QIDP stated, "He's (client C) . It's just not a good fit. We're having to work hard at keeping the others safe. I'm sure his anxieties are high. It's sad, I wish he did fit". The QIDP indicated client C had not adjusted into his new living arrangement or living with his new housemates.</p> <p>9-3-7(a)</p>			