

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

PRINTED: 10/25/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15G573		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 09/21/2022	
NAME OF PROVIDER OR SUPPLIER  DUNGARVIN INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP COD 51778 TROWBRIDGE LN SOUTH BEND, IN 46637			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
W 0000  Bldg. 00	<p>This visit was for a pre-determined full recertification and state licensure survey. This visit included the investigation of complaint #IN00389493, complaint #IN00388886, and complaint #IN00388937.</p> <p>Complaint #IN00389493: Substantiated, Federal and state deficiencies related to the allegation(s) are cited at W102, W104, W122, W149, W154, W156, W157, W159, W164, W189, W195, W196, W249, and W252.</p> <p>Complaint #IN00388886: Substantiated, Federal and state deficiencies related to the allegation(s) are cited at W102, W104, W122, W149, W154, W156, W157, and W164.</p> <p>Complaint #IN00388937: Substantiated, Federal and state deficiencies related to the allegation(s) are cited at W102, W104, W122, W149, W154, W156, W157, and W164.</p> <p>Dates of Survey: September 12, 13, 14, 15, 16, 19, 20, and 21, 2022.</p> <p>Facility Number: 001087 Provider Number: 15G573 Aims Number: 100243710</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 10/3/22.</p>			W 0000			
W 0102  Bldg. 00	<p>483.410 GOVERNING BODY AND MANAGEMENT The facility must ensure that specific</p>						

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 disclosable 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><b>governing body and management requirements are met.</b></p> <p>Based on observation, record review, and interview for 3 of 3 sample clients (A, B, and C), plus 3 additional clients (D, E, and F), the facility failed to meet the Condition of Participation: Governing Body.</p> <p>The governing body failed to ensure clients A, B, C, D, E, and F's medical information was kept in a secure location and to ensure client F had window coverings in his bedroom to provide personal privacy, neglected to implement its written policy and procedure to prevent 12 allegations of peer to peer aggression and property destruction for clients A, D, E, and F, to conduct thorough investigations for 12 allegations of peer to peer abuse and property destruction for clients A, D, E, and F, to ensure 10 investigations were reviewed by an administrator or designated representative within 5 working days for clients A, E, and F, and to implement effective corrective action to address peer to peer aggression and property destruction for clients A, E, and F, to ensure clients A, B, C, D, E, and F's home was in good repair, to effectively integrate, coordinate, and monitor clients A, B, and C's active treatment programs, to develop and implement an aggressive active treatment program to meet clients A, B, and C's specific needs, to ensure client F's nutritional needs were reassessed following a significant change in his weight, to ensure client A, B, and C's formal training objectives were implemented during formal and informal training opportunities and clients A and C's Behavior Support Plans (BSPs) were implemented as written, and to ensure client A, B, and C's Individual Support Plan (ISP) and BSP goals were recorded as indicated by the clients' participation.</p>			W 0102	<p><b><u>W 102</u></b> <b><u>Governing Body and Management (Condition)</u></b> – The governing body ensure clients A, B, C, D, E, and F's medical information was kept in a secure location and to ensure client F had window coverings in his bedroom to provide personal privacy, neglected to implement its written policy and procedure to prevent 12 allegations of peer to peer aggression and property destruction for clients A, D, E, and F, to conduct thorough investigations for 12 allegations of peer to peer abuse and property destruction for clients A, D, E, and F, to ensure 10 investigations were reviewed by an administrator or designated representative within 5 working days for clients A, E, and F, and to implement effective corrective action to address peer to peer aggression and property destruction for clients A, E, and F, to ensure clients A, B, C, D, E, and F's home was in good repair, to effectively integrate, coordinate, and monitor clients A, B, and C's active treatment programs, to develop and implement an aggressive active treatment program to meet clients A, B, and C's specific needs, to ensure client F's nutritional needs were reassessed following a significant change in his weight, to ensure client A, B, and C's formal training</p>		10/21/2022

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	<p>Findings include:</p> <p>1. The governing body failed to exercise general policy, budget, and operating direction over the facility to ensure implementation of its written policy and procedure to prevent 12 allegations of peer to peer aggression and property destruction for clients A, D, E, and F, to conduct thorough investigations for 12 allegations of peer to peer abuse and property destruction for clients A, D, E, and F, to ensure 10 investigations were reviewed by an administrator within 5 working days for clients A, E, and F, to implement effective corrective action to address peer to peer aggression and property destruction for clients A, E, and F, to develop, implement, and monitor an aggressive active treatment program to meet clients A, B, and C's specific needs, and to ensure clients A, B, C, D, E, and F's home was in good repair. Please see W104.</p> <p>2. The governing body failed to meet the Condition of Participation: Client Protections. The governing body failed to ensure clients A, B, C, D, E, and F's medical information was kept in a secure location and to ensure client F had window coverings in his bedroom to provide personal privacy, neglected to implement its written policy and procedure to prevent 12 allegations of peer to peer aggression and property destruction for clients A, D, E, and F, to conduct thorough investigations for 12 allegations of peer to peer abuse and property destruction for clients A, D, E, and F, to ensure 10 investigations were reviewed by an administrator or designated representative with 5 working days for clients A, E, and F, and to implement effective corrective action to address peer to peer aggression and property destruction for clients A, E, and F. Please see W122.</p>				<p>objectives were implemented during formal and informal training opportunities and clients A and C's Behavior Support Plans (BSPs) were implemented as written, and to ensure client A, B, and C's Individual Support Plan (ISP) and BSP goals were recorded as indicated by the clients' participation.. Citations at W104, W122, W195.</p> <p><u>Corrective action for resident(s) found to have been affected</u></p> <p>Dungarvin Indiana has developed an aggressive action plan to come into full compliance with all Conditions of Participation established by the Secretary of Health and Human Services. All parts of the POC for the survey with event ID RE6G11 will be fully implemented, including the following specifics:</p> <ul style="list-style-type: none"> <li>All facility staff have been retrained on policies regarding Client Rights including the right to privacy regarding personal health information.</li> <li>All facility staff retrained on the procedure to follow when a med card or other med container with protected health information printed on a label needs to be discarded and what procedure to follow when new medications are delivered and need to be stored securely.</li> <li>A window covering has been installed in client F's</li> </ul>		

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	<p>3. The governing body failed to meet the Condition of Participation: Active Treatment Services. The governing body failed to effectively integrate, coordinate, and monitor clients A, B, and C's active treatment programs, to develop and implement an aggressive active treatment program to meet clients A, B, and C's specific needs, to ensure client F's nutritional needs were reassessed following a significant change in his weight, to ensure client A, B, and C's formal training objectives were implemented during formal and informal training opportunities and clients A and C's Behavior Support Plans (BSPs) were implemented as written, and to ensure client A, B, and C's Individual Support Plan (ISP) and BSP goals were recorded as indicated by the clients' participation. Please see W195.</p> <p>This federal tag relates to complaint #IN00389493, complaint #IN00388886, and complaint #IN00388937.</p> <p>9-3-1(a)</p>				<p>bedroom.</p> <ul style="list-style-type: none"> <li>All staff trained to ensure on each shift that the shared computer accessed by the individuals does not have any open email accounts. Staff will be trained to clear all passwords in the computer settings. Working with IT to change settings if possible to forget all passwords when a window is closed.</li> <li>Program Director/QIDP and nurse will be responsible to verify that protected health information is stored in a HIPAA compliant way during regular, frequent visits in the home. The facility nurse has added documentation of this to her weekly written report to the QIDP and Area Director. Program Director/QIDP is further responsible to monitor for any other privacy violations during frequent visits in the home.</li> <li>All occurrences of HIPAA or privacy violations discovered in the home will be addressed immediately with responsible staff members through retraining and/or corrective action in accordance with Dungarvin policy and procedure.</li> <li>Facility staff have been retrained on proactive measures in the BSPs for all individuals served in to become involved quickly when there are signs that an escalation or conflict is developing.</li> <li>All QIDPs have been</li> </ul>		

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					<p>retrained on conducting thorough investigations of significant incidents, including peer to peer aggression and property destruction. QIDPs also received retraining on the importance of critically analyzing all possible causes when investigating significant incidents, in order to create a corrective action plan to effectively prevent recurrence of the type of incident being investigated.</p> <ul style="list-style-type: none"> <li>Going forward, during weekly supervision meetings with the Area Director, the QIDP will review the status of every major incident currently under review, and the QIDP will be responsible to present the status of each investigation to ensure that the investigations and resulting action plans are timely, thorough, and effective.</li> <li>Area Director will be responsible to ensure that all investigations are thorough by signing off on all investigations within 5 working days.</li> <li>All facility staff being trained on the importance of reporting all maintenance concerns immediately via the Maintenance Request forms. All maintenance concerns reported are being addressed through deep cleaning, discarding broken or unsafe items, replacing or repairing any broken furniture, as well as the completion of needed</li> </ul>		

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			<p>repairs by the Maintenance department.</p> <ul style="list-style-type: none"> <li>Lead DSP and QIDP are responsible to note any broken items or maintenance needs during daily and weekly observations at the home. Lead DSP is to document concerns on monthly Site Risk Management Checklist. Maintenance Department is required to conduct a monthly inspection and note needed repairs or safety concerns. QIDP visits several times per week and is to report these concerns to Maintenance as needed. Area Director is also to visit at least quarterly to ensure that concerns are being reported as needed.</li> <li>Audit has been completed to ensure that assessments are in place and that sufficient goals are in place in each ISP to address the identified areas of need. This review will also ensure that each individual who is home for a large majority of the day has meaningful day programs in place to address vocational and meaningful day domains.</li> <li>QIDP is reviewing and revising the posted active treatment and activity schedules to ensure they accurately reflect the planned activities and that activities are planned in sufficient number to engage all of the individuals and create opportunities for formal and informal active treatment.</li> </ul>		

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			<ul style="list-style-type: none"> <li>All staff are being trained to competency on the schedules of home and community activities.</li> <li>All facility staff retraining on goals, programs, and Behavior Plans in place as well as the expectation that all programs/goals, behavior tracking, and health tracking activities will be implemented and documented according to the clients' participation.</li> <li>Updated dietary assessment being obtained for client F. Updated recommendations will be sent to the My25 menu development program to be incorporated with daily substitutions specific to the needs of client F.</li> <li>A risk plan is being developed by nursing to address client F's weight gain.</li> <li>Appropriate goals regarding healthy meal choices and exercise are being added to client F's ISP.</li> <li>Client F has 1:1 staffing at this time and all staff are being trained on activities to promote exercise and participation in healthy meal planning and preparation.</li> <li>All staff are receiving retraining on preparing meals as indicated on the menu, including how to incorporate individual specific recommendations into the menu prep. All facility staff are also being trained on appropriate</li> </ul>		

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			<p>meal substitutions to ensure that all food groups are covered in healthy proportions on client choice meal days or days that an individual refuses what is being provided during the planned meal.</p> <ul style="list-style-type: none"> <li>· QIDP and nurse are being retrained on the importance of responding with changes in the ISP, risk plans, and assessments when a significant change such as the weight gain experienced by client F occurs.</li> <li>· QIDP will begin running reports 2-3 times per week on the program documentation and identified health risk tracking to ensure that documentation is being completed as indicated on all programs.</li> <li>· The QIDP receives a weekly report identifying the frequency of data being collected by facility staff on each ISP program and health tracking module. Going forward, this will allow the QIDP to follow up immediately with DSPs who need to comply with the expectations of this standard and of their job description.</li> <li>· QIDP is reviewing and revising the posted active treatment and activity schedules to ensure they accurately reflect the planned activities and that activities are planned in sufficient number to engage all of the individuals and create opportunities for formal and informal active treatment.</li> </ul>		



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			<p>· Staffing ratios are being reviewed to ensure that staff are scheduled in sufficient numbers at all times to keep all individuals engaged according to their program plans.</p> <p>· Once retraining is complete, the QIDP, Nurse, Area Director or other qualified supervisory staff are responsible to conduct active treatment observations at varying times of the day to ensure that facility staff demonstrate competency on preparing meals according to the menu, following individual diet plans, and implementing the clients' programs during formal and informal opportunities. Initially these observations will be conducted 4 times per week for the first two weeks. If competency is shown in that time, observations may reduce to 3 times per week for the next two weeks and then titrate to 2 times per week for two weeks. Any observed concerns will be addressed through immediate retraining and coaching.</p> <p><u>How facility will identify other residents potentially affected &amp; what measures taken</u></p> <p>All residents potentially are affected, and corrective measures address the needs of all clients.</p> <p><u>Measures or systemic changes facility put in place to ensure no</u></p>		

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W 0104  Bldg. 00	483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility.	W 0104	<u>recurrence</u> All new Program Director/QIDPs have been trained to complete thorough, timely investigations of all significant incidents which could be indicative of abuse, neglect, or exploitation, including elopements, non-emergency calls to 911, police intervention, and hospitalization. Going forward, the QIDP is to maintain a regular presence in the home through scheduled and unscheduled visits multiple times per week, to monitor for the overall quality of the maintenance and cleanliness of the home and in order to coach staff on active treatment implementation at all naturally occurring opportunities. In addition, Maintenance is to tour the home monthly for any concerns and the Area Director is to conduct look behind visits to verify that concerns are being reported appropriately and that staff demonstrate competency in monitoring the cleanliness and safety of the home. A simplified audit tool was implemented to ensure that needed assessments and program goals are in place for each individual.	10/21/2022	

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	<p>Based on observation, record review, and interview for 3 of 3 sampled clients (A, B and C), plus 3 additional clients (D, E and F), the governing body failed to exercise general policy, budget, and operating direction over the facility to ensure implementation of its written policy and procedure to prevent 12 allegations of peer to peer aggression and property destruction for clients A, D, E, and F, to conduct thorough investigations for 12 allegations of peer to peer abuse and property destruction for clients A, D, E, and F, to ensure 10 investigations were reviewed by an administrator within 5 working days for clients A, E, and F, to implement effective corrective action to address peer to peer aggression and property destruction for clients A, E, and F, to develop, implement, and monitor an aggressive active treatment program to meet clients A, B, and C's specific needs, and to ensure clients A, B, C, D, E, and F's home was in good repair.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. The governing body neglected to implement its written policy and procedure to prevent 12 allegations of peer to peer aggression and property destruction for clients A, D, E, and F. Please see W149.</li> <li>2. The governing body failed to conduct thorough investigations for 12 allegations of peer to peer abuse and property destruction for clients A, D, E, and F. Please see W154.</li> <li>3. The governing body failed to ensure 10 investigations were reviewed by an administrator or designated representative within 5 working days for clients A, E, and F. Please see W156.</li> <li>4. The governing body failed to implement</li> </ol>				<p><u>Governing Body (Standard)</u> – The governing body failed to exercise general policy, budget, and operating direction over the facility to ensure implementation of its written policy and procedure to prevent 12 allegations of peer to peer aggression and property destruction for clients A, D, E, and F, to conduct thorough investigations for 12 allegations of peer to peer abuse and property destruction for clients A, D, E, and F, to ensure 10 investigations were reviewed by an administrator within 5 working days for clients A, E, and F, to implement effective corrective action to address peer to peer aggression and property destruction for clients A, E, and F, to develop, implement, and monitor an aggressive active treatment program to meet clients A, B, and C's specific needs, and to ensure clients A, B, C, D, E, and F's home was in good repair. Citations at W149, W154, W156, W157, W196.</p> <p><u>Corrective action for resident(s) found to have been affected</u> All parts of the POC for the survey with event ID RE6G11 will be fully implemented, including the following specifics:</p> <ul style="list-style-type: none"> <li>- All facility staff being trained on the importance of reporting all maintenance concerns immediately via the Maintenance Request forms. All</li> </ul>		

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	<p>effective corrective action to address peer to peer aggression and property destruction for clients A, E, and F. Please see W157.</p> <p>5. The governing body failed to develop, implement, and monitor an aggressive active treatment program to meet clients A, B, and C's specific needs. Please see W196.</p> <p>Observations were conducted in the group home on 9/12/22 from 10:50 am to 11:50 am and from 6:50 pm to 8:20 pm and on 9/14/22 from 10:50 am to 12:00 pm. Clients A, B, C, D, E, and F were present in the home throughout the observation period.</p> <p>6. Throughout the observation periods, there were empty plastic grocery bags and french fries in the fireplace in the living room.</p> <p>7. On the back porch, a window was cracked diagonally from one side to the other.</p> <p>8. The storm door leading into the back yard would not latch. The screen had fallen out of place and was not attached along the top and one side.</p> <p>9. Along the side of the back porch, there was an outdoor bench. The arm rest and leg were one piece and were bent, so the leg would not support weight.</p> <p>10. Next to the bench, there was a garbage can lid turned upside down. The lid was filled with water, grass clippings, cardboard, a water bottle, and weed eater string.</p> <p>11. Between the back porch and the ramp leading to the living room, there was a charcoal grill, 4</p>				<p>maintenance concerns reported are being addressed through deep cleaning, discarding broken or unsafe items, replacing or repairing any broken furniture, as well as the completion of needed repairs by the Maintenance department.</p> <ul style="list-style-type: none"> <li>Lead DSP and QIDP are responsible to note any broken items or maintenance needs during daily and weekly observations at the home. Lead DSP is to document concerns on monthly Site Risk Management Checklist. Maintenance Department is required to conduct a monthly inspection and note needed repairs or safety concerns. QIDP visits several times per week and is to report these concerns to Maintenance as needed. Area Director is also to visit at least quarterly to ensure that concerns are being reported as needed.</li> <li>Facility staff have been retrained on proactive measures in the BSPs for all individuals served in to become involved quickly when there are signs that an escalation or conflict is developing.</li> <li>All QIDPs have been retrained on conducting thorough investigations of significant incidents, including peer to peer aggression and property destruction. QIDPs also received retraining on the importance of critically analyzing all possible</li> </ul>		

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	<p>partially used or empty bags of charcoal, a garbage bag with charcoal in it, a lighter fluid bottle, plastic gloves, socks, an empty plastic jug, outdoor games, and shovels, a laundry drying rack, a propane tank, a mop, and a patio umbrella leaning against the side of the home, a cigarette receptacle, and a frame made of metal tubing 4 feet tall and 3 feet wide. At the bottom of the ramp, there was a rolling mop bucket, with the ringer detached and lying in the yard, and a mop.</p> <p>12. In the backyard, there was a wooden privacy fence. A section of fence had come loose from the post and was leaning inward towards the yard. One vertical slat was missing from the fence. A second was broken in half and was pointed at the bottom 2 feet up from the ground. A horizontal support board was broken and the pointed end was inside the fence.</p> <p>13. In the backyard, there were tree limbs lying on the ground. The limbs had been cleanly cut down with a saw.</p> <p>14. In client A's bedroom, there was drywall dust on the floor along the walls. Client A was interviewed on 9/12/22 at 11:15 am and stated, "They fixed the wall about a week ago. They left it like that, and I didn't clean it up." Observations were conducted at the group home on 9/12/22 from 11:20 am through 11:50 am and from 3:25 pm through 5:34 pm and on 9/13/22 from 6:55 am through 9:31 am and 2:28 pm through 4:45 pm. Clients A, B and C were present in the home for the duration of the observation period.</p> <p>15. On the front porch of the house were two red folding chairs, the stitching on the seat of the chairs was splitting apart.</p>				<p>causes when investigating significant incidents, in order to create a corrective action plan to effectively prevent recurrence of the type of incident being investigated.</p> <ul style="list-style-type: none"> <li>· Going forward, during weekly supervision meetings with the Area Director, the QIDP will review the status of every major incident currently under review, and the QIDP will be responsible to present the status of each investigation to ensure that the investigations and resulting action plans are timely, thorough, and effective.</li> <li>· Area Director will be responsible to ensure that all investigations are thorough by signing off on all investigations within 5 working days.</li> <li>· Audit has been completed to ensure that assessments are in place and that sufficient goals are in place in each ISP to address the identified areas of need. This review will also ensure that each individual who is home for a large majority of the day has meaningful day programs in place to address vocational and meaningful day domains.</li> <li>· Facility staff retrained on active treatment program in place for each individual, including behavioral and programming goals in place.</li> <li>· QIDP is reviewing and revising the posted active</li> </ul>		

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	<p>16. In client D and E's bedroom the window on the right side of the room did not have a screen.</p> <p>17. Client E's dresser was missing the top drawer.</p> <p>Area Director (AD) #1 was interviewed on 9/14/22 at 1:51 pm and stated, "Maintenance requests should be submitted for maintenance and repair. It should be done in a reasonable amount of time." AD #1 stated, "Cleaning is a daily thing. It should be part of the daily routines. Bigger projects should be assigned by the [QIDP-Qualified Intellectual Disabilities Professional]. The house should be cleaned up."</p> <p>This federal tag relates to complaint #IN00388886, complaint #IN00388937, and complaint #IN00389493.</p> <p>9-3-1(a)</p>				<p>treatment and activity schedules to ensure they accurately reflect the planned activities and that activities are planned in sufficient number to engage all of the individuals and create opportunities for formal and informal active treatment. All staff are being trained to competency on the schedules of home and community activities.</p> <ul style="list-style-type: none"> <li>The teams have struggled to enroll in day programs in town as the day programs are struggling to hire staff. Applications are being filed and followed up on to ensure that the individuals are at least on waiting lists for local programs that they would enjoy and would contribute to fuller meaningful day schedules.</li> <li>Staffing ratios are being reviewed to ensure that staff are scheduled in sufficient numbers at all times to keep all individuals engaged according to their program plans.</li> <li>Once retraining is complete, the QIDP, Nurse, Area Director or other qualified supervisory staff are responsible to conduct active treatment observations at varying times of the day to ensure that facility staff demonstrate competency on implementing the clients' programs during formal and informal opportunities. Initially these observations will be conducted 4 times per week for</li> </ul>		

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			<p>the first two weeks. If competency is shown in that time, observations may reduce to 3 times per week for the next two weeks and then titrate to 2 times per week for two weeks. Any observed concerns will be addressed through immediate retraining and coaching.</p> <p>- <u>How facility will identify other residents potentially affected &amp; what measures taken</u></p> <p>All residents potentially are affected, and corrective measures address the needs of all clients.</p> <p><u>Measures or systemic changes facility put in place to ensure no recurrence</u></p> <p>All new Program Director/QIDPs have been trained to complete thorough, timely investigations of all significant incidents which could be indicative of abuse, neglect, or exploitation, including elopements, non-emergency calls to 911, police intervention, and hospitalization.</p> <p>Going forward, the QIDP is to maintain a regular presence in the home through scheduled and unscheduled visits multiple times per week, to monitor for the overall quality of the maintenance and cleanliness of the home and in order to coach staff on active treatment implementation at all naturally occurring opportunities. In addition, Maintenance is to tour</p>		

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W 0122  Bldg. 00	<p>483.420(a) CLIENT PROTECTIONS The facility must ensure the rights of all clients. Therefore the facility must</p> <p>Based on observation, record review, and interview for 3 of 3 sample clients (A, B, and C), plus 3 additional clients (D, E, and F), the facility failed to meet the Condition of Participation: Client Protections.</p> <p>The facility failed to ensure clients A, B, C, D, E, and F's medical information was kept in a secure location and to ensure client F had window coverings in his bedroom to provide personal privacy, neglected to implement its written policy and procedure to prevent 12 allegations of peer to peer aggression and property destruction for clients A, D, E, and F, to conduct thorough investigations for 12 allegations of peer to peer abuse and property destruction for clients A, D, E, and F, to ensure 10 investigations were reviewed by an administrator or designated representative within 5 working days for clients A, E, and F, and to implement effective corrective action to address peer to peer aggression and property destruction for clients A, E, and F.</p>			W 0122	<p>the home monthly for any concerns and the Area Director is to conduct look behind visits to verify that concerns are being reported appropriately and that staff demonstrate competency in monitoring the cleanliness and safety of the home. A simplified audit tool was implemented to ensure that needed assessments and program goals are in place for each individual.</p> <p><b>W 122</b> <u>Client Protections (Condition)</u> – Failed to ensure clients A, B, C, D, E, and F's medical information was kept in a secure location and to ensure client F had window coverings in his bedroom to provide personal privacy, neglected to implement its written policy and procedure to prevent 12 allegations of peer to peer aggression and property destruction for clients A, D, E, and F, to conduct thorough investigations for 12 allegations of peer to peer abuse and property destruction for clients A, D, E, and F, to ensure 10 investigations were reviewed by an administrator or designated representative within 5 working days for clients A, E, and F, and to implement effective corrective action to address peer</p>		10/21/2022



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	<p>Findings include:</p> <ol style="list-style-type: none"> <li>1. The facility failed to ensure clients A, B, C, D, E, and F's medical information was kept in a secure location and to ensure client F had window coverings in his bedroom to provide personal privacy. Please see W129.</li> <li>2. The facility neglected to implement its written policy and procedure to prevent 12 allegations of peer to peer aggression and property destruction for clients A, D, E, and F. Please see W149.</li> <li>3. The facility failed to conduct thorough investigations for 12 allegations of peer to peer abuse and property destruction for clients A, D, E, and F. Please see W154.</li> <li>4. The facility failed to ensure 10 investigations were reviewed by an administrator or designated representative within 5 working days for clients A, E, and F. Please see W156.</li> <li>5. The facility failed to implement effective corrective action to address peer to peer aggression and property destruction for clients A, E, and F. Please see W157.</li> </ol> <p>This federal tag relates to complaint #IN00389493, complaint #IN00388886, and complaint #IN00388937.</p> <p>9-3-2(a)</p>				<p>to peer aggression and property destruction for clients A, E, and F. Citations at W129, W149, W154, W156, W157.</p> <p><u>Corrective action for resident(s) found to have been affected</u></p> <p>Dungarvin Indiana has developed an aggressive action plan to come into full compliance with all Conditions of Participation established by the Secretary of Health and Human Services. All parts of the POC for the survey with event ID RE6G11 will be fully implemented, including the following specifics:</p> <ul style="list-style-type: none"> <li>· All facility staff have been retrained on policies regarding Client Rights including the right to privacy regarding personal health information.</li> <li>· All facility staff retrained on the procedure to follow when a med card or other med container with protected health information printed on a label needs to be discarded and what procedure to follow when new medications are delivered and need to be stored securely.</li> <li>· A window covering has been installed in client F's bedroom.</li> <li>· All staff trained to ensure on each shift that the shared computer accessed by the individuals does not have any open email accounts. Staff will be trained to clear all passwords in the computer settings. Working</li> </ul>		

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			<p>with IT to change settings if possible to forget all passwords when a window is closed.</p> <ul style="list-style-type: none"> <li>Program Director/QIDP and nurse will be responsible to verify that protected health information is stored in a HIPAA compliant way during regular, frequent visits in the home. The facility nurse has added documentation of this to her weekly written report to the QIDP and Area Director. Program Director/QIDP is further responsible to monitor for any other privacy violations during frequent visits in the home.</li> <li>All occurrences of HIPAA or privacy violations discovered in the home will be addressed immediately with responsible staff members through retraining and/or corrective action in accordance with Dungarvin policy and procedure.</li> <li>Facility staff have been retrained on proactive measures in the BSPs for all individuals served in to become involved quickly when there are signs that an escalation or conflict is developing.</li> <li>All QIDPs have been retrained on conducting thorough investigations of significant incidents, including peer to peer aggression and property destruction. QIDPs also received retraining on the importance of critically analyzing all possible causes when investigating</li> </ul>		

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					<p>significant incidents, in order to create a corrective action plan to effectively prevent recurrence of the type of incident being investigated.</p> <ul style="list-style-type: none"> <li>Going forward, during weekly supervision meetings with the Area Director, the QIDP will review the status of every major incident currently under review, and the QIDP will be responsible to present the status of each investigation to ensure that the investigations and resulting action plans are timely, thorough, and effective.</li> <li>Area Director will be responsible to ensure that all investigations are thorough by signing off on all investigations within 5 working days.</li> </ul> <p><u>How facility will identify other residents potentially affected &amp; what measures taken</u></p> <p>All residents potentially are affected, and corrective measures address the needs of all clients.</p> <p><u>Measures or systemic changes facility put in place to ensure no recurrence</u></p> <ul style="list-style-type: none"> <li>All new Program Director/QIDPs will be trained to complete thorough, timely investigations of all significant incidents which could be indicative of abuse, neglect, or exploitation, including elopements, non-emergency calls to 911,</li> </ul>		

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W 0129  Bldg. 00	<p>483.420(a)(7) <b>PROTECTION OF CLIENTS RIGHTS</b> The facility must ensure the rights of all clients. Therefore, the facility must provide each client with the opportunity for personal privacy.</p> <p>Based on observation, record review, and interview for 3 of 3 sample clients (A, B, and C), plus 3 additional clients (D, E, and F), the facility failed to ensure clients A, B, C, D, E, and F's medical information was kept in a secure location, to ensure client F had window coverings in his bedroom to provide personal privacy, and to ensure clients B and F's personal email messages were not readily accessible on the community computer.</p> <p>Findings include:</p> <p>Observations were conducted in the group home on 9/12/22 from 10:50 am to 11:50 am and from 6:50 pm to 8:20 pm and on 9/14/22 from 10:50 am to 11:50 am. Clients A, B, C, D, E, and F were present in the home throughout the observation periods.</p> <p>1. Throughout the observation periods, there was no window covering on client F's bedroom window.</p> <p>2. Throughout the observation periods, the</p>			W 0129	<p>police intervention, and hospitalization.</p> <ul style="list-style-type: none"> <li>Area Director will be responsible to ensure that all investigations are thorough, timely, and include a corrective action plan by signing off on all investigations within 5 working days.</li> </ul> <p><b>W 129</b> <u>Protection of Clients Rights (Standard)</u> – Failed to ensure clients A, B, C, D, E, and F's medical information was kept in a secure location, to ensure client F had window coverings in his bedroom to provide personal privacy, and to ensure clients B and F's personal email messages were not readily accessible on the community computer. <u>Corrective action for resident(s) found to have been affected</u> All parts of the POC for the survey with event ID RE6G11 will be fully implemented, including the following specifics:</p> <ul style="list-style-type: none"> <li>All facility staff have been retrained on policies regarding Client Rights including the right to privacy regarding personal health information.</li> <li>All facility staff retrained on</li> </ul>		10/21/2022

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	<p>medication area was located in the dining room and was partitioned off with cabinets and desks. It did not have permanent walls or a door. On 9/12/22 from 10:50 am to 11:50 am and from 6:50 pm to 8:20 pm, there was a pile of empty medication cards stacked on a shelf under the printer in the medication room. Clients A, B, C, D, E, and F's names and personal medical information was on the medication cards.</p> <p>3. On 9/12/22 at 7:06 pm, client B stated, "I signed up for Special Olympics. I did it myself. Sometimes I have to do stuff myself because it takes too long to wait for staff to help." Client B indicated he had an email from Special Olympics. Client B opened an email account on the community computer in the living room. Client B did not use a password to log into the email account. Client B then switched to another account without using a password and stated, "This one is [client F's]. I don't read his email." Client B indicated neither he nor client F used a password on the community computer.</p> <p>Area Director (AD) #1 was interviewed on 9/14/22 at 1:51 pm and stated, "There should be a privacy covering of some sort on every bedroom window." AD #1 stated, "There should be no identifying information on medication cards where people can see them." AD #1 stated, "We should encourage them to sign out of accounts they aren't actively using. It would make sense to have a program or goal to teach that. I don't know if our assessments are up to date to address online privacy. We would need to address vulnerability."</p> <p>9-3-2(a)</p>				<p>the procedure to follow when a med card or other med container with protected health information printed on a label needs to be discarded and what procedure to follow when new medications are delivered and need to be stored securely.</p> <ul style="list-style-type: none"> <li>A window covering has been installed in client F's bedroom.</li> <li>All staff trained to ensure on each shift that the shared computer accessed by the individuals does not have any open email accounts. Staff will be trained to clear all passwords in the computer settings. Working with IT to change settings if possible to forget all passwords when a window is closed.</li> <li>Program Director/QIDP and nurse will be responsible to verify that protected health information is stored in a HIPAA compliant way during regular, frequent visits in the home. The facility nurse has added documentation of this to her weekly written report to the QIDP and Area Director. Program Director/QIDP is further responsible to monitor for any other privacy violations during frequent visits in the home.</li> <li>All occurrences of HIPAA or privacy violations discovered in the home will be addressed immediately with responsible staff members through retraining and/or corrective action in accordance</li> </ul>		

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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.</p> <p>Based on record review and interview for 12 of 37 allegations of abuse and neglect reviewed, the facility neglected to implement its written policy and procedure to prevent 12 allegations of peer to peer aggression and property destruction for clients A, D, E, and F.</p> <p>Findings include:</p>	W 0149	<p>with Dungarvin policy and procedure.</p> <p><u>How facility will identify other residents potentially affected &amp; what measures taken</u> All residents potentially are affected, and corrective measures address the needs of all clients.</p> <p><u>Measures or systemic changes facility put in place to ensure no recurrence</u> All new employees are trained on HIPAA and Client Rights upon hire and retrained annually thereafter. Program Director/QIDP is to maintain a regular, frequent presence in the home and provide direct coaching and redirection to any staff who violate policy and procedure. Nurse will also report any violations to the PD/QIDP for follow up.</p> <p><b>W 149</b> <u>Staff Treatment of Clients (Standard)</u> – The facility neglected to implement its written policy and procedure to prevent 12 allegations of peer-to-peer aggression and property destruction for clients A, D, E, and F.</p>	10/21/2022	

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	<p>The facility's Bureau of Developmental Disabilities Services (BDDS) reports and related investigations were reviewed on 9/12/22 at 12:53 pm.</p> <p>1. A BDDS report dated 8/9/22 indicated the following: "[On 8/8/22], staff reported to this IR (incident report) writer, that she heard [client A] yelling aggressively at another [client F] about a missing television remote. She was getting food out to prepare for lunch when she heard the commotion. As she entered the room, she witnessed [client A] lunging at [client F], tackling him in his chair backwards, knocking the chair over and then punching the other [client F] aggressively in the face. Staff rushed to separate the individuals, but [client A] was still throwing punches. The police were called, and, when [client A] heard the police were called, he finally backed off, and [client F] was able to get up from the chair and walk away from the situation.</p> <p>When the police arrived, [client A] remained agitated, as they went to talk to [client F] in this room, it was also when it was discovered that [client A] had also engaged in extensive property destruction. He tore his bedroom door off the hinges and threw the door into the hallway and punched 7 holes in the walls in his bedroom. The responding officers decided to place [client A] under arrest. He was handcuffed and put in the police car. He was taken to the [name] jail. [Client A's] mother was notified of the situation. [Client A] had a preliminary hearing today (8/9/22). He is being charged with a criminal misdemeanor, battery, battery resulting in bodily injury. His bond was set at \$200.00. [Client A's] mother is his guardian and rep (representative) payee and has been notified of the bond amount.</p>				<p><u>Corrective action for resident(s) found to have been affected</u></p> <p>All parts of the POC for the survey with event ID RE6G11 will be fully implemented, including the following specifics:</p> <ul style="list-style-type: none"> <li>Facility staff have been retrained on proactive measures in the BSPs for all individuals served in to become involved quickly when there are signs that an escalation or conflict is developing.</li> <li>All QIDPs have been retrained on conducting thorough investigations of significant incidents, including peer to peer aggression and property destruction. QIDPs also received retraining on the importance of critically analyzing all possible causes when investigating significant incidents, in order to create a corrective action plan to effectively prevent recurrence of the type of incident being investigated.</li> <li>Going forward, during weekly supervision meetings with the Area Director, the QIDP will review the status of every major incident currently under review, and the QIDP will be responsible to present the status of each investigation to ensure that the investigations and resulting action plans are timely, thorough, and effective.</li> </ul>		

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	<p>[Qualified Intellectual Disabilities Professional] (QIDP) reached out to the jail to communicate medical history and med (medication) list. [Client A] has an appointed defense attorney."</p> <p>A second BDDS report indicated client F was transported to the emergency room (ER) via ambulance where he received a CT (computerized tomography) scan which indicated no internal injury.</p> <p>An investigation dated 8/9/22 indicated the following: "What happened just prior to the incident: [Client A] was reportedly in the living room, yelling at [client F] to give him his remote back. Location of each staff member at the time of the incident: Staff #1 was in the basement getting food out to prepare for lunch when she heard the commotion. Staff #2 was on the couch next to the recliner that [client F] was sitting in.... Interventions used based on Behavior Support Plans: n/a (not applicable) incident happened so fast, staff didn't have time to react. Were interventions successful? n/a [client A] stopped punching [client F] when he heard staff say they were calling the police. Briefly summarize statement attached. Interview all staff and individuals, and any other witnesses. Staff #1 was in the basement, getting food for lunch when she heard the commotion. Staff #2 was sitting on the couch next to the recliner that [client F] was sitting in. She said by the time she was able to react, [client A] was already on top of [client F] punching him. She said it happened in like 15 seconds. He stopped after staff told him they were calling the police. 2 of the individuals were in their rooms and not aware of the situation. 1 individual was in the dining room listening to music and didn't even react when the police</p>				<p><u>How facility will identify other residents potentially affected &amp; what measures taken</u> All residents potentially are affected, and corrective measures address the needs of all clients.</p> <p><u>Measures or systemic changes facility put in place to ensure no recurrence</u> All new Program Director/QIDPs have been trained to complete thorough, timely investigations of all significant incidents which could be indicative of abuse, neglect, or exploitation, including peer to peer aggression and property destruction.</p>		



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	<p>arrived. Of the 2 individuals that saw the incident, they both stated they were sitting in the living room with staff #2, talking and watching tv when they heard [client A] yelling and then jumping on [client F] pushing the chair backwards....</p> <p>Were there any precipitating or contributing factors? List any pertinent history, including any similar incidents in the past year. [Clients A and F] have had conflict.</p> <p>Summary of findings and recommendations: Were staff present following all Behavior Support Plan (BSP) interventions per the plans? If no, why? N/A.</p> <p>Was appropriate staffing in place? Yes.</p> <p>Could the incident have been prevented? Unknown. [Client A] has been accusing [client F] of stealing from him, although it is possible that is the case, none of [client A's] belongings have ever been found. His anger towards [client F] had been brewing, and, as he told the officer, 'It was a long time coming.'</p> <p>Are any revisions to the BSP indicated and why? No.</p> <p>Is there any evidence of Abuse, Neglect, or Exploitation related to the incident? No.</p> <p>What actions should be taken to prevent future incidents? [Clients A and F] will be apart to the best of staff's ability upon his return from jail.</p> <p>Is there a plan for the IST (Individual Support Team) to meet or otherwise review this incident? (No response indicated.)</p> <p>Are any changes recommended to programs or support plans? (No response indicated).</p> <p>Is staff training indicated? If so, when is it scheduled? (No response indicated)."</p> <p>- The review did not include attachments of witness statements, a review of client A's BSP, an indication of whether staff followed client A's BSP, a plan of corrective action, signatures indicating the investigation was submitted to and</p>						

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	<p>reviewed by administration. The investigation indicated the allegation of abuse was unsubstantiated.</p> <p>2. A BDDS report dated 8/5/22 indicated the following: "[On 8/4/22] this IR writer was notified by staff that [client A] ran after [client F], chasing him to the street, after accusing him of stealing his personal belonging. [Clients A and F] were engaged in a physical altercation that ended with staff intervening and separating them. [Client F] received a scrape to his left knee and road rash to his outer hand.... "</p> <p>An investigation dated 8/5/22 indicated the following: "What happened just prior to the incident: [Client F] and his housemate were involved in a physical altercation. He received a scrape to his left knee and road rash to right outer hand..... What happened during the incident? [Client 's] housemate had reportedly been accusing [client F] of stealing his things and housemate went after [client F], which ended up in a physical altercation..... Were there injuries? Scrape to left knee and road rash on outer right hand, no first aid needed. Interventions used based on BSP for individuals: Staff had to separate [client F] and his housemate. Were interventions successful? [Client F] and his housemate stopped punching each other with staff intervention. Briefly summarize statements attached. Interview all staff and individuals, and any other witnesses: Staff #1 and #2 were in the same room and followed them and eventually had to separate them. Staff #3 was with the other individuals keeping them away from the altercation..... Were staff present following all BSPs per the</p>						

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	<p>plans? If no, why? N/A.</p> <p>Was appropriate staffing in place? Yes.</p> <p>Could the incident have been prevented?</p> <p>Unknown, as [client F 's] housemate has been accusing him of stealing from him, although it is possible that is the case, none of housemates belongings have ever been found. [Client F] continues to 'swear' he has not stolen anything. Are any revisions to the BSP indicated and why? No.</p> <p>Is there any evidence of Abuse, Neglect, or Exploitation related to the incident? No.</p> <p>What actions should be taken to prevent future incidents? Staff will do their best to keep [client F] and his housemate apart.</p> <p>Is there a plan for the IST to meet or otherwise review this incident? (No response indicated.)</p> <p>Are any changes recommended to programs or support plans? (No response indicated.)</p> <p>Is staff training indicated? If so, when is it scheduled? (No response indicated.)"</p> <p>- The investigation did not include a review of the BSP, documentation of interviews with staff and clients present, a plan to prevent future occurrence, or a review of the investigation by administration. The investigation unsubstantiated the allegation of abuse.</p> <p>3. A BDDS report dated 7/31/22 indicated the following:</p> <p>"It was reported to this IR writer that yesterday 7/30/22 at approximately 2:00 pm, [client E] became agitated because he was not getting his way with staff. He started slamming doors, yelling and screaming. He is reported to have disassembled a game from the back porch and brought a pole from that game into the house. He then went straight to [client F 's] room and started threatening him and his belongings (specifically his TV). When [client F] told [client E] to get out of his room, he</p>						

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	<p>became more agitated and (sic) rubbing the pole on [client F 's] TV. As staff #1 attempted to intervene and take the pole away from his (sic), [client E] dug his nails into staff's finger, causing her to bleed. Staff #2 was able to redirect him to his room in hopes that he would calm down, however, he did not. A few minutes after going into his room, he came out into the hallway and went directly to [client F's] room again and started damaging his property, throwing his DVD's (digital video discs) (sic), shoes, and other objects at [client F]. It was when (sic) [client F] calmly asked [client E] to leave his room that [client E] physically went after [client F], slapping and punching him. In order to protect himself, [client F] started punching [client E], causing a bloody nose and 2 black eyes. Staff asked [client F] to stop, which he did, but [client E] became even more agitated and started throwing things at staff. Due to the nature of the incident and the fact that staff were unable to get [client E] to calm down, they called the police. At that time, [client F] was in his room, and [client E] was running around the house, crying. The police were eventually able to calm [client E] down and instructed him to stay away from [client F]. No charges were filed, and they did not take [client E] away. On call nurse was notified, and staff were instructed to put cold compresses on [client E's] face for swelling and monitor for any changes. At the time of this writing, [client E] and his housemate have made amends. Both of [client E's] eyes are black and blue...."</p> <p>An investigation dated 7/31/22 indicated the following: "What happened just prior to the incident: [Client E] was helping staff and got agitated because he didn't get his way. He became physical toward [client F]...."</p>						

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	<p>What happened during the incident: [Client E] took apart a game and started swinging a pole at housemate, throwing things, went after housemate and screaming and yelling. Staff had to call the police to diffuse the situation because they were unable to calm him....</p> <p>Were there any injuries? Yes. Black eyes and bloody nose.</p> <p>Interventions used based on Behavior Support Plans for individuals: Yes.</p> <p>Were interventions successful? No.</p> <p>Briefly summarize statements attached. Interview all staff and individuals, and any other witnesses. [Client E] was angry with staff because he did not get his way and became physically aggressive toward [client F]. Police were called to assist in calming him....</p> <p>Were there injuries? Was any medical intervention required? If yes, what medical intervention was provided? (No response indicated.)</p> <p>Were there any precipitating or contributing factors? List any pertinent history, including any similar incidents in the past year. [Client E] has intermittent explosive disorder and (sic) often unable to control his agitation/anxiety/anger. He did not get his way and was not able to control his anger. He often targets one specific housemate.</p> <p>Were staff present following all Behavior Support Plans per the plans? If no, why? (No response indicated.)</p> <p>Was appropriate staffing in place? Yes.</p> <p>Could the incident have been prevented? Unknown.</p> <p>Are any revisions to the BSP indicated and why? No.</p> <p>Is there evidence of Abuse, Neglect, or Exploitation related to the incident? No.</p> <p>What actions should be taken to prevent future</p>						

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	<p>incidents? No.</p> <p>Is there a plan for the IST to meet or otherwise review this incident? (No response indicated.)</p> <p>Are any changes recommended to programs or support plans? No.</p> <p>Is staff training indicated? If so, when is it scheduled? No."</p> <p>- The review did not include attachments of witness statements, a review of client E's BSP, an indication of whether staff followed client E's BSP, a plan of corrective action, signatures indicating the investigation was submitted to and reviewed by administration. The investigation indicated the allegation of abuse was unsubstantiated.</p> <p>4. A BDDS report dated 6/13/22 indicated the following: "[On 6/12/22], it was reported to this IR writer that [client A] reportedly called the police at approximately 6:00 pm on 6/12/22 due to a conflict between he and another housemate. [Client A] was upset with housemate due to an earlier conflict in the house and accused the housemate of threatening him with a sharp knife. Staff reported that [client A] was not threatened by the housemate. Note - staff had been using a knife for their dinner meal and promptly washed it and locked it where it belongs. Since the police had been there earlier in the day, they explained to the guys that if they were called again, someone would be arrested. [Client A] stated he called the police because he was mad that no one was arrested earlier."</p> <p>- The review did not include an investigation.</p> <p>5. A BDDS report dated 5/26/22 indicated the following: "[On 5/25/22], [client A] and [client F] got into a physical altercation r/t (related to) a disagreement. There were no injuries."</p>						

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	<p>An investigation dated 5/26/22 indicated the following:</p> <p>"What happened just prior to the incident: [Clients F and A] started arguing and then the argument turned into a physical altercation. Staff intervened, and no one was injured....</p> <p>What happened during the incident? [Clients A and F] were arguing and started hitting each other....</p> <p>Interventions used based on BSPs for individuals: Staff were able to deescalate the situation.</p> <p>Were interventions successful? Yes.</p> <p>Briefly summarize statements attached. Interview all staff and individuals, and any other witnesses. Staff heard yelling and immediately intervened as the guys started becoming physical....</p> <p>Were staff present following all BSP interventions per the plans? N/A.</p> <p>Was appropriate staffing in place? Yes.</p> <p>Could the incident have been prevented? Unknown.</p> <p>Are any revisions to the BSP indicated and why? No.</p> <p>Is there evidence of Abuse, Neglect, or Exploitation related to the incident? No.</p> <p>What actions should be taken to prevent future incidents? Staff continue to keep [clients F and A] separated.</p> <p>Is there a plan for the IST to meet or otherwise review this incident? (No response indicated.)</p> <p>Are there changes recommended to programs or support plans? (No response indicated.)</p> <p>Is staff training indicated? If so, when is it scheduled? (No response indicated.)"</p> <p>- The review did not include attachments of witness statements, a review of clients A and F's BSPs, an indication of whether staff followed clients A and F's BSPs, a plan of corrective action, signatures indicating the investigation was</p>						

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	<p>submitted to and reviewed by administration. The investigation indicated the allegation of abuse was unsubstantiated.</p> <p>6. A BDDS report dated 5/9/22 indicated the following: "[On 5/8/22], this IR writer notified that [client A] and [client F] had a verbal altercation that started to become physical. It was reported that [client A] and [client F] were fighting. Staff attempted to separate them and ended up getting hit in the face. [Client A] sustained a scratch on his neck and a rug burn on his knee. Staff had a hard time calming [client A]. He has no reports of pain at the time of this writing, and staff report that [client A] and his housemates have apologized to each other."</p> <p>An investigation dated 5/9/22 indicated the following: "What happened just prior to the incident: [Clients A, F, and G] had a verbal altercation that became physical. Staff went to intervene and was hit in the face. [Client A] received a small scratch on his neck and a rug burn on his knee.... What happened during the incident? [Clients A, F, and G] had a physical altercation.... Interventions used based on BSPs for individuals: (No response indicated.) Were interventions successful? (No response indicated.) Briefly summarize statements attached. Interview all staff and individuals, and any other witnesses. Staff heard commotion and ran to porch to intervene and break up the altercation.... Were staff present following all BSP interventions per the plans? Yes. Was appropriate staffing in place? Yes. Are any revisions to the BSP indicated and why? (No response indicated.)</p>						



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NAME OF PROVIDER OR SUPPLIER  DUNGARVIN INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP COD 51778 TROWBRIDGE LN SOUTH BEND, IN 46637			
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	<p>Is there any evidence of Abuse, Neglect, or Exploitation related to the incident? (No response indicated.)</p> <p>What actions should be taken to prevent future incidents? (No response indicated.)</p> <p>Is there a plan for the IST to meet or otherwise review this incident? (No response indicated.)</p> <p>Are any changes recommended to programs or support plans? (No response indicated.)</p> <p>Is staff training indicated? If so, when is it scheduled? (No response indicated.)"</p> <p>- The review did not include attachments of witness statements, a review of clients A and F's BSPs, a plan of corrective action, signatures indicating the investigation was submitted to and reviewed by administration. The investigation indicated the allegation of abuse was unsubstantiated.</p> <p>7. An Incident Follow-up Report dated 5/31/22 indicated the following: "[On 5/2/22], this IR writer was informed that on the evening of 5/2/22, [client E] was in the kitchen, helping staff make dinner. He made a comment about another [unknown] housemate. The [unknown] housemate overheard and questioned [client E] about it and then walked away from [client E]. [Client E] then tried to apologize to his [unknown] housemate but became agitated, verbally aggressive, and destructive when his [unknown] housemate refused to accept his apology. Staff followed [client E] around the house trying to calm him as he threw food plates, flipped tables, (sic) slammed doors. Upon walking into the living room, [client E] threw a cup [client F] and then was struck in the side of the head by [client F]. [Client E] then continued to be verbally abusive to [client F], as he tried to go after him. Staff was able to restrain [client E] using the Handle with Care (restraint) Model that staff are</p>						

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	<p>trained with and got him to the chair in the living room. He did have to continue holding [client E] there, as he was being verbally abusive to several housemates and told 3 of them that he was going to kill them in their sleep. The police were called, and, when they arrived, they spoke with [client E] and believed he was calm and sincere in his apology. A few minutes after the police left, [client E] became agitated again and threw the back of his chair at one of his housemates. No other police involvement. Staff was finally able to calm [client E] and give him his pm meds (evening medications). He was in his room sleeping around 8:00 pm and slept through the night."</p> <p>An investigation dated 5/4/22 indicated the following: "What happened just prior to the incident: [Client E] and his housemates were in the living room playing games.... What happened during the incident? [Client E] threw a cup at [client F's] head and [client F] retaliated by striking [client E] on the side of his head.... Interventions used based on BSP for individuals: Yes. Were interventions successful? Yes.... Were staff present following all BSP interventions per the plans? Yes. Was appropriate staffing in place? Yes. Could the incident have been prevented? Unknown. Are any revisions to the BSP indicated and why? No. Is there any evidence of Abuse, Neglect, or Exploitation related to the incident? No. What actions should be taken to prevent future incidents? Is there a plan for the IST to meet or otherwise review this incident? (No response indicated.)</p>						

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	<p>Are any changes recommended to programs or support plans? (No response indicated.)</p> <p>Is staff training indicated? If so, when is it scheduled? (No response indicated.)"</p> <p>- The review did not include attachments of witness statements, a review of clients E and F's BSPs, a plan of corrective action, signatures indicating the investigation was submitted to and reviewed by administration. The investigation indicated the allegation of abuse was unsubstantiated.</p> <p>8. A BDDS report dated 4/21/22 indicated the following: "[On 4/20/22], staff reported to this IR writer that [client E] believed his [unknown] housemates were talking/laughing about him while playing games and became agitated and angry. Staff was able to get [client E] to calm down, but he became upset again (one of his [unknown] housemates was walking too close to him), and ran to the back and went into [unknown] housemates room to try to fight. Staff had to use their Human Rights Committee (HRC) approved training technique (physical restraint) to keep [client E] from going after any of his housemates (no individuals were touched during the incident). He did throw the sofa over and attempted to grab the television. As that was going, staff #1 called the police to help with the situation. Staff #2 stayed with [client E] while the police calmed him down."</p> <p>An investigation dated 4/22/22 indicated the following: "What happened just prior to the incident? [Client E] and his housemates were in the living room playing games.... Interventions used based on Behavior Support Plans for individual: HRC approved hold techniques.</p>						

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	<p>Were interventions successful? Unfortunately, no. The police had to called to assist in diffusing the situation.</p> <p>Briefly summarize statements attached. (No statements were available for review.)....</p> <p>Summary of findings and recommendations:</p> <p>Were staff present following all Behavior Support Plans per the plans? Yes.</p> <p>Was appropriate staffing in place? N/A (not applicable).</p> <p>Could the incident have been prevented? Unknown.</p> <p>Are any revisions to the BSP indicated and why? No.</p> <p>Is there any evidence of Abuse, Neglect, or Exploitation related to the incident? No.</p> <p>What actions should be taken to prevent future incidents?</p> <p>Is there a plan for the IST to meet or otherwise review this incident? (Not indicated.)</p> <p>Are any changes recommended to programs or support plans? (Not indicated.)</p> <p>Is staff training indicated? If so, when is it scheduled? (Not indicated.)"</p> <p>- The investigation did not include interviews with staff and clients present, a review of client E's BSP, a review of staff actions prior to the hold to determine if client E's BSP was implemented, a plan of corrective action to prevent future incidents, signatures indicating the investigation was reviewed by administrators.</p> <p>9. A BDDS report dated 4/5/22 indicated the following:</p> <p>"Staff reported to this writer that at approximately 6:30 pm (4/5/22), during dinner, [client A] reportedly made a derogatory comment to one of his [unknown] housemates. As staff was trying to calm [client A] down, [client F] came from the back of the house and started fighting [client A].</p>						

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	<p>Hitting him from behind, knocking him to the floor. Staff proceeded to break them up and separate them. One of the staff took [client F] to his room to calm down, while the other staff took [client A] outside to have a cigarette (sic) calm down. Once everyone was calm, another [unknown] housemate came to the living room to announce the police were on their way. (Apparently, during the scuffle, [client A] told his roommate to call the police). Upon the police arrival, staff was talking to this [QIDP] and was on speaker phone talking to the police, guys, and staff. The officer spoke with all of the guys in the house. No charges were filed. [Client A] did not sustain any injuries, no cuts, scrapes, (sic) torn clothes. He did not complaint of any pain. After the officers left, [client A] calmed and retreated to his room with his roommate for the rest of the night. [Client A's] mom has been informed of the incident."</p> <p>An investigation dated 4/6/22 indicated the following: "What happened just prior to the incident: [Client A] was reportedly making a derogatory remark to his housemate. Housemate became angry (sic) ran after [client A], jumped him and knocked him to the ground.... What happened during the incident? [Client A] was attacked by a housemate that was making derogatory remarks to his roommate. Another housemate call (sic) the police on [client F].... Interventions used based on BSPs for individuals: Housemates were separated. Officer spoke with the guys in his room. No one was arrested. No charges were made. Were interventions successful? Yes. Briefly summarize statements attached. Interview all staff and individuals, and any other witnesses. Staff and other housemates saw [client F] jump on [client A] for making derogatory comments to</p>						

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	<p>[client F's] roommate....</p> <p>Were staff present following all BSP interventions per the plans? Yes.</p> <p>Was appropriate staffing in place? Yes.</p> <p>Could the incident have been prevented? Unknown.</p> <p>Are any revisions to the BSP indicated and why? (No response indicated.)</p> <p>Is there any evidence of Abuse, Neglect, or Exploitation related to the incident? (No response indicated.)</p> <p>What actions should be taken to prevent future incidents? (No response indicated.)</p> <p>Is there a plan for the IST to meet or otherwise review this incident? (No response indicated.)</p> <p>Are any changes recommended to programs or support plans? (No response indicated.)</p> <p>Is staff training indicated? If so, when is it scheduled? (No response indicated.)"</p> <p>- The review did not include attachments of witness statements, a review of clients A and F's BSP, an indication of whether staff followed clients A and F's BSPs, a plan of corrective action, signatures indicating the investigation was submitted to and reviewed by administration. The investigation did not indicate whether the allegation of abuse was substantiated.</p> <p>10. A BDDS report dated 3/22/22 indicated the following: "[On 3/21/22], it was reported to this writer that [client A] and 3 other [unknown] housemates were outside on the back porch, hanging out when an argument arose. [Client A] was reported to have flicked a cigarette butt at one of his [unknown] housemates. When [unknown] housemate went into the house to tell staff what happened, [client A] followed and was reported to be verbally taunting his [unknown] housemate. [Client F], who was also outside, came running</p>						

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	<p>into the house and attacked [client A]. [Client A] received scratches to his arm and his neck. In defense for himself, [client A] threw a few punches, hitting [unknown] housemate in the face."</p> <p>An investigation dated 3/22/22 indicated the following: "What happened just prior to the incident: [Client A] was on the back porch smoking with housemate and got angry at him and [client A] flicked a cigarette butt at him.... Interventions used based on Behavior Support Plans for individuals: Individuals were separated. Were interventions successful? Yes.... Briefly summarize statements attached. Interview all staff and individuals, and any other witnesses. [Client A] and a housemate were smoking on porch, they started 'talking smack' to each other. [Client A] got mad and flicked his cigarette butt at housemate. No injuries were caused.... Were staff present following all Behavior Support Plan Interventions per the plans? Yes. Was appropriate staffing in place? Yes. Could the incident have been prevented? Unknown. Are revisions to the BSP or the High Risk Plans indicated and why? (No response indicated). Is there any evidence of Abuse, Neglect, or Exploitation related to the incident? No. What actions should be taken to prevent future incidents? (No response indicated). Is there a plan for the IST to meet or otherwise review this incident? (No response indicated). Are any changes recommended to programs or support plans? (No response indicated). Is staff training indicated? If so, when is it scheduled? (No response indicated)." - The review did not include attachments of witness statements or a review of client the</p>						

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	<p>clients' BSPs. The investigation indicated staff effectively implemented the BSPs, but did not indicate what actions were taken by staff. The investigation did not include a plan of corrective action or signatures indicating the investigation was submitted to and reviewed by administration. The investigation indicated the allegation of abuse was unsubstantiated.</p> <p>11. A BDDS report dated 2/27/22 indicated the following: "It was reported to this writer that at approximately 2:30 pm, [client D] made himself a bologna sandwich. As staff was watching him make his sandwich, she noticed that he had put about 7 slices of bologna on his sandwich. As staff tried to explain to him that he had to make sure there was enough for his other housemates to a make a sandwich as well, [client D] became angry and stormed out of the kitchen into the dining area. [Client E] was sitting at the dining table, and [client D] hit him in the name of his neck. [Client D] realized what he had done and immediately apologized to [client E]. Staff then assisted [client D] to his 'area' where he calmly ate his sandwich. No further behaviors or issued (sic) were reported." - The review did not include an investigation related to this incident.</p> <p>12. A BDDS report dated 2/2/22 indicated the following: "On 2/2/22, Trowbridge staff called [QIDP] to report that [client E] became upset after a session with his Behavior Clinician (BC) and started yelling, crying, causing destruction of property. He tore up his room, destroying both his roommates' belongings, items in the kitchen, as well as items throughout the house. Staff did call the [name] County Police, as they were unable to</p>						



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	<p>calm [client E] down. [Client E] was so agitated that he actually yelled at the police officers. He was finally asked to go to his room when staff and the officers felt that he was calm enough to be alone. The officers left with no recourse. Not long after the police, staff was straightening up the house, when [client E] appeared at the front door. Upon entering the house, he grabbed a chair and threw it at one of his [unknown] housemates, hitting him in the chest area and right hand. [Client E] opened up and climbed out of his first story bedroom window and ran around to the front of the house...."</p> <p>An investigation dated 2/2/22 indicated the following: "What happened just prior to the incident: Meeting with BC. Interventions used based on BSP for individual: Leave him alone for a little bit, calmly talk to him. Were interventions successful? Yes. Briefly summarize statements attached. Interview all staff and individuals, and any other witnesses. (No statements were attached.) Were staff present following all BSP interventions per the plans? Yes, along with BC. Was appropriate staffing in place? Yes. Could the incident have been prevented? It is unknown. There was no actual trigger. Are any revision to the BSP indicated and why? No. Is there evidence of Abuse, Neglect, or Exploitation related to the incident? No. What actions should be taken to prevent future incidents? Is there a plan for the IST to meet or otherwise review this incident? (No response indicated.) Are any changes recommended to programs or support plans? (No response indicated.) Is staff training indicated? Is so, when is it</p>						

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	<p>scheduled? No."</p> <p>- The investigation did not include a review of the BSP, documentation of interviews with staff and clients present, a plan to prevent future occurrence, or a review of the investigation by administration. The investigation unsubstantiated the allegation of abus</p> <p>e.Client A's record was reviewed on 9/13/22 at 1:03 pm.Client A's BSP dated 4/5/22 indicated the following:"Target Behaviors: Elopement, Physical Aggression, Verbal Aggression, Negative Interactions (coercion), Property Destruction, Suicidal Ideation/Attempt....Proactive StrategiesPositive Attention and Reinforcement: Everyone working with [client A] will attempt to reinforce his positive behaviors through verbal praise and positive attention. Pay attention to when he is doing something well or exhibiting pro-social behavior, and then praise. [Client A] may use maladaptive behavior to gain attention. So, giving attention where it is due while at the same time ignoring maladaptive behaviors (see differential reinforcement) will thus naturally shape more positive behaviors.Communication: [Client A] may need some one-on-one time with staff to communicate his feelings. Staff need to listen to how he is feeling and help him work through it. Sometimes all it takes is for him to say it out loud, and then he can work through it himself. Also, communicating with</p>						

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	<p>[client A] through reminders of what he may have been doing, or if something has already happened. He may also need to be reminded where he left an item, therefore, he does not jump to the conclusion that someone has stolen it, it was just misplaced. Staff should never talk down to or yell at [client A]. Participation in Routine Daily Activities: [Client A] proceeds through the daily routine within reasonable time limits and participates in ongoing and specially scheduled activities. In order to maximize consistency and structure within [client A's] environment, the following criteria have been established:- The daily schedule consists of those activities that are routine, such as hygiene, home maintenance, work, meals, and scheduled recreation activities.- [Client A] should be given up to 5 verbal prompts, for each task in the schedule. This should not be a threat, but simply a reminder that he needs to participate in routine scheduled activities....Relaxation Exercise Practice: Staff will encourage [client A] to practice one of these relaxation techniques, once a day.- Take three deep breaths....- Stomach sucks....- Squeeze ball....- Listen to music....Reactive Strategies....Physical Aggression Rationale: (information derived from future QAFB (functional behavioral assessment)). Intervention Steps: a) If [client A] is observed engaging in physical</p>						

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	<p>aggression, immediately tell [client A] to 'stop' while moving into position to keep himself and others from harm. Priority at all times is the individual's safety. If [client A] stops, give him verbal praise for stopping and redirect him to an appropriate activity, or to a safe space he can be alone to calm down even further. b) If [client A] is unable to calm down using these techniques and is in imminent danger of hurting himself or others, staff should follow facility policy and procedure as necessary to protect himself and others. This includes blocking or other restraint procedures already trained to Dungarvin staff members in Handle with Care training....Verbal AggressionRationale: (information derived from future QAFB).Intervention Steps: a) If staff suspects that [client A] is about to exhibit verbal aggression, staff members should prompt him to communicate how he is feeling and redirect him to a preferred activity he can complete with staff. b) Offer to help him communicate by offering to listen to his concerns. c) If [client A] begins exhibiting verbal aggression, staff should say, '[Client A], you need to calm down and tell me what is wrong.' If [client A] does calm down and speak (sic) to staff about how he is feeling, staff should provide him with positive, behavior specific, verbal praise. d) If [client A] continues the behavior, ignore</p>						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15G573		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 09/21/2022	
NAME OF PROVIDER OR SUPPLIER  DUNGARVIN INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP COD 51778 TROWBRIDGE LN SOUTH BEND, IN 46637			
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	<p>him. Planned ignoring is to occur after [client A] is directed to stop the behavior. Planned ignoring is implemented as follows:</p> <p>1. Do not give [client A] eye contact. 2. Do not talk to [client A]. 3. Do not use body language, facial expressions or make sounds of exasperation to communicate displeasure with [client A's] behavior. 4. If [client A] hears you, do not talk to others about him. 5. Unless required for the safety of [client A] or others, do not touch him. 6. If it is possible to leave [client A], walk away from him and encourage housemates to also leave the area. e) Staff should continue to provide [client A] with verbal prompts to stop engaging in verbal aggression once every 5 minutes until the behavior has stopped. Staff should use planned ignoring in between each verbal prompt....Property DestructionRationale: (information derived from future QAFB).Intervention Steps: a) Attempt to redirect [client A] to a preferred activity. b) To the greatest extent possible, [client A] will be responsible for cleaning up, repairing, and/or replacing damaged property. c) If [client A] appears agitated, staff should remove items of value from his presence and relocate them to a safer area. d) Staff should encourage housemates to relocate their items in order to keep them safe from damage. e) If property destruction results in an unsafe condition,</p>						

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	<p>precautions need to be taken to ensure everyone's safety. 1. If the behavior continues, and [client A] is not being safe or is in danger of physical harm, staff will need to initiate Handle with Care least to most restrictive interventions....Dungarvin Crisis InterventionProcedures: All interventions outlined below are listed in an ascending hierarchical order, beginning with the least restrictive or intrusive techniques. In addressing an individual's maladaptive behavior, the least restrictive interventions from the lowest level will be employed.Physical Hold/Physical Restraint - use of an approved, non-pain inducing method to physically hold or restrain an individual or limit movement to prevent injury to self or others. Employees should only use physical hold/physical restraints that are part of the approved behavioral support plan or utilized in Dungarvin Crisis intervention that include the following in hierarchical order from least to most restrictive: Physical Redirection/Response Blocking (Pull-through/Block), Releasing, Walking with or accompanying/Escorting (Transfer technique), Side Body Hug, One Arm Standing, Basket Hold, Two Person Hold...."- Client A's BSP did not indicate use of police intervention to manage his behaviors.Client E's record was reviewed on 9/13/22 at 1:15 pm.Client E's BSP dated</p>						

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	<p>4/5/22 indicated the following:"Target Behaviors: Property Destruction, Verbal Aggression, Physical Aggression, Elopement....Proactive Strategies:Communication: Spend a couple minutes talking with him. Thank him when he comes to staff with his problems. Give him time to voice his frustrations and feelings. Use behavior specific praise as often as possible. Speak to him in a calm, neutral voice. Maintain personal boundaries and never make promises. Do not phrase requests as demands, instead phrase them as questions. Do not talk about negative topics with [client E]. Do not bring up home sits with [client E], refrain from any home visit sort of conversations. When [client E] begins to show signs of frustration such as stomping, rubbing his eyes, pacing... Say to him, 'You seem upset, do you need to go relax in your room for a bit?' 'Where is your binder?' Then ignore. Do not mention his behavior anything relating to his behavior when he is on the edge of crisis in this state.Structured Environment: [Client E] should be provided a structured environment, so he knows what to expect. A calendar will assist with upcoming events: Community events, Programming schedule, Therapy sessions, Home visit schedule. Setting a timer, so he knows how much time is allotted the certain activities. Consistent</p>						

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	<p>daily routines are important for success. Relaxation Exercise/Emotional Binder: [Client E] has an emotional toolkit binder that has a lot of his favorite things to do when he gets upset. By using his binder, he is reminded of how to calm down, and he can do so on his own. His binder should be available to him at all times, wherever he is. Staff should remind him of his binder when he seems upset. Listen to relaxing music: He can choose his favorite music. As often as possible (ideally daily), staff/family will prompt [client E] to practice relaxation exercises when he becomes upset or nervous. Breathing exercises, such as deep breathing or breath focus. He also has other breathing exercises in his binder. Reactive Strategies Target Behavior: Physical Aggression Rationale: (No response indicated.) Intervention Steps: a) When staff suspects that [client E] is about to become physically aggressive, staff should first determine if they are the source of the agitation. b) If staff are making demands of him or redirecting him, they may want to first back off a little and give [client E] some space to process his feelings and the information staff are presenting to him. c) If he continues, try redirecting him to a more appropriate activity without mentioning his behavior. Offer to listen to him by asking if he can tell why it is, he's upset. d) Use a</p>						



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	<p>calming voice that is neutral and free of emotion or excitation. Offer assistance to help him get control of himself and to voice what's going on. e) Use language that is simple and direct. f) Do not talk down to [client E]. g) It is important for staff and others to stay at least an arm's length away from [client E] when he appears to be agitated. Do not box him in or block his escape route. h) Scan the area for objects [client E] can use as weapons and remove those items. i) If [client E] continues to aggress, staff will use Dungarvin Handle with Care response blocks when [client E] attacks them physically. 1. Least restrictive measures should always be utilized and exhausted first and foremost before implementing restrictive measures such as physical restraint. j) If he continues to demonstrate physical aggression, staff will need to follow the restraint protocol as demonstrated and practiced in the Handle with Care training. k) Staff should refrain from talking with [client E] during a restraint other than reminding him to 'relax', or 'breathe.' l) The restraint should continue until [client E] is able to completely relax his body for 2-3 minutes at which time staff will praise him for relaxing and inform him they will release one hand, but if he continues to struggle with them, they will return to the full restraint. 1. The staff will then release his</p>						

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	<p>other hand, praise him for relaxing and then release his feet. 2. Staff who are not directly involved in the restraint will ensure that the other consumers are moved to a safe location. m) If [client E] begins physical aggression after being released, the process will start again....Property DestructionRationale: (No response indicated.)Intervention Steps: a) Attempt to redirect [client E] to a preferred activity. b) To the greatest extent possible, [client E] will be responsible for cleaning up, repairing, and/or replacing damaged property. c) If [client E] appears agitated, staff should remove items of value from his presence and relocate them to a safer area. d) Staff should encourage housemates to relocate their items in order to keep them safe from damage. e) If property destruction results in an unsafe condition, precautions need to be taken to ensure everyone's safety. 1. If the behavior continues, and [client E] is not being safe or is (sic) danger of physical harm, staff will need to initiate Handle with Care least to most restrictive interventions....Verbal AggressionRationale: (No response indicated.)Intervention Step: a) Staff are encouraged to use a calm voice to remind [client E] that they want to help, but that he needs to speak more slowly and clearly, so they can understand him. b) Offer to help him communicate by offering to</p>						

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	<p>listen to his concerns. c) If [client E] continues the behavior, ignore him. 1. Planned ignoring is implemented as follows: 1. Do not give [client E] eye contact. 2. Do not talk to [client E]. 3. Do not use body language, facial expressions, or make sounds of exasperation to communicate displeasure with [client E's] behavior. 4. If [client E] hears you, do not talk to others about him. 5. Unless required for the safety of [client E] or others, do not touch him. 6. If it is possible to leave [client E], walk away from him. d) Staff will aid [client E] in calming by helping him change his environment in order to remove his attention from any potential sources of aggression. 1. This may involve encouraging him or others to move to another part of the home or leave the home entirely by going for a walk. 2. It may involve distracting his attention onto something more positive. e) Staff will continue to use verbal prompts and visual cues in order to help [client E] begin the calming process. f) Once [client E] shows signs of compliance, staff will give him behavior specific praise....Dungarvin Crisis InterventionProcedures: All interventions outlined below are listed in ascending hierarchical order, beginning with the least restrictive or intrusive techniques. In addressing an individual's maladaptive behavior, the least restrictive interventions</p>						

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	<p>from the lowest level will be employed. Physical Hold/Physical Restraint - use of an approved, non-pain inducing method to physically hold or restrain an individual or limit movement to prevent injury to self or others. Employees should only use physical hold/physical restraints that are part of the approved behavioral support plan or utilized in Dungarvin Crisis Intervention that include the following in hierarchical order from least to most restrictive. Physical Redirection/Response Blocking (Pull-through/Block), Releasing, Walking with or accompanying/Escorting (Transfer technique), Side Body Hug, One Arm Standing, Basket Hold, Two Person Hold."Client F's record was reviewed on 9/13/22 at 1:30 pm. Client F's BSP dated 4/5/22 indicated the following: "Target Behaviors: Physical Aggression, Untrustworthy Behavior/Theft, Health Skills Deficit, Employment Skills Deficit.... Proactive Strategies: May of [client F's] behaviors stem from his challenges processing his emotions, particularly when he is disappointed, feels rejected or excluded or feels hurt. Staff can utilize some of the following proactive strategies to provide safe and adaptive options for him to practice. Communication: Offer [client F] the chance to sit and talk privately about what he is working on. If he prefers not to talk to</p>						

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	<p>staff, staff can ask if he'd rather talk with his mom or friend or counselor. Offer verbal praise every time he talks through difficult emotions. Staff should never talk down to or yell at [client F]. Structured environment: [Client F] would benefit greatly from having a structured environment. Structured activities can provide him with a framework to keep him busy with more positive daily activities. Down time can often lead to conflicts or fixation. Relaxing activities: [Client F] likes to take walks to relax, he also enjoys gardening, tossing the football, coloring, watching movies, and playing his video games. Walking and tossing the football would be good physical activities that can help [client F] to calm down. Coloring is also a good way to relax. Staff can try some deep breathing exercises with [client F] to help him as well. Positive Attention and Reinforcement: Everyone working with [client F] will attempt to reinforce his positive behaviors through verbal praise and positive attention. Pay attention to when he is doing something well or exhibiting a pro-social behavior, and then praise. [Client F] may use maladaptive behavior to gain attention. So, giving attention where it is due while at the same time ignoring maladaptive behaviors (see differential reinforcement) will this naturally shape more positive behaviors. Relaxation</p>						

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	<p>Exercise Practice: Staff will encourage [client F] to practice one of these relaxation techniques, once a day.- Take three deep breaths....- Stomach sucks....Squeeze ball....Listen to music....Reactive StrategiesPhysical Aggression.Rationale: (information derived from future QAFB).Intervention Steps: a) If [client F] is physically aggressive, ask him to stop the behavior. Use blocking techniques to prevent any injuries to others. 1. If he stops, verbally praise him for complying. b) If he does not respond to verbal redirection, and the behavior continues, attempt to guide him to a quiet area such as his room, making (sic) his roommate is not in the room. c) Speaking calmly attempt to find out what has upset [client E] and try to help him process a resolution. d) If he remains physically aggressive and is at risk of harming himself or peers, staff may use techniques provided in Handle with Care training to protect [client E] and others from harm. This can include physical restraints. e) If staff have a reason to believe [client E] may have any sort of weapon in his room or his locker that he is planning to use to hurt anyone, they will contact the [QIDP] for authorization to conduct a room and locker sweep....Untrustworthy BehaviorRationale: (information derived from future QAFB).Intervention Steps: a) 1. At no time</p>						

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	<p>is [client F] allowed to borrow items from others, or trade possessions. 2. At no time is [client F] allowed to sell his personal items without express, written permission from his legal guardian. 3. At no time are staff to allow [client F] access to their personal possessions. If there are concerns, staff should lock their possessions away. b) If staff are aware of [client F] manipulating others for items, they are to address him in a private area. (Doing so in public may trigger other behaviors.) c) If [client F] has manipulated a peer out of control of a personal possession, have [client F] return the item. d) If it is suspected that [client F] has stolen an item, and he is refusing to return the item, staff are to contact the [QIDP] for approval to conduct a room and locker sweep to check for the missing or stolen item. e) If [client F] approaches staff and states he has money he wants to spend, staff are to verify the source of the money before taking him anywhere to purchase anything. f) Any money given to [client F] by family or friends will be handed directly to staff and added to cash on hand log and locked up until approved shopping trips. g) Staff need to talk to [client F] about how to gain trust of others and have him state examples of how he can build trust.... j) If it is determined that [client F] did steal an item, the IST will discuss on a case-by-case basis</p>						

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	<p>whether financial restitution is feasible based on [client F's] current finances and ability to understand the impact of the decision....Dungarvin Crisis</p> <p>InterventionProcedures: All interventions outlined below are listed in an ascending hierarchical order, beginning with the least restrictive or intrusive techniques. In addressing an individual's maladaptive behavior, the least restrictive interventions from the lowest level will be employed.Physical Hold/Physical restraint - use of an approved, non-pain inducing method to physically hold or restrain an individual or limit movement to prevent injury to self or others. Employees should only use physical hold/physical restraints that are part of the approved behavioral support plan or utilized in Dungarvin Crisis intervention that include the following in hierarchical order from least to most restrictive:Physical Redirection/Response Blocking (Pull-Through/Block), Releasing, Walking with or accompanying/Escorting (transfer technique), Side Body Hug, One Arm Standing, Basket Hold, Two Person Hold."QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 9/15/22 at 10:30 am and stated, "Peer to peer aggression is peer to peer. I've never heard it called abuse. They're abusing each other, but we don't call it abuse. I know</p>						



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	<p>how the policy defines abuse for staff, but peer to peer is peer to peer." QIDP #1 stated, "When there is an incident, staff call me right away, and I can hear what is going on. I can be on the phone to hear. If there are lights and sirens, I call the Area Director (AD) immediately. I report incidents to BDDS within 24 hours. I wait the 24 hours, so I can go to the house and find out what happened." QIDP #1 stated, "I do the investigations. I summarize what everyone said. Apparently, there needs to be a summary for each individual staff person. I was not doing that for these investigations. I was summarizing what the staff say or what the boys saw." QIDP #1 stated, "I was not trained on these investigations. These forms are different from what I was trained on." QIDP #1 stated, "I do the investigation within 24 hours. I do it the same day or the next day. I don't know how long I have to do it. I don't know what that rule is." QIDP #1 stated, "I don't give the investigation to anyone to review. I put it in the binder with the reportable. It doesn't go to anyone." QIDP #1 stated, "I do not review the BSP. I do talk to staff and ask them what they did before, during, and after. I don't specifically ask them if they followed the BSP. I ask where they were, where the others were. Sometimes there is not a trigger we can see." QIDP #1 stated, "I do not consider revising</p>						

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	<p>the BSP, training staff, or having IDT meetings. I don't touch the BSP. I do speak to the BDDS coordinator frequently because of the thing with [clients A and F]." QIDP #1 stated, "I do what I think is best for the guys and the staff in the moment. I don't follow the investigation form. I do follow it, but I don't do everything that's on there. I just talk to the staff." AD #1 was interviewed on 9/14/22 at 1:51 pm and stated, "Peer to peer is abuse according to Dungarvin's policy. Staff should report all allegations to the [QIDP] or the supervisor on call." AD #1 stated, "Allegations are reported to BDDS within 24 hours." AD #1 stated, "The [QIDP] does the investigations. Some are assigned to an outside investigator. They are completed within a week or 5 business days. It should be looking at proactive and redirect strategies and talking with staff to see if they were utilized and were successful. Interviews should be written, signed, and part of the investigation. Sometimes unknown is true. We don't always know the cause, but we don't want it to be our blanket answer. It should look at the proactive, not just the few minutes before. Have they been out of the house. What activities have they been doing?" AD #1 stated, "When we had a BC, the team was meeting regularly. They were discussing what could be done, what</p>						

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	<p>could be fixed." AD #1 stated, "For peer to peer, the abuse allegation should be, 'Yes.'" AD #1 stated, "The investigations don't have my signature. There should be a review."The facility's Policy and Procedure Concerning Abuse, Neglect, and Exploitation dated 5/21/21 was reviewed on 9/13/22 at 1:35 pm and indicated the following:"Abuse, neglect, or exploitation of the individuals is strictly prohibited in any Dungarvin service delivery setting. All persons working for the organization and/or providing services to individuals are mandated by law to report suspected abuse, neglect, or exploitation. It is the policy of this organization to inform appropriate agencies of suspected or actual abuse, neglect, or exploitation and to cooperate fully with the investigation of such. All Dungarvin employees are required to cooperate with internal and external investigations. Dungarvin management engages in an on-going process of assessing the risk for abuse, neglect, or exploitation, and in developing responses to prevent abuse, neglect, or exploitation.</p> <p>DefinitionsPhysical abuse is any act which constitutes a violation of the assault, prostitution, or criminal sexual conduct statutes, including intentionally touching another person in a rude, insolent, or angry manner, willful infliction of</p>						

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	<p>injury;....Emotional/verbal abuse is defined as non-therapeutic conduct which produces or could reasonable be expected to produce pain or injury, and is not accidental; any repeated conduct which produces or could reasonably be expected to produce mental or emotional distress, including communicating with words or actions in an individual's presence with intent to cause fear of retaliation or fear of confinement or restraint; repeated conduct which causes or could reasonably be expected to cause an individual to experience emotional humiliation or distress....Dungarvin responds promptly to actual and suspected abuse.... Dungarvin employees are required by law to report suspected or actual abuse, neglect, or exploitation....- The first step is to immediately contact the program supervisor for the individual, the on-call supervisor, or any area director or manager....- Within 24 hours of knowledge of the suspected or actual abuse, neglect, or exploitation, the [QIDP], ..., will report the incident to the Bureau of Developmental Disabilities Services (BDDS) using the on-line incident reporting process....- The [QIDP], ..., will conduct a thorough investigation of any alleged, suspected, or actual abuse, neglect, or exploitation. Within five business days, the results and/or status of the investigation will be reported to the administrator. A</p>						

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W 0154  Bldg. 00	<p>written investigation report including written witness statements, pertinent history, evidence, a summary of findings and conclusion, and recommendations for disciplinary action utilizing the format recommended by BDDS will be developed at the conclusion of the investigation."This federal tag relates to complaint #IN00389493, complaint #IN00388886, and complaint #IN00388937.9-3-2(a) 483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on record review and interview 12 of 37 allegations of abuse and neglect reviewed, the facility failed to conduct thorough investigations for 12 allegations of peer to peer abuse and property destruction for clients A, D, E, and F.</p> <p>Findings include</p> <p>The facility's Bureau of Developmental Disabilities Services (BDDS) reports and related investigations were reviewed on 9/12/22 at 12:53 pm.</p> <p>1. A BDDS report dated 8/9/22 indicated the following: "[On 8/8/22], staff reported to this IR (incident report) writer, that she heard [client A] yelling aggressively at another [client F] about a missing television remote. She was getting food out to prepare for lunch when she heard the commotion. As she entered the room, she witnessed [client A] lunging at [client F], tackling him in his chair backwards, knocking the chair over and then</p>		W 0154	<p><b>W 154</b> <u>Staff Treatment of Clients</u> (Standard) - Facility failed to conduct thorough investigations for 12 allegations of peer-to-peer abuse and property destruction for clients A, D, E, and F.</p> <p><u>Corrective action for resident(s) found to have been affected</u> All parts of the POC for the survey with event ID RE6G11 will be fully implemented, including the following specifics:</p> <ul style="list-style-type: none"> <li>Program Director/QIDP is receiving re-training on the thorough and timely completion of investigations. Training to include a review of types of incidents that require investigations, including peer to peer aggression and property destruction.</li> <li>Area Director is reviewing</li> </ul>		10/21/2022	

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	<p>punching the other [client F] aggressively in the face. Staff rushed to separate the individuals, but [client A] was still throwing punches. The police were called, and, when [client A] heard the police were called, he finally backed off, and [client F] was able to get up from the chair and walk away from the situation.</p> <p>When the police arrived, [client A] remained agitated, as they went to talk to [client F] in this room, it was also when it was discovered that [client A] had also engaged in extensive property destruction. He tore his bedroom door off the hinges and threw the door into the hallway and punched 7 holes in the walls in his bedroom. The responding officers decided to place [client A] under arrest. He was handcuffed and put in the police car. He was taken to the [name] jail. [Client A's] mother was notified of the situation.</p> <p>[Client A] had a preliminary hearing today (8/9/22). He is being charged with a criminal misdemeanor, battery, battery resulting in bodily injury. His bond was set at \$200.00. [Client A's] mother is his guardian and rep (representative) payee and has been notified of the bond amount. [Qualified Intellectual Disabilities Professional] (QIDP) reached out to the jail to communicate medical history and med (medication) list. [Client A] has an appointed defense attorney."</p> <p>A second BDDS report indicated client F was transported to the emergency room (ER) via ambulance where he received a CT (computerized tomography) scan which indicated no internal injury.</p> <p>An investigation dated 8/9/22 indicated the following: "What happened just prior to the incident: [Client A] was reportedly in the living room, yelling at [client F] to give him his remote back.</p>				<p>actions taken to fully implement this plan of correction during weekly supervision with the Program Director/QIDP. All issues reviewed and action taken are reviewed during this supervision meeting so that the Area Director can verify that appropriate measures are being taken to thoroughly investigate all allegations of abuse, neglect, and mistreatment at the facility.</p> <p>Area Director will be responsible to ensure that all investigations are thorough by signing off on all investigations within 5 working days.</p> <p><u>How facility will identify other residents potentially affected &amp; what measures taken</u> All residents potentially are affected, and corrective measures address the needs of all clients.</p> <p><u>Measures or systemic changes facility put in place to ensure no recurrence</u> All Program Director/QIDPs are trained to complete thorough, timely investigations of all significant incidents which could be indicative of abuse, neglect, or exploitation, including allegations of peer-to-peer aggression and property destruction. Going forward, during weekly supervision meetings with the Area Director, the QIDP will review the status of</p>		

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	<p>Location of each staff member at the time of the incident: Staff #1 was in the basement getting food out to prepare for lunch when she heard the commotion. Staff #2 was on the couch next to the recliner that [client F] was sitting in....</p> <p>Interventions used based on Behavior Support Plans: n/a (not applicable) incident happened so fast, staff didn't have time to react.</p> <p>Were interventions successful? n/a [client A] stopped punching [client F] when he heard staff say they were calling the police.</p> <p>Briefly summarize statement attached. Interview all staff and individuals, and any other witnesses. Staff #1 was in the basement, getting food for lunch when she heard the commotion. Staff #2 was sitting on the couch next to the recliner that [client F] was sitting in. She said by the time she was able to react, [client A] was already on top of [client F] punching him. She said it happened in like 15 seconds. He stopped after staff told him they were calling the police. 2 of the individuals were in their rooms and not aware of the situation. 1 individual was in the dining room listening to music and didn't even react when the police arrived. Of the 2 individuals that saw the incident, they both stated they were sitting in the living room with staff #2, talking and watching tv when they heard [client A] yelling and then jumping on [client F] pushing the chair backwards....</p> <p>Were there any precipitating or contributing factors? List any pertinent history, including any similar incidents in the past year. [Clients A and F] have had conflict.</p> <p>Summary of findings and recommendations: Were staff present following all [BSP] interventions per the plans? If no, why? N/A. Was appropriate staffing in place? Yes. Could the incident have been prevented? Unknown. [Client A] has been accusing [client F] of stealing from him, although it is possible that is</p>				every major incident currently under review, and the QIDP will be responsible to present the status of each investigation to ensure that the investigations and resulting action plans are timely, thorough, and effective.		

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	<p>the case, none of [client A's] belongings have ever been found. His anger towards [client F] had been brewing, and, as he told the officer, 'It was a long time coming.'</p> <p>Are any revisions to the BSP indicated and why? No.</p> <p>Is there any evidence of Abuse, Neglect, or Exploitation related to the incident? No.</p> <p>What actions should be taken to prevent future incidents? [Clients A and F] will be apart to the best of staff's ability upon his return from jail.</p> <p>Is there a plan for the IST (Individual Support Team) to meet or otherwise review this incident? (No response indicated.)</p> <p>Are any changes recommended to programs or support plans? (No response indicated).</p> <p>Is staff training indicated? If so, when is it scheduled? (No response indicated)."</p> <p>- The review did not include attachments of witness statements, a review of client A's BSP, an indication of whether staff followed client A's BSP, a plan of corrective action, signatures indicating the investigation was submitted to and reviewed by administration. The investigation indicated the allegation of abuse was unsubstantiated.</p> <p>2. A BDDS report dated 8/5/22 indicated the following: "[On 8/4/22] this IR writer was notified by staff that [client A] ran after [client F], chasing him to the street, after accusing him of stealing his personal belonging. [Clients A and F] were engaged in a physical altercation that ended with staff intervening and separating them. [Client F] received a scrape to his left knee and road rash to his outer hand.... "</p> <p>An investigation dated 8/5/22 indicated the following:</p>						



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	<p>"What happened just prior to the incident: [Client F] and his housemate were involved in a physical altercation. He received a scrape to his left knee and road rash to right outer hand.....</p> <p>What happened during the incident? [Client 's] housemate had reportedly been accusing [client F] of stealing his things and housemate went after [client F], which ended up in a physical altercation.....</p> <p>Were there injuries? Scrape to left knee and road rash on outer right hand, no first aid needed.</p> <p>Interventions used based on BSP for individuals: Staff had to separate [client F] and his housemate. Were interventions successful? [Client F] and his housemate stopped punching each other with staff intervention.</p> <p>Briefly summarize statements attached. Interview all staff and individuals, and any other witnesses: Staff #1 and #2 were in the same room and followed them and eventually had to separate them. Staff #3 was with the other individuals keeping them away from the altercation.....</p> <p>Were staff present following all BSPs per the plans? If no, why? N/A.</p> <p>Was appropriate staffing in place? Yes.</p> <p>Could the incident have been prevented? Unknown, as [client F ' s] housemate has been accusing him of stealing from him, although it is possible that is the case, none of housemates belongings have ever been found. [Client F] continues to 'swear' he has not stolen anything. Are any revisions to the BSP indicated and why? No.</p> <p>Is there any evidence of Abuse, Neglect, or Exploitation related to the incident? No.</p> <p>What actions should be taken to prevent future incidents? Staff will do their best to keep [client F] and his housemate apart.</p> <p>Is there a plan for the IST to meet or otherwise review this incident? (No response indicated.)</p>						

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	<p>Are any changes recommended to programs or support plans? (No response indicated.)</p> <p>Is staff training indicated? If so, when is it scheduled? (No response indicated.)"</p> <p>- The investigation did not include a review of the BSP, documentation of interviews with staff and clients present, a plan to prevent future occurrence, or a review of the investigation by administration. The investigation unsubstantiated the allegation of abuse.</p> <p>3. A BDDS report dated 7/31/22 indicated the following: "It was reported to this IR writer that yesterday 7/30/22 at approximately 2:00 pm, [client E] became agitated because he was not getting his way with staff. He started slamming doors, yelling and screaming. He is reported to have disassembled a game from the back porch and brought a pole from that game into the house. He then went straight to [client F 's] room and started threatening him and his belongings (specifically his TV). When [client F] told [client E] to get out of his room, he became more agitated and (sic) rubbing the pole on [client F 's] TV. As staff #1 attempted to intervene and take the pole away from his (sic), [client E] dug his nails into staff's finger, causing her to bleed. Staff #2 was able to redirect him to his room in hopes that he would calm down, however, he did not. A few minutes after going into his room, he came out into the hallway and went directly to [client F's] room again and started damaging his property, throwing his DVD's (digital video discs) (sic), shoes, and other objects at [client F]. It was when (sic) [client F] calmly asked [client E] to leave his room that [client E] physically went after [client F], slapping and punching him. In order to protect himself, [client F] started punching [client E], causing a bloody nose and 2 black eyes. Staff asked [client F] to</p>						

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	<p>stop, which he did, but [client E] became even more agitated and started throwing things at staff. Due to the nature of the incident and the fact that staff were unable to get [client E] to calm down, they called the police. At that time, [client F] was in his room, and [client E] was running around the house, crying. The police were eventually able to calm [client E] down and instructed him to stay away from [client F]. No charges were filed, and they did not take [client E] away. On call nurse was notified, and staff were instructed to put cold compresses on [client E's] face for swelling and monitor for any changes. At the time of this writing, [client E] and his housemate have made amends. Both of [client E's] eyes are black and blue...."</p> <p>An investigation dated 7/31/22 indicated the following: "What happened just prior to the incident: [Client E] was helping staff and got agitated because he didn't get his way. He became physical toward [client F].... What happened during the incident: [Client E] took apart a game and started swinging a pole at housemate, throwing things, went after housemate and screaming and yelling. Staff had to call the police to diffuse the situation because they were unable to calm him.... Were there any injuries? Yes. Black eyes and bloody nose. Interventions used based on Behaviors Support Plans for individuals: Yes. Were interventions successful? No. Briefly summarize statements attached. Interview all staff and individuals, and any other witnesses. [Client E] was angry with staff because he did not get his way and became physically aggressive toward [client F]. Police were called to assist in calming him....</p>						

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	<p>Were there injuries? Was any medical intervention required? If yes, what medical intervention was provided? (No response indicated.)</p> <p>Were there any precipitating or contributing factors? List any pertinent history, including any similar incidents in the past year. [Client E] has intermittent explosive disorder and (sic) often unable to control his agitation/anxiety/anger. He did not get his way and was not able to control his anger. He often targets one specific housemate.</p> <p>Were staff present following all Behavior Support Plans per the plans? If no, why? (No response indicated.)</p> <p>Was appropriate staffing in place? Yes.</p> <p>Could the incident have been prevented? Unknown.</p> <p>Are any revisions to the BSP indicated and why? No.</p> <p>Is there evidence of Abuse, Neglect, or Exploitation related to the incident? No.</p> <p>What actions should be taken to prevent future incidents? No.</p> <p>Is there a plan for the IST to meet or otherwise review this incident? (No response indicated.)</p> <p>Are any changes recommended to programs or support plans? No.</p> <p>Is staff training indicated? If so, when is it scheduled? No."</p> <p>- The review did not include attachments of witness statements, a review of client E's BSP, an indication of whether staff followed client E's BSP, a plan of corrective action, signatures indicating the investigation was submitted to and reviewed by administration. The investigation indicated the allegation of abuse was unsubstantiated.</p> <p>4. A BDDS report dated 6/13/22 indicated the following:</p>						

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	<p>"[On 6/12/22], it was reported to this IR writer that [client A] reportedly called the police at approximately 6:00 pm on 6/12/22 due to a conflict between he and another housemate. [Client A] was upset with housemate due to an earlier conflict in the house and accused the housemate of threatening him with a sharp knife. Staff reported that [client A] was not threatened by the housemate. Note - staff had been using a knife for their dinner meal and promptly washed it and locked it where it belongs. Since the police had been there earlier in the day, they explained to the guys that if they were called again, someone would be arrested. [Client A] stated he called the police because he was mad that no one was arrested earlier."</p> <p>- The review did not include an investigation.</p> <p>5. A BDDS report dated 5/26/22 indicated the following: "[On 5/25/22], [client A] and [client F] got into a physical altercation r/t (related to) a disagreement. There were no injuries."</p> <p>An investigation dated 5/26/22 indicated the following: "What happened just prior to the incident: [Clients F and A] started arguing and then the argument turned into a physical altercation. Staff intervened, and no one was injured.... What happened during the incident? [Clients A and F] were arguing and started hitting each other.... Interventions used based on BSPs for individuals: Staff were able to deescalate the situation. Were interventions successful? Yes. Briefly summarize statements attached. Interview all staff and individuals, and any other witnesses. Staff heard yelling and immediately intervened as the guys started becoming physical....</p>						

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	<p>Were staff present following all BSP interventions per the plans? N/A.</p> <p>Was appropriate staffing in place? Yes.</p> <p>Could the incident have been prevented? Unknown.</p> <p>Are any revisions to the BSP indicated and why? No.</p> <p>Is there evidence of Abuse, Neglect, or Exploitation related to the incident? No.</p> <p>What actions should be taken to prevent future incidents? Staff continue to keep [clients F and A] separated.</p> <p>Is there a plan for the IST to meet or otherwise review this incident? (No response indicated.)</p> <p>Are there changes recommended to programs or support plans? (No response indicated.)</p> <p>Is staff training indicated? If so, when is it scheduled? (No response indicated.)"</p> <p>- The review did not include attachments of witness statements, a review of clients A and F's BSPs, an indication of whether staff followed clients A and F's BSPs, a plan of corrective action, signatures indicating the investigation was submitted to and reviewed by administration. The investigation indicated the allegation of abuse was unsubstantiated.</p> <p>6. A BDDS report dated 5/9/22 indicated the following: "[On 5/8/22], this IR writer notified that [client A] and [client F] had a verbal altercation that started to become physical. It was reported that [client A] and [client F] were fighting. Staff attempted to separate them and ended up getting hit in the face. [Client A] sustained a scratch on his neck and a rug burn on his knee. Staff had a hard time calming [client A]. He has no reports of pain at the time of this writing, and staff report that [client A] and his housemates have apologized to each other."</p>						

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	<p>An investigation dated 5/9/22 indicated the following:</p> <p>"What happened just prior to the incident: [Clients A, F, and G] had a verbal altercation that became physical. Staff went to intervene and was hit in the face. [Client A] received a small scratch on his neck and a rug burn on his knee....</p> <p>What happened during the incident? [Clients A, F, and G] had a physical altercation....</p> <p>Interventions used based on BSPs for individuals: (No response indicated.)</p> <p>Were interventions successful? (No response indicated.)</p> <p>Briefly summarize statements attached. Interview all staff and individuals, and any other witnesses. Staff heard commotion and ran to porch to intervene and break up the altercation....</p> <p>Were staff present following all BSP interventions per the plans? Yes.</p> <p>Was appropriate staffing in place? Yes.</p> <p>Are any revisions to the BSP indicated and why? (No response indicated.)</p> <p>Is there any evidence of Abuse, Neglect, or Exploitation related to the incident? (No response indicated.)</p> <p>What actions should be taken to prevent future incidents? (No response indicated.)</p> <p>Is there a plan for the IST to meet or otherwise review this incident? (No response indicated.)</p> <p>Are any changes recommended to programs or support plans? (No response indicated.)</p> <p>Is staff training indicated? If so, when is it scheduled? (No response indicated.)"</p> <p>- The review did not include attachments of witness statements, a review of clients A and F's BSPs, a plan of corrective action, signatures indicating the investigation was submitted to and reviewed by administration. The investigation indicated the allegation of abuse was</p>						

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	<p>unsubstantiated.</p> <p>7. An Incident Follow-up Report dated 5/31/22 indicated the following: "[On 5/2/22], this IR writer was informed that on the evening of 5/2/22, [client E] was in the kitchen, helping staff make dinner. He made a comment about another [unknown] housemate. The [unknown] housemate overheard and questioned [client E] about it and then walked away from [client E]. [Client E] then tried to apologize to his [unknown] housemate but became agitated, verbally aggressive, and destructive when his [unknown] housemate refused to accept his apology. Staff followed [client E] around the house trying to calm him as he threw food plates, flipped tables, (sic) slammed doors. Upon walking into the living room, [client E] threw a cup [client F] and then was struck in the side of the head by [client F]. [Client E] then continued to be verbally abusive to [client F], as he tried to go after him. Staff was able to restrain [client E] using the Handle with Care (restraint) Model that staff are trained with and got him to the chair in the living room. He did have to continue holding [client E] there, as he was being verbally abusive to several housemates and told 3 of them that he was going to kill them in their sleep. The police were called, and, when they arrived, they spoke with [client E] and believed he was calm and sincere in his apology. A few minutes after the police left, [client E] became agitated again and threw the back of his chair at one of his housemates. No other police involvement. Staff was finally able to calm [client E] and give him his pm meds (evening medications). He was in his room sleeping around 8:00 pm and slept through the night."</p> <p>An investigation dated 5/4/22 indicated the following:</p>						



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	<p>"What happened just prior to the incident: [Client E] and his housemates were in the living room playing games....</p> <p>What happened during the incident? [Client E] threw a cup at [client F's] head and [client F] retaliated by striking [client E] on the side of his head....</p> <p>Interventions used based on BSP for individuals: Yes.</p> <p>Were interventions successful? Yes....</p> <p>Were staff present following all BSP interventions per the plans? Yes.</p> <p>Was appropriate staffing in place? Yes.</p> <p>Could the incident have been prevented? Unknown.</p> <p>Are any revisions to the BSP indicated and why? No.</p> <p>Is there any evidence of Abuse, Neglect, or Exploitation related to the incident? No.</p> <p>What actions should be taken to prevent future incidents?</p> <p>Is there a plan for the IST to meet or otherwise review this incident? (No response indicated.)</p> <p>Are any changes recommended to programs or support plans? (No response indicated.)</p> <p>Is staff training indicated? If so, when is it scheduled? (No response indicated.)"</p> <p>- The review did not include attachments of witness statements, a review of clients E and F's BSPs, a plan of corrective action, signatures indicating the investigation was submitted to and reviewed by administration. The investigation indicated the allegation of abuse was unsubstantiated.</p> <p>8. A BDDS report dated 4/21/22 indicated the following: "[On 4/20/22], staff reported to this IR writer that [client E] believed his [unknown] housemates were talking/laughing about him while playing</p>						

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	<p>games and became agitated and angry. Staff was able to get [client E] to calm down, but he became upset again (one of his [unknown] housemates was walking too close to him), and ran to the back and went into [unknown] housemates room to try to fight. Staff had to use their Human Rights Committee (HRC) approved training technique (physical restraint) to keep [client E] from going after any of his housemates (no individuals were touched during the incident). He did throw the sofa over and attempted to grab the television. As that was going, staff #1 called the police to help with the situation. Staff #2 stayed with [client E] while the police calmed him down."</p> <p>An investigation dated 4/22/22 indicated the following: "What happened just prior to the incident? [Client E] and his housemates were in the living room playing games.... Interventions used based on Behavior Support Plans for individual: HRC approved hold techniques. Were interventions successful? Unfortunately, no. The police had to called to assist in diffusing the situation. Briefly summarize statements attached. (No statements were available for review.).... Summary of findings and recommendations: Were staff present following all Behavior Support Plans per the plans? Yes. Was appropriate staffing in place? N/A (not applicable). Could the incident have been prevented? Unknown. Are any revisions to the BSP indicated and why? No. Is there any evidence of Abuse, Neglect, or Exploitation related to the incident? No. What actions should be taken to prevent future</p>						

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	<p>incidents?</p> <p>Is there a plan for the IST to meet or otherwise review this incident? (Not indicated.)</p> <p>Are any changes recommended to programs or support plans? (Not indicated.)</p> <p>Is staff training indicated? If so, when is it scheduled? (Not indicated.)"</p> <p>- The investigation did not include interviews with staff and clients present, a review of client E's BSP, a review of staff actions prior to the hold to determine if client E's BSP was implemented, a plan of corrective action to prevent future incidents, signatures indicating the investigation was reviewed by administrators.</p> <p>9. A BDDS report dated 4/5/22 indicated the following: "Staff reported to this writer that at approximately 6:30 pm (4/5/22), during dinner, [client A] reportedly made a derogatory comment to one of his [unknown] housemates. As staff was trying to calm [client A] down, [client F] came from the back of the house and started fighting [client A]. Hitting him from behind, knocking him to the floor. Staff proceeded to break them up and separate them. One of the staff took [client F] to his room to calm down, while the other staff took [client A] outside to have a cigarette (sic) calm down. Once everyone was calm, another [unknown] housemate came to the living room to announce the police were on their way. (Apparently, during the scuffle, [client A] told his roommate to call the police). Upon the police arrival, staff was talking to this [QIDP] and was on speaker phone talking to the police, guys, and staff. The officer spoke with all of the guys in the house. No charges were filed. [Client A] did not sustain any injuries, no cuts, scrapes, (sic) torn clothes. He did not complaint of any pain. After the officers left, [client A] calmed and retreated to his room with</p>						

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	<p>his roommate for the rest of the night. [Client A's] mom has been informed of the incident."</p> <p>An investigation dated 4/6/22 indicated the following: "What happened just prior to the incident: [Client A] was reportedly making a derogatory remark to his housemate. Housemate became angry (sic) ran after [client A], jumped him and knocked him to the ground.... What happened during the incident? [Client A] was attacked by a housemate that was making derogatory remarks to his roommate. Another housemate call (sic) the police on [client F].... Interventions used based on BSPs for individuals: Housemates were separated. Officer spoke with the guys in his room. No one was arrested. No charges were made. Were interventions successful? Yes. Briefly summarize statements attached. Interview all staff and individuals, and any other witnesses. Staff and other housemates saw [client F] jump on [client A] for making derogatory comments to [client F's] roommate.... Were staff present following all BSP interventions per the plans? Yes. Was appropriate staffing in place? Yes. Could the incident have been prevented? Unknown. Are any revisions to the BSP indicated and why? (No response indicated.) Is there any evidence of Abuse, Neglect, or Exploitation related to the incident? (No response indicated.) What actions should be taken to prevent future incidents? (No response indicated.) Is there a plan for the IST to meet or otherwise review this incident? (No response indicated.) Are any changes recommended to programs or support plans? (No response indicated.)</p>						

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	<p>Is staff training indicated? If so, when is it scheduled? (No response indicated.)"</p> <p>- The review did not include attachments of witness statements, a review of clients A and F's BSP, an indication of whether staff followed clients A and F's BSPs, a plan of corrective action, signatures indicating the investigation was submitted to and reviewed by administration. The investigation did not indicate whether the allegation of abuse was substantiated.</p> <p>10. A BDDS report dated 3/22/22 indicated the following: "On 3/21/22], it was reported to this writer that [client A] and 3 other [unknown] housemates were outside on the back porch, hanging out when an argument arose. [Client A] was reported to have flicked a cigarette butt at one of his [unknown] housemates. When [unknown] housemate went into the house to tell staff what happened, [client A] followed and was reported to be verbally taunting his [unknown] housemate. [Client F], who was also outside, came running into the house and attacked [client A]. [Client A] received scratches to his arm and his neck. In defense for himself, [client A] threw a few punches, hitting [unknown] housemate in the face."</p> <p>An investigation dated 3/22/22 indicated the following: "What happened just prior to the incident: [Client A] was on the back porch smoking with housemate and got angry at him and [client A] flicked a cigarette butt at him.... Interventions used based on Behavior Support Plans for individuals: Individuals were separated. Were interventions successful? Yes.... Briefly summarize statements attached. Interview all staff and individuals, and any other witnesses.</p>						

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	<p>[Client A] and a housemate were smoking on porch, they started 'talking smack' to each other. [Client A] got mad and flicked his cigarette butt at housemate. No injuries were caused....</p> <p>Were staff present following all Behavior Support Plan Interventions per the plans? Yes.</p> <p>Was appropriate staffing in place? Yes.</p> <p>Could the incident have been prevented? Unknown.</p> <p>Are revisions to the BSP or the High Risk Plans indicated and why? (No response indicated).</p> <p>Is there any evidence of Abuse, Neglect, or Exploitation related to the incident? No.</p> <p>What actions should be taken to prevent future incidents? (No response indicated).</p> <p>Is there a plan for the IST to meet or otherwise review this incident? (No response indicated).</p> <p>Are any changes recommended to programs or support plans? (No response indicated).</p> <p>Is staff training indicated? If so, when is it scheduled? (No response indicated)."</p> <p>- The review did not include attachments of witness statements or a review of client the clients' BSPs. The investigation indicated staff effectively implemented the BSPs, but did not indicate what actions were taken by staff. The investigation did not include a plan of corrective action or signatures indicating the investigation was submitted to and reviewed by administration. The investigation indicated the allegation of abuse was unsubstantiated.</p> <p>11. A BDDS report dated 2/27/22 indicated the following:</p> <p>"It was reported to this writer that at approximately 2:30 pm, [client D] made himself a bologna sandwich. As staff was watching him make his sandwich, she noticed that he had put about 7 slices of bologna on his sandwich. As staff tried to explain to him that he had to make</p>						

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	<p>sure there was enough for his other housemates to a make a sandwich as well, [client D] became angry and stormed out of the kitchen into the dining area. [Client E] was sitting at the dining table, and [client D] hit him in the name of his neck. [Client D] realized what he had done and immediately apologized to [client E]. Staff then assisted [client D] to his 'area' where he calmly ate his sandwich. No further behaviors or issued (sic) were reported."</p> <p>- The review did not include an investigation related to this incident.</p> <p>12. A BDDS report dated 2/2/22 indicated the following: "On 2/2/22, Trowbridge staff called [QIDP] to report that [client E] became upset after a session with his Behavior Clinician (BC) and started yelling, crying, causing destruction of property. He tore up his room, destroying both his roommates' belongings, items in the kitchen, as well as items throughout the house. Staff did call the [name] County Police, as they were unable to calm [client E] down. [Client E] was so agitated that he actually yelled at the police officers. He was finally asked to go to his room when staff and the officers felt that he was calm enough to be alone. The officers left with no recourse. Not long after the police, staff was straightening up the house, when [client E] appeared at the front door. Upon entering the house, he grabbed a chair and threw it at one of his [unknown] housemates, hitting him in the chest area and right hand. [Client E] opened up and climbed out of his first story bedroom window and ran around to the front of the house...."</p> <p>An investigation dated 2/2/22 indicated the following: "What happened just prior to the incident:</p>						

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	<p>Meeting with BC.</p> <p>Interventions used based on BSP for individual: Leave him alone for a little bit, calmly talk to him. Were interventions successful? Yes.</p> <p>Briefly summarize statements attached. Interview all staff and individuals, and any other witnesses. (No statements were attached.)</p> <p>Were staff present following all BSP interventions per the plans? Yes, along with BC.</p> <p>Was appropriate staffing in place? Yes.</p> <p>Could the incident have been prevented? It is unknown. There was no actual trigger.</p> <p>Are any revision to the BSP indicated and why? No.</p> <p>Is there evidence of Abuse, Neglect, or Exploitation related to the incident? No.</p> <p>What actions should be taken to prevent future incidents?</p> <p>Is there a plan for the IST to meet or otherwise review this incident? (No response indicated.)</p> <p>Are any changes recommended to programs or support plans? (No response indicated.)</p> <p>Is staff training indicated? Is so, when is it scheduled? No."</p> <p>- The investigation did not include a review of the BSP, documentation of interviews with staff and clients present, a plan to prevent future occurrence, or a review of the investigation by administration. The investigation unsubstantiated the allegation of abuse.</p> <p>QIDP (Qualified Intellectual Disabilities Prof essional) #1 was interviewed on 9/15/22 at 10:30 am and stated, "I do the investigations. I summarize what everyone said. Apparently, there needs to be a summary for each individual staff person. I was not doing that for these investigations. I</p>						



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	<p>was summarizing what the staff say or what the boys saw." QIDP #1 stated, "I was not trained on these investigations. These forms are different from what I was trained on." QIDP #1 stated, "I do not review the BSP. I do talk to staff and ask them what they did before, during, and after. I don't specifically ask them if they followed the BSP. I ask where they were, where the others were. Sometimes there is not a trigger we can see." QIDP #1 stated, "I do not consider revising the BSP, training staff, or having IDT meetings. I don't touch the BSP. I do speak to the BDDS coordinator frequently because of the thing with [clients A and F]." QIDP #1 stated, "I do what I think is best for the guys and the staff in the moment. I don't follow the investigation form. I do follow it, but I don't do everything that's on there. I just talk to the staff." AD (Area Director) #1 was interviewed on 9/14/22 at 1:51 pm and stated, "The [QIDP] does the investigations. Some are assigned to an outside investigator. It should be looking at proactive and redirect strategies and talking with staff to see if they were utilized and were successful. Interviews should be written, signed, and part of the investigation. Sometimes unknown is true. We don't always know the cause, but we don't want it to be our blanket answer. It should look at the proactive, not just the few minutes</p>						

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W 0156  Bldg. 00	<p>before. Have they been out of the house. What activities have they been doing?" AD #1 stated, "For peer to peer, the abuse allegation should be, 'Yes.'" This federal tag relates to complaint #IN00389493, complaint #IN00388886, and complaint #IN00388937.9-3-2(a) 483.420(d)(4) STAFF TREATMENT OF CLIENTS The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law within five working days of the incident.</p> <p>Based on record review and interview for 10 of 37 allegations of abuse and neglect reviewed, the facility failed to ensure 10 investigations were reviewed by an administrator or designated representative within 5 working days for clients A, E, and F.</p> <p>Findings include:</p> <p>The facility's Bureau of Developmental Disabilities Services (BDDS) reports and related investigations were reviewed on 9/12/22 at 12:53 pm.</p> <p>1. A BDDS report dated 8/9/22 indicated the following: "[On 8/8/22], staff reported to this IR (incident report) writer, that she heard [client A] yelling aggressively at another [client F] about a missing television remote. She was getting food out to prepare for lunch when she heard the commotion. As she entered the room, she witnessed [client A] lunging at [client F], tackling him in his chair</p>			W 0156	<p><b>W 156</b> <u>Staff Treatment of Clients</u> (Standard) – Facility failed to ensure 10 investigations were reviewed by an administrator or designated representative within 5 working days for clients A, E, and F.</p> <p><u>Corrective action for resident(s) found to have been affected</u> All parts of the POC for the survey with event ID RE6G11 will be fully implemented, including the following specifics: · Program Director/QIDP is receiving re-training on the thorough and timely completion of investigations. Training to include a review of types of incidents that require investigations, including peer to peer aggression and property destruction. · Area Director is reviewing</p>		10/21/2022

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	<p>backwards, knocking the chair over and then punching the other [client F] aggressively in the face. Staff rushed to separate the individuals, but [client A] was still throwing punches. The police were called, and, when [client A] heard the police were called, he finally backed off, and [client F] was able to get up from the chair and walk away from the situation.</p> <p>When the police arrived, [client A] remained agitated, as they went to talk to [client F] in this room, it was also when it was discovered that [client A] had also engaged in extensive property destruction. He tore his bedroom door off the hinges and threw the door into the hallway and punched 7 holes in the walls in his bedroom. The responding officers decided to place [client A] under arrest. He was handcuffed and put in the police car. He was taken to the [name] jail. [Client A's] mother was notified of the situation.</p> <p>[Client A] had a preliminary hearing today (8/9/22). He is being charged with a criminal misdemeanor, battery, battery resulting in bodily injury. His bond was set at \$200.00. [Client A's] mother is his guardian and rep (representative) payee and has been notified of the bond amount. [Qualified Intellectual Disabilities Professional] (QIDP) reached out to the jail to communicate medical history and med (medication) list. [Client A] has an appointed defense attorney."</p> <p>A second BDDS report indicated client F was transported to the emergency room (ER) via ambulance where he received a CT (computerized tomography) scan which indicated no internal injury.</p> <p>An investigation dated 8/9/22 did not indicate it had been reviewed by an administrator.</p> <p>2. A BDDS report dated 8/5/22 indicated the</p>				<p>actions taken to fully implement this plan of correction during weekly supervision with the Program Director/QIDP. All issues reviewed and action taken are reviewed during this supervision meeting so that the Area Director can verify that appropriate measures are being taken to thoroughly investigate all allegations of abuse, neglect, and mistreatment at the facility.</p> <p>Area Director will be responsible to ensure that all investigations are reviewed by signing off on all investigations within 5 working days.</p> <p><u>How facility will identify other residents potentially affected &amp; what measures taken</u></p> <p>All residents potentially are affected, and corrective measures address the needs of all clients.</p> <p><u>Measures or systemic changes facility put in place to ensure no recurrence</u></p> <p>Going forward, the QIDP will be required to submit all investigations to the Area Director within 5 business days. All pending investigations will be reviewed during weekly supervision meetings. Area Director will sign off on all investigations within 5 working days.</p>		

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	<p>following:</p> <p>"[On 8/4/22] this IR writer was notified by staff that [client A] ran after [client F], chasing him to the street, after accusing him of stealing his personal belonging. [Clients A and F] were engaged in a physical altercation that ended with staff intervening and separating them. [Client F] received a scrape to his left knee and road rash to his outer hand.... "</p> <p>An investigation dated 8/5/22 did not indicate it had been reviewed by an administrator.</p> <p>3. A BDDS report dated 7/31/22 indicated the following:</p> <p>"It was reported to this IR writer that yesterday 7/30/22 at approximately 2:00 pm, [client E] became agitated because he was not getting his way with staff. He started slamming doors, yelling and screaming. He is reported to have disassembled a game from the back porch and brought a pole from that game into the house. He then went straight to [client F 's] room and started threatening him and his belongings (specifically his TV). When [client F] told [client E] to get out of his room, he became more agitated and (sic) rubbing the pole on [client F's] TV. As staff #1 attempted to intervene and take the pole away from his (sic), [client E] dug his nails into staff's finger, causing her to bleed. Staff #2 was able to redirect him to his room in hopes that he would calm down, however, he did not. A few minutes after going into his room, he came out into the hallway and went directly to [client F 's] room again and started damaging his property, throwing his DVD's (digital video discs) (sic), shoes, and other objects at [client F]. It was when (sic) [client F] calmly asked [client E] to leave his room that [client E] physically went after [client F], slapping and punching him. In order to protect himself,</p>						

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	<p>[client F] started punching [client E], causing a bloody nose and 2 black eyes. Staff asked [client F] to stop, which he did, but [client E] became even more agitated and started throwing things at staff. Due to the nature of the incident and the fact that staff were unable to get [client E] to calm down, they called the police. At that time, [client F] was in his room, and [client E] was running around the house, crying. The police were eventually able to calm [client E] down and instructed him to stay away from [client F]. No charges were filed, and they did not take [client E] away. On call nurse was notified, and staff were instructed to put cold compresses on [client E's] face for swelling and monitor for any changes. At the time of this writing, [client E] and his housemate have made amends. Both of [client E's] eyes are black and blue...."</p> <p>An investigation dated 7/31/22 did not indicate it had been reviewed by an administrator.</p> <p>4. A BDDS report dated 5/26/22 indicated the following: "[On 5/25/22], [client A] and [client F] got into a physical altercation r/t (related to) a disagreement. There were no injuries."</p> <p>An investigation dated 5/26/22 did not indicate it had been reviewed by an administrator.</p> <p>5. A BDDS report dated 5/9/22 indicated the following: "[On 5/8/22], this IR writer notified that [client A] and [client F] had a verbal altercation that started to become physical. It was reported that [client A] and [client F] were fighting. Staff attempted to separate them and ended up getting hit in the face. [Client A] sustained a scratch on his neck and a rug burn on his knee. Staff had a hard time</p>						

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	<p>calming [client A]. He has no reports of pain at the time of this writing, and staff report that [client A] and his housemates have apologized to each other."</p> <p>An investigation dated 5/9/22 did not indicate it had been reviewed by an administrator.</p> <p>6. An Incident Follow-up Report dated 5/31/22 indicated the following: "[On 5/2/22], this IR writer was informed that on the evening of 5/2/22, [client E] was in the kitchen, helping staff make dinner. He made a comment about another [unknown] housemate. The [unknown] housemate overheard and questioned [client E] about it and then walked away from [client E]. [Client E] then tried to apologize to his [unknown] housemate but became agitated, verbally aggressive, and destructive when his [unknown] housemate refused to accept his apology. Staff followed [client E] around the house trying to calm him as he threw food plates, flipped tables, (sic) slammed doors. Upon walking into the living room, [client E] threw a cup [client F] and then was struck in the side of the head by [client F]. [Client E] then continued to be verbally abusive to [client F], as he tried to go after him. Staff was able to restrain [client E] using the Handle with Care (restraint) Model that staff are trained with and got him to the chair in the living room. He did have to continue holding [client E] there, as he was being verbally abusive to several housemates and told 3 of them that he was going to kill them in their sleep. The police were called, and, when they arrived, they spoke with [client E] and believed he was calm and sincere in his apology. A few minutes after the police left, [client E] became agitated again and threw the back of his chair at one of his housemates. No other police involvement. Staff was finally able to</p>						

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	<p>calm [client E] and give him his pm meds (evening medications). He was in his room sleeping around 8:00 pm and slept through the night."</p> <p>An investigation dated 5/4/22 did not indicate it had been reviewed by an administrator.</p> <p>7. A BDDS report dated 4/21/22 indicated the following: "[On 4/20/22], staff reported to this IR writer that [client E] believed his [unknown] housemates were talking/laughing about him while playing games and became agitated and angry. Staff was able to get [client E] to calm down, but he became upset again (one of his [unknown] housemates was walking too close to him), and ran to the back and went into [unknown] housemates room to try to fight. Staff had to use their Human Rights Committee (HRC) approved training technique (physical restraint) to keep [client E] from going after any of his housemates (no individuals were touched during the incident). He did throw the sofa over and attempted to grab the television. As that was going, staff #1 called the police to help with the situation. Staff #2 stayed with [client E] while the police calmed him down."</p> <p>An investigation dated 4/22/22 did not indicate it had been reviewed by an administrator.</p> <p>8. A BDDS report dated 4/5/22 indicated the following: "Staff reported to this writer that at approximately 6:30 pm (4/5/22), during dinner, [client A] reportedly made a derogatory comment to one of his [unknown] housemates. As staff was trying to calm [client A] down, [client F] came from the back of the house and started fighting [client A]. Hitting him from behind, knocking him to the floor. Staff proceeded to break them up and separate</p>						

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	<p>them. One of the staff took [client F] to his room to calm down, while the other staff took [client A] outside to have a cigarette (sic) calm down. Once everyone was calm, another [unknown] housemate came to the living room to announce the police were on their way. (Apparently, during the scuffle, [client A] told his roommate to call the police). Upon the police arrival, staff was talking to this [QIDP] and was on speaker phone talking to the police, guys, and staff. The officer spoke with all of the guys in the house. No charges were filed. [Client A] did not sustain any injuries, no cuts, scrapes, (sic) torn clothes. He did not complaint of any pain. After the officers left, [client A] calmed and retreated to his room with his roommate for the rest of the night. [Client A's] mom has been informed of the incident."</p> <p>An investigation dated 4/6/22 did not indicate it had been reviewed by an administrator.</p> <p>9. A BDDS report dated 3/22/22 indicated the following: "[On 3/21/22], it was reported to this writer that [client A] and 3 other [unknown] housemates were outside on the back porch, hanging out when an argument arose. [Client A] was reported to have flicked a cigarette butt at one of his [unknown] housemates. When [unknown] housemate went into the house to tell staff what happened, [client A] followed and was reported to be verbally taunting his [unknown] housemate. [Client F], who was also outside, came running into the house and attacked [client A]. [Client A] received scratches to his arm and his neck. In defense for himself, [client A] threw a few punches, hitting [unknown] housemate in the face."</p> <p>An investigation dated 3/22/22 did not indicate it</p>						



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	<p>had been reviewed by an administrator.</p> <p>10. A BDDS report dated 2/2/22 indicated the following: "On 2/2/22, Trowbridge staff called [QIDP] to report that [client E] became upset after a session with his Behavior Clinician (BC) and started yelling, crying, causing destruction of property. He tore up his room, destroying both his roommates' belongings, items in the kitchen, as well as items throughout the house. Staff did call the [name] County Police, as they were unable to calm [client E] down. [Client E] was so agitated that he actually yelled at the police officers. He was finally asked to go to his room when staff and the officers felt that he was calm enough to be alone. The officers left with no recourse. Not long after the police, staff was straightening up the house, when [client E] appeared at the front door. Upon entering the house, he grabbed a chair and threw it at one of his [unknown] housemates, hitting him in the chest area and right hand. [Client E] opened up and climbed out of his first story bedroom window and ran around to the front of the house...."</p> <p>An investigation dated 2/2/22 did not indicate it had been reviewed by an administrator.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 9/15/22 at 10:30 am and stated, "I do the investigation within 24 hours. I do it the same day or the next day. I don't know how long I have to do it. I don't know what that rule is." QIDP #1 stated, "I don't give the investigation to anyone to review. I put it in the binder with the reportable. It doesn't go to anyone."</p> <p>AD (Area Director) #1 was interviewed on 9/14/22</p>						

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W 0157  Bldg. 00	<p>at 1:51 pm and stated, "The [QIDP] does the investigations. Some are assigned to an outside investigator. They are completed within a week or 5 business days." AD #1 stated, "The investigations don't have my signature. There should be a review."</p> <p>This federal tag relates to complaint #IN00389493, complaint #IN00388886, and complaint #IN00388937.</p> <p>9-3-2(a)</p> <p>483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken.</p> <p>Based on record review and interview for 10 of 37 allegations of abuse and neglect reviewed, the facility failed to implement effective corrective action to address peer to peer aggression and property destruction for clients A, E, and F.</p> <p>Findings include:</p> <p>The facility's Bureau of Developmental Disabilities Services (BDDS) reports and related investigations were reviewed on 9/12/22 at 12:53 pm.</p> <p>1. A BDDS report dated 8/9/22 indicated the following: "[On 8/8/22], staff reported to this IR (incident report) writer, that she heard [client A] yelling aggressively at another [client F] about a missing television remote. She was getting food out to prepare for lunch when she heard the commotion. As she entered the room, she witnessed [client A] lunging at [client F], tackling him in his chair</p>		W 0157	<p><b>W 157</b> <u>Staff Treatment of Clients</u> <u>(Standard)</u> – Facility failed to implement effective corrective action to address peer to peer aggression and property destruction for clients A, E, and F.</p> <p><u>Corrective action for resident(s)</u> <u>found to have been affected</u> All parts of the POC for the survey with event ID RE6G11 will be fully implemented, including the following specifics: · QIDP and Area Director working together to closely review BSPs for clients A, E, and F to make any needed revisions. All facility staff being retrained on proactive and reactive measures in BSPs for clients A, E, and F to prevent recurrence of peer-to-peer aggression and property</p>		10/21/2022	

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	<p>backwards, knocking the chair over and then punching the other [client F] aggressively in the face. Staff rushed to separate the individuals, but [client A] was still throwing punches. The police were called, and, when [client A] heard the police were called, he finally backed off, and [client F] was able to get up from the chair and walk away from the situation.</p> <p>When the police arrived, [client A] remained agitated, as they went to talk to [client F] in this room, it was also when it was discovered that [client A] had also engaged in extensive property destruction. He tore his bedroom door off the hinges and threw the door into the hallway and punched 7 holes in the walls in his bedroom. The responding officers decided to place [client A] under arrest. He was handcuffed and put in the police car. He was taken to the [name] jail. [Client A's] mother was notified of the situation. [Client A] had a preliminary hearing today (8/9/22). He is being charged with a criminal misdemeanor, battery, battery resulting in bodily injury. His bond was set at \$200.00. [Client A's] mother is his guardian and rep (representative) payee and has been notified of the bond amount. [Qualified Intellectual Disabilities Professional] (QIDP) reached out to the jail to communicate medical history and med (medication) list. [Client A] has an appointed defense attorney."</p> <p>A second BDDS report indicated client F was transported to the emergency room (ER) via ambulance where he received a CT (computerized tomography) scan which indicated no internal injury.</p> <p>An investigation dated 8/9/22 did not include a plan of corrective action to address client A's aggressive behavior.</p>				<p>destruction.</p> <ul style="list-style-type: none"> <li>Area Director is reviewing actions taken to fully implement this plan of correction during weekly supervision with the Program Director/QIDP. All major incidents reviewed and resulting action taken are reviewed during this supervision meeting so that the Area Director can verify that appropriate measures are being taken to thoroughly investigate all allegations of abuse, neglect, and mistreatment at the facility, including peer to peer aggression and property destruction, as well as any other incidents that pose a risk to the health and safety of the individuals served at the facility.</li> </ul> <p><u>How facility will identify other residents potentially affected &amp; what measures taken</u></p> <p>All residents potentially are affected, and corrective measures address the needs of all clients.</p> <p><u>Measures or systemic changes facility put in place to ensure no recurrence</u></p> <p>The QIDP, Behavior Clinician, and other members of the home's leadership team are to meet weekly to discuss ongoing monitoring of the corrective plans recently put in place and to identify needed plan revisions and training/monitoring needs for the</p>		

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	<p>2. A BDDS report dated 8/5/22 indicated the following: "On 8/4/22] this IR writer was notified by staff that [client A] ran after [client F], chasing him to the street, after accusing him of stealing his personal belonging. [Clients A and F] were engaged in a physical altercation that ended with staff intervening and separating them. [Client F] received a scrape to his left knee and road rash to his outer hand.... "</p> <p>An investigation dated 8/5/22 did not include a plan of corrective action to address client A's aggressive behavior.</p> <p>3. A BDDS report dated 7/31/22 indicated the following: "It was reported to this IR writer that yesterday 7/30/22 at approximately 2:00 pm, [client E] became agitated because he was not getting his way with staff. He started slamming doors, yelling and screaming. He is reported to have disassembled a game from the back porch and brought a pole from that game into the house. He then went straight to [client F ' s] room and started threatening him and his belongings (specifically his TV). When [client F] told [client E] to get out of his room, he became more agitated and (sic) rubbing the pole on [client F ' s] TV. As staff #1 attempted to intervene and take the pole away from his (sic), [client E] dug his nails into staff's finger, causing her to bleed. Staff #2 was able to redirect him to his room in hopes that he would calm down, however, he did not. A few minutes after going into his room, he came out into the hallway and went directly to [client F ' s] room again and started damaging his property, throwing his DVD's (digital video discs) (sic), shoes, and other objects at [client F]. It was when (sic) [client F] calmly asked [client E] to leave his room that</p>				<p>facility staff. The QIDP under the supervision of the Area Director, will be responsible to implement corrective action after the review of all major/significant incidents to prevent recurrence.</p>		

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	<p>[client E] physically went after [client F], slapping and punching him. In order to protect himself, [client F] started punching [client E], causing a bloody nose and 2 black eyes. Staff asked [client F] to stop, which he did, but [client E] became even more agitated and started throwing things at staff. Due to the nature of the incident and the fact that staff were unable to get [client E] to calm down, they called the police. At that time, [client F] was in his room, and [client E] was running around the house, crying. The police were eventually able to calm [client E] down and instructed him to stay away from [client F]. No charges were filed, and they did not take [client E] away. On call nurse was notified, and staff were instructed to put cold compresses on [client E's] face for swelling and monitor for any changes. At the time of this writing, [client E] and his housemate have made amends. Both of [client E's] eyes are black and blue...."</p> <p>An investigation dated 7/31/22 did not include a plan of corrective action to address clients E and F's aggressive behaviors.</p> <p>4. A BDDS report dated 5/26/22 indicated the following: "[On 5/25/22], [client A] and [client F] got into a physical altercation r/t (related to) a disagreement. There were no injuries."</p> <p>An investigation dated 5/26/22 did not include a plan of corrective action to address clients A and F's aggressive behaviors.</p> <p>5. A BDDS report dated 5/9/22 indicated the following: "[On 5/8/22], this IR writer notified that [client A] and [client F] had a verbal altercation that started to become physical. It was reported that [client</p>						

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	<p>A] and [client F] were fighting. Staff attempted to separate them and ended up getting hit in the face. [Client A] sustained a scratch on his neck and a rug burn on his knee. Staff had a hard time calming [client A]. He has no reports of pain at the time of this writing, and staff report that [client A] and his housemates have apologized to each other."</p> <p>An investigation dated 5/9/22 did not include a plan of corrective action to address clients A and F's aggressive behaviors.</p> <p>6. An Incident Follow-up Report dated 5/31/22 indicated the following: "[On 5/2/22], this IR writer was informed that on the evening of 5/2/22, [client E] was in the kitchen, helping staff make dinner. He made a comment about another [unknown] housemate. The [unknown] housemate overheard and questioned [client E] about it and then walked away from [client E]. [Client E] then tried to apologize to his [unknown] housemate but became agitated, verbally aggressive, and destructive when his [unknown] housemate refused to accept his apology. Staff followed [client E] around the house trying to calm him as he threw food plates, flipped tables, (sic) slammed doors. Upon walking into the living room, [client E] threw a cup [client F] and then was struck in the side of the head by [client F]. [Client E] then continued to be verbally abusive to [client F], as he tried to go after him. Staff was able to restrain [client E] using the Handle with Care (restraint) Model that staff are trained with and got him to the chair in the living room. He did have to continue holding [client E] there, as he was being verbally abusive to several housemates and told 3 of them that he was going to kill them in their sleep. The police were called, and, when they arrived, they spoke with [client E]</p>						

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	<p>and believed he was calm and sincere in his apology. A few minutes after the police left, [client E] became agitated again and threw the back of his chair at one of his housemates. No other police involvement. Staff was finally able to calm [client E] and give him his pm meds (evening medications). He was in his room sleeping around 8:00 pm and slept through the night."</p> <p>An investigation dated 5/4/22 did not include a plan of corrective action to address client E's destructive and aggressive behaviors and client F's aggressive behaviors.</p> <p>7. A BDDS report dated 4/21/22 indicated the following: "[On 4/20/22], staff reported to this IR writer that [client E] believed his [unknown] housemates were talking/laughing about him while playing games and became agitated and angry. Staff was able to get [client E] to calm down, but he became upset again (one of his [unknown] housemates was walking too close to him), and ran to the back and went into [unknown] housemates room to try to fight. Staff had to use their Human Rights Committee (HRC) approved training technique (physical restraint) to keep [client E] from going after any of his housemates (no individuals were touched during the incident). He did throw the sofa over and attempted to grab the television. As that was going, staff #1 called the police to help with the situation. Staff #2 stayed with [client E] while the police calmed him down."</p> <p>An investigation dated 4/22/22 did not include a plan of corrective action to address client E's aggressive behavior.</p> <p>8. A BDDS report dated 4/5/22 indicated the following:</p>						

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	<p>"Staff reported to this writer that at approximately 6:30 pm (4/5/22), during dinner, [client A] reportedly made a derogatory comment to one of his [unknown] housemates. As staff was trying to calm [client A] down, [client F] came from the back of the house and started fighting [client A]. Hitting him from behind, knocking him to the floor. Staff proceeded to break them up and separate them. One of the staff took [client F] to his room to calm down, while the other staff took [client A] outside to have a cigarette (sic) calm down. Once everyone was calm, another [unknown] housemate came to the living room to announce the police were on their way. (Apparently, during the scuffle, [client A] told his roommate to call the police). Upon the police arrival, staff was talking to this [QIDP] and was on speaker phone talking to the police, guys, and staff. The officer spoke with all of the guys in the house. No charges were filed. [Client A] did not sustain any injuries, no cuts, scrapes, (sic) torn clothes. He did not complaint of any pain. After the officers left, [client A] calmed and retreated to his room with his roommate for the rest of the night. [Client A's] mom has been informed of the incident."</p> <p>An investigation dated 4/6/22 did not include a plan of corrective action to address clients A and F's aggressive behaviors.</p> <p>9. A BDDS report dated 3/22/22 indicated the following: "[On 3/21/22], it was reported to this writer that [client A] and 3 other [unknown] housemates were outside on the back porch, hanging out when an argument arose. [Client A] was reported to have flicked a cigarette butt at one of his [unknown] housemates. When [unknown] housemate went into the house to tell staff what happened, [client A] followed and was reported to</p>						



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	<p>be verbally taunting his [unknown] housemate. [Client F], who was also outside, came running into the house and attacked [client A]. [Client A] received scratches to his arm and his neck. In defense for himself, [client A] threw a few punches, hitting [unknown] housemate in the face."</p> <p>An investigation dated 3/22/22 did not include a plan of corrective action to address clients A and F's aggressive behaviors.</p> <p>10. A BDDS report dated 2/2/22 indicated the following: "On 2/2/22, Trowbridge staff called [QIDP] to report that [client E] became upset after a session with his Behavior Clinician (BC) and started yelling, crying, causing destruction of property. He tore up his room, destroying both his roommates' belongings, items in the kitchen, as well as items throughout the house. Staff did call the [name] County Police, as they were unable to calm [client E] down. [Client E] was so agitated that he actually yelled at the police officers. He was finally asked to go to his room when staff and the officers felt that he was calm enough to be alone. The officers left with no recourse. Not long after the police, staff was straightening up the house, when [client E] appeared at the front door. Upon entering the house, he grabbed a chair and threw it at one of his [unknown] housemates, hitting him in the chest area and right hand. [Client E] opened up and climbed out of his first story bedroom window and ran around to the front of the house...."</p> <p>An investigation dated 2/2/22 did not include a plan of corrective action to address client E's destructive behavior.</p>						

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W 0159  Bldg. 00	<p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 9/15/22 at 10:30 am and stated, "I do not consider revising the BSP, training staff, or having IDT meetings. I don't touch the BSP. I do speak to the BDDS coordinator frequently because of the thing with [clients A and F]." QIDP #1 stated, "I do what I think is best for the guys and the staff in the moment. I don't follow the investigation form. I do follow it, but I don't do everything that's on there. I just talk to the staff."</p> <p>AD (Area Director) #1 was interviewed on 9/14/22 at 1:51 pm and stated, "When we had a BC, the team was meeting regularly. They were discussing what could be done, what could be fixed." AD #1 indicated the investigation process should include a plan to prevent future occurrence.</p> <p>This federal tag relates to complaint #IN00389493, complaint #IN00388886, and complaint #IN00388937.</p> <p>9-3-2(a)</p> <p>483.430(a) QIDP</p> <p>Each client's active treatment program must be integrated, coordinated and monitored by a qualified intellectual disability professional who-</p> <p>Based on record review and interview for 3 of 3 sampled clients (A, B and C), plus 1 additional client (F), the QIDP (Qualified Intellectual Disabilities Professional) failed to effectively coordinate, integrate, and monitor clients A, B, C, and F's active treatment programs.</p> <p>The QIDP failed to develop, implement, and</p>		W 0159	<p><b>W 159</b></p> <p><u>QIDP (Standard)</u> – The QIDP failed to develop, implement, and monitor aggressive active treatment programs to meet clients A, B, and C's specific needs, to ensure client F's nutritional needs were assessed,</p>		10/21/2022	

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	<p>monitor aggressive active treatment programs to meet clients A, B, and C's specific needs, to ensure client F's nutritional needs were assessed, to ensure clients A, B, and C's formal training objectives were implemented at all opportunities and clients A and C's Behavior Support Plans (BSPs) were implemented, to ensure clients A, B, and C's Individual Support Plans (ISPs) and BSPs goals were recorded as indicated by the clients participation.</p> <p>Findings include:</p> <p>1. Client A's record was reviewed on 9/12/22 at 1:44 pm. Client A's Individual Support Plan (ISP) dated 2/11/22 indicated the following: "Residential: [Client A] will clean his room 2 x (times) week, [Client A] will do laundry at least 2 x week. Bathing: [Client A] will take a shower daily. Toothbrushing: [Client A] will brush his teeth 2 x daily. Meal Preparation: [Client A] will assist with meal preparation at dinner time Money Management: [Client A] will budget his spending money. Medication Management: [Client A] will identify his Gabapentin (treats seizures). Community Outing: [Client A] will review pedestrian safety protocol before going out into the community at least 2x monthly. Behavior Management: [Client A] will complete goals as stated in his Behavior Support Plan (BSP)." - The review did not include any documentation of a review of client A's goal progress by the QIDP for the months of May, June, July, and August 2022.</p>				<p>to ensure clients A, B, and C's formal training objectives were implemented at all opportunities and clients A and C's Behavior Support Plans (BSPs) were implemented, to ensure clients A, B, and C's Individual Support Plans (ISPs) and BSPs goals were recorded as indicated by the client's participation. Citations at W196, W217, W249, W252.</p> <p><u>Corrective action for resident(s) found to have been affected</u> All parts of the POC for the survey with event ID RE6G11 will be fully implemented, including the following specifics:</p> <ul style="list-style-type: none"> <li>Audit has been completed to ensure that assessments are in place and that sufficient goals are in place in each ISP to address the identified areas of need. This review will also ensure that each individual who is home for a large majority of the day has meaningful day programs in place to address vocational and meaningful day domains.</li> <li>Facility staff retrained on active treatment program in place for each individual, including behavioral and programming goals in place.</li> <li>QIDP is reviewing and revising the posted active treatment and activity schedules to ensure they accurately reflect</li> </ul>		

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	<p>2. Client B's records were reviewed on 9/12/22 at 2:49pm. Client B's ISP dated 6/8/22 indicated the following: The review indicated the following goals were entered on 9/12/22: "Community: [Client B] will research jobs he is interested in. With Staff assistance, [Client B] will apply for jobs that interest him. Personal Hygiene: [Client B] will initiate brushing his teeth twice daily. Dining: [Client B] will eat his food at a regular pace so as not (sic) to stuff his mouth. Medication Administration: [Client B] will identify and take his Concerta (treats Attention Deficit Hyperactivity Disorder)." The review indicated client B did not have ISP goals prior to 9/12/22. - The review indicated client B was admitted on 6/27/22. The review did not include any goal data since his admission.</p> <p>3. Client C's records were reviewed on 9/13/22 at 11:22 am. Client C's ISP dated 12/15/21 indicated the following: "Personal Hygiene. Cooking: [Client C] will cook a meal of his choice once a week with less staff assistance once a week (sic). Dental: [Client C] will brush his teeth twice daily. Showering: [Client C] will voluntary (sic) shower once a day every day (sic). Communication: [Client C] will communicate his needs and want to staff and housemates. Money Management: [Client C] will budget his money that he receives monthly. Medication Administration: [Client C] will identify and name medications he is taking. Grooming: [Client C] will shave himself every other day and keep himself clean shaven.</p>				<p>the planned activities and that activities are planned in sufficient number to engage all of the individuals and create opportunities for formal and informal active treatment. All staff are being trained to competency on the schedules of home and community activities.</p> <p>· The teams have struggled to enroll in day programs in town as the day programs are struggling to hire staff. Applications are being filed and followed up on to ensure that the individuals are at least on waiting lists for local programs that they would enjoy and would contribute to fuller meaningful day schedules.</p> <p>·Staffing ratios are being reviewed to ensure that staff are scheduled in sufficient numbers at all times to keep all individuals engaged according to their program plans. All facility staff have been trained again on this standard and the expectation that all programs/goals, behavior tracking, and health tracking activities will be implemented and documented according to the clients' participation.</p> <p>·QIDP will begin running reports 2-3 times per week on the program documentation and identified health risk tracking to ensure that documentation is being completed as indicated on all programs. Staff failure to complete documentation can then</p>		

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	<p>Laundry: [Client C] will do his laundry and fold it away (sic). "</p> <p>- The review did not include any documentation of a review of client C's goal progress by the QIDP for the months of May, June, July, and August 2022.</p> <p>Area Director (AD) was interviewed on 9/14/22 at 1:35 pm and stated, "The QIDP is responsible to develop, train and monitor all programs aggressively."</p> <p>QIDP was interviewed on 9/15/22 at 10:30 am and stated, "We have discussed goals, no we have not had specific training for goals. Goals have not been correctly recorded since April or May."</p> <p>4. The QIDP failed to develop, implement, and monitor an aggressive active treatment program to meet clients A, B, and C's specific needs. Please see W196.</p> <p>5. The QIDP failed to ensure client F's nutritional needs were reassessed following a significant change in his weight. Please see W217.</p> <p>6. The QIDP failed to ensure client A, B, and C's formal training objectives were implemented during formal and informal training opportunities and clients A and C's BSPs were implemented as written. Please see W249.</p> <p>7. The QIDP failed to ensure clients A, B, and C's ISP and BSP goals were recorded as indicated by the clients' participation. Please see W252.</p> <p>This federal tag relates to complaint #IN00389493.</p> <p>9-3-3(a)</p>				<p>be addressed immediately through coaching and, if necessary, disciplinary action, until the team has demonstrated competency on program documentation.</p> <p>· The QIDP receives a weekly report identifying the frequency of data being collected by facility staff on each ISP program and health tracking module. Going forward, this will allow the QIDP to follow up immediately with DSPs who need to comply with the expectations of this standard and of their job description.</p> <p>· Updated dietary assessment being obtained for client F. Updated recommendations will be sent to the My25 menu development program to be incorporated with daily substitutions specific to the needs of client F.</p> <p>· A risk plan is being developed by nursing to address client F's weight gain.</p> <p>· Appropriate goals regarding healthy meal choices and exercise are being added to client F's ISP.</p> <p>· Client F has 1:1 staffing at this time and all staff are being trained on activities to promote exercise and participation in healthy meal planning and preparation.</p> <p>· All staff are receiving retraining on preparing meals as indicated on the menu, including how to incorporate individual</p>		

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			<p>specific recommendations into the menu prep. All facility staff are also being trained on appropriate meal substitutions to ensure that all food groups are covered in healthy proportions on client choice meal days or days that an individual refuses what is being provided during the planned meal.</p> <ul style="list-style-type: none"> <li>QIDP and nurse are being retrained on the importance of responding with changes in the ISP, risk plans, and assessments when a significant change such as the weight gain experienced by client F occurs.</li> <li>Once retraining is complete, the QIDP, Nurse, Area Director or other qualified supervisory staff are responsible to conduct active treatment observations at varying times of the day to ensure that facility staff demonstrate competency on preparing meals according to the menu, following individual diet plans, and implementing the clients' programs during formal and informal opportunities. Initially these observations will be conducted 4 times per week for the first two weeks. If competency is shown in that time, observations may reduce to 3 times per week for the next two weeks and then titrate to 2 times per week for two weeks. Any observed concerns will be addressed through immediate retraining and coaching.</li> </ul>		

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			<p><u>How facility will identify other residents potentially affected &amp; what measures taken</u></p> <p>All residents potentially are affected, and corrective measures address the needs of all clients.</p> <p><u>Measures or systemic changes facility put in place to ensure no recurrence</u></p> <ul style="list-style-type: none"> <li>- QIDP or Area Director as well as Behavior Clinician (once hired) to maintain a very regular presence in the facility in order to monitor continuous active treatment, coach staff on plan implementation at all naturally occurring opportunities, and review staff competency on how to prevent and respond to incidents that may occur in accordance with the BSP.</li> <li>- A simplified audit tool was implemented to ensure that needed assessments and program goals are in place for each individual.</li> <li>- Each file is to be audited on a quarterly basis to ensure compliance.</li> <li>- Going forward, the QIDP is responsible to monitor staff documentation on an ongoing basis. The QIDP is then required to complete a monthly summary of data gathered by the 5th of the month to assess progress on all</li> </ul>		

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W 0164  Bldg. 00	<p>483.430(b)(1) PROFESSIONAL PROGRAM SERVICES 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 record review and interview for 1 of 3 sample clients (A), plus 2 additional clients (E and F), the facility failed to provide adequate behavioral support to meet clients A, E, and F's identified needs.</p> <p>Findings include:</p> <p>The facility's Bureau of Developmental Disabilities Services (BDDS) reports and related investigations were reviewed on 9/12/22 at 12:53 pm.</p> <p>1. A BDDS report dated 8/9/22 indicated the following: "[On 8/8/22], staff reported to this IR (incident report) writer, that she heard [client A] yelling</p>			W 0164	<p>goals and review that data gathered was sufficient per the parameters of each individual program.</p> <ul style="list-style-type: none"> <li>All staff to be held accountable for expectations of documentation per the job description, including retraining and disciplinary action as needed.</li> <li>All new employees are trained on the facility menu and how to plan appropriate meals for the individuals. All new employees are also trained on the dietary needs of each individual served.</li> </ul> <p><b>W 164</b> <u>Professional Program Services (Standard)</u> - Facility failed to provide adequate behavioral support to meet clients A, E, and F's identified needs.</p> <p><u>Corrective action for resident(s) found to have been affected</u> All parts of the POC for the survey with event ID RE6G11 will be fully implemented, including the following specifics:</p> <ul style="list-style-type: none"> <li>Program Director/QIDP receiving training on the role of the QIDP in monitoring and revising a simple BSP in the absence of a</li> </ul>		10/21/2022



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	<p>aggressively at another [client F] about a missing television remote. She was getting food out to prepare for lunch when she heard the commotion. As she entered the room, she witnessed [client A] lunging at [client F], tackling him in his chair backwards, knocking the chair over and then punching the other [client F] aggressively in the face. Staff rushed to separate the individuals, but [client A] was still throwing punches. The police were called, and, when [client A] heard the police were called, he finally backed off, and [client F] was able to get up from the chair and walk away from the situation.</p> <p>When the police arrived, [client A] remained agitated, as they went to talk to [client F] in this room, it was also when it was discovered that [client A] had also engaged in extensive property destruction. He tore his bedroom door off the hinges and threw the door into the hallway and punched 7 holes in the walls in his bedroom. The responding officers decided to place [client A] under arrest. He was handcuffed and put in the police car. He was taken to the [name] jail. [Client A's] mother was notified of the situation.</p> <p>[Client A] had a preliminary hearing today (8/9/22). He is being charged with a criminal misdemeanor, battery, battery resulting in bodily injury. His bond was set at \$200.00. [Client A's] mother is his guardian and rep (representative) payee and has been notified of the bond amount. [Qualified Intellectual Disabilities Professional] (QIDP) reached out to the jail to communicate medical history and med (medication) list. [Client A] has an appointed defense attorney."</p> <p>A second BDDS report indicated client F was transported to the emergency room (ER) via ambulance where he received a CT (computerized tomography) scan which indicated no internal injury.</p>				<p>behavior clinician. Several of the BSPs in the home would not require a master's level clinician to monitor for success and revise goals, med reduction plans, and strategies as needed. Before stepping down, the BC had revised the BSPs to "simple BSPs" that removed all language about monitoring by a behavior clinician so that the QIDP would be qualified to make changes as needed while the position was open. These BSPs are being put into the Therap system and the QIDP will be responsible to monitor and update the plans as needed until the open BC position is filled.</p> <p>A new behavior clinician is being hired and will assist with the BSPs for several individuals at the facility once their training is complete.</p> <p><u>How facility will identify other residents potentially affected &amp; what measures taken</u> All residents potentially are affected, and corrective measures address the needs of all clients.</p> <p><u>Measures or systemic changes facility put in place to ensure no recurrence</u> Going forward, all QIDPs are to be trained that they are ultimately responsible to ensure that the program plan is in place and being monitored as needed. Even if a</p>		

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	<p>2. A BDDS report dated 8/5/22 indicated the following: "[On 8/4/22] this IR writer was notified by staff that [client A] ran after [client F], chasing him to the street, after accusing him of stealing his personal belonging. [Clients A and F] were engaged in a physical altercation that ended with staff intervening and separating them. [Client F] received a scrape to his left knee and road rash to his outer hand.... "</p> <p>3. A BDDS report dated 7/31/22 indicated the following: "It was reported to this IR writer that yesterday 7/30/22 at approximately 2:00 pm, [client E] became agitated because he was not getting his way with staff. He started slamming doors, yelling and screaming. He is reported to have disassembled a game from the back porch and brought a pole from that game into the house. He then went straight to [client F 's] room and started threatening him and his belongings (specifically his TV). When [client F] told [client E] to get out of his room, he became more agitated and (sic) rubbing the pole on [client F's] TV. As staff #1 attempted to intervene and take the pole away from his (sic), [client E] dug his nails into staff's finger, causing her to bleed. Staff #2 was able to redirect him to his room in hopes that he would calm down, however, he did not. A few minutes after going into his room, he came out into the hallway and went directly to [client F 's] room again and started damaging his property, throwing his DVD's (digital video discs) (sic), shoes, and other objects at [client F]. It was when (sic) [client F] calmly asked [client E] to leave his room that [client E] physically went after [client F], slapping and punching him. In order to protect himself, [client F] started punching [client E], causing a</p>				consultant or clinician is engaged to assist with an area such as the behavior management needs of specific individuals, the QIDP will remain responsible to ensure data is being gathered by staff, revisions are made as needed, staff training/retraining needs are met, and goals are monitored as needed.		

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	<p>bloody nose and 2 black eyes. Staff asked [client F] to stop, which he did, but [client E] became even more agitated and started throwing things at staff. Due to the nature of the incident and the fact that staff were unable to get [client E] to calm down, they called the police. At that time, [client F] was in his room, and [client E] was running around the house, crying. The police were eventually able to calm [client E] down and instructed him to stay away from [client F]. No charges were filed, and they did not take [client E] away. On call nurse was notified, and staff were instructed to put cold compresses on [client E's] face for swelling and monitor for any changes. At the time of this writing, [client E] and his housemate have made amends. Both of [client E's] eyes are black and blue...."</p> <p>4. A BDDS report dated 6/13/22 indicated the following: "[On 6/12/22], it was reported to this IR writer that [client A] reportedly called the police at approximately 6:00 pm on 6/12/22 due to a conflict between he and another housemate. [Client A] was upset with housemate due to an earlier conflict in the house and accused the housemate of threatening him with a sharp knife. Staff reported that [client A] was not threatened by the housemate. Note - staff had been using a knife for their dinner meal and promptly washed it and locked it where it belongs. Since the police had been there earlier in the day, they explained to the guys that if they were called again, someone would be arrested. [Client A] stated he called the police because he was mad that no one was arrested earlier."</p> <p>5. A BDDS report dated 5/26/22 indicated the following: "[On 5/25/22], [client A] and [client F] got into a</p>						

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	<p>physical altercation r/t (related to) a disagreement. There were no injuries."</p> <p>6. A BDDS report dated 5/9/22 indicated the following: "[On 5/8/22], this IR writer notified that [client A] and [client F] had a verbal altercation that started to become physical. It was reported that [client A] and [client F] were fighting. Staff attempted to separate them and ended up getting hit in the face. [Client A] sustained a scratch on his neck and a rug burn on his knee. Staff had a hard time calming [client A]. He has no reports of pain at the time of this writing, and staff report that [client A] and his housemates have apologized to each other."</p> <p>7. An Incident Follow-up Report dated 5/31/22 indicated the following: "[On 5/2/22], this IR writer was informed that on the evening of 5/2/22, [client E] was in the kitchen, helping staff make dinner. He made a comment about another [unknown] housemate. The [unknown] housemate overheard and questioned [client E] about it and then walked away from [client E]. [Client E] then tried to apologize to his [unknown] housemate but became agitated, verbally aggressive, and destructive when his [unknown] housemate refused to accept his apology. Staff followed [client E] around the house trying to calm him as he threw food plates, flipped tables, (sic) slammed doors. Upon walking into the living room, [client E] threw a cup [client F] and then was struck in the side of the head by [client F]. [Client E] then continued to be verbally abusive to [client F], as he tried to go after him. Staff was able to restrain [client E] using the Handle with Care (restraint) Model that staff are trained with and got him to the chair in the living room. He did have to continue holding [client E]</p>						

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	<p>there, as he was being verbally abusive to several housemates and told 3 of them that he was going to kill them in their sleep. The police were called, and, when they arrived, they spoke with [client E] and believed he was calm and sincere in his apology. A few minutes after the police left, [client E] became agitated again and threw the back of his chair at one of his housemates. No other police involvement. Staff was finally able to calm [client E] and give him his pm meds (evening medications). He was in his room sleeping around 8:00 pm and slept through the night."</p> <p>8. A BDDS report dated 4/21/22 indicated the following: "[On 4/20/22], staff reported to this IR writer that [client E] believed his [unknown] housemates were talking/laughing about him while playing games and became agitated and angry. Staff was able to get [client E] to calm down, but he became upset again (one of his [unknown] housemates was walking too close to him), and ran to the back and went into [unknown] housemates room to try to fight. Staff had to use their Human Rights Committee (HRC) approved training technique (physical restraint) to keep [client E] from going after any of his housemates (no individuals were touched during the incident). He did throw the sofa over and attempted to grab the television. As that was going, staff #1 called the police to help with the situation. Staff #2 stayed with [client E] while the police calmed him down."</p> <p>9. A BDDS report dated 4/5/22 indicated the following: "Staff reported to this writer that at approximately 6:30 pm (4/5/22), during dinner, [client A] reportedly made a derogatory comment to one of his [unknown] housemates. As staff was trying to calm [client A] down, [client F] came from the</p>						

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	<p>back of the house and started fighting [client A]. Hitting him from behind, knocking him to the floor. Staff proceeded to break them up and separate them. One of the staff took [client F] to his room to calm down, while the other staff took [client A] outside to have a cigarette (sic) calm down. Once everyone was calm, another [unknown] housemate came to the living room to announce the police were on their way. (Apparently, during the scuffle, [client A] told his roommate to call the police). Upon the police arrival, staff was talking to this [QIDP] and was on speaker phone talking to the police, guys, and staff. The officer spoke with all of the guys in the house. No charges were filed. [Client A] did not sustain any injuries, no cuts, scrapes, (sic) torn clothes. He did not complain of any pain. After the officers left, [client A] calmed and retreated to his room with his roommate for the rest of the night. [Client A's] mom has been informed of the incident."</p> <p>10. A BDDS report dated 3/22/22 indicated the following: "[On 3/21/22], it was reported to this writer that [client A] and 3 other [unknown] housemates were outside on the back porch, hanging out when an argument arose. [Client A] was reported to have flicked a cigarette butt at one of his [unknown] housemates. When [unknown] housemate went into the house to tell staff what happened, [client A] followed and was reported to be verbally taunting his [unknown] housemate. [Client F], who was also outside, came running into the house and attacked [client A]. [Client A] received scratches to his arm and his neck. In defense for himself, [client A] threw a few punches, hitting [unknown] housemate in the face."</p> <p>11. A BDDS report dated 2/27/22 indicated the</p>						

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	<p>following:</p> <p>"It was reported to this writer that at approximately 2:30 pm, [client D] made himself a bologna sandwich. As staff was watching him make his sandwich, she noticed that he had put about 7 slices of bologna on his sandwich. As staff tried to explain to him that he had to make sure there was enough for his other housemates to a make a sandwich as well, [client D] became angry and stormed out of the kitchen into the dining area. [Client E] was sitting at the dining table, and [client D] hit him in the name of his neck. [Client D] realized what he had done and immediately apologized to [client E]. Staff then assisted [client D] to his 'area' where he calmly ate his sandwich. No further behaviors or issued (sic) were reported."</p> <p>12. A BDDS report dated 2/2/22 indicated the following:</p> <p>"On 2/2/22, Trowbridge staff called [QIDP] to report that [client E] became upset after a session with his Behavior Clinician (BC) and started yelling, crying, causing destruction of property. He tore up his room, destroying both his roommates' belongings, items in the kitchen, as well as items throughout the house. Staff did call the [name] County Police, as they were unable to calm [client E] down. [Client E] was so agitated that he actually yelled at the police officers. He was finally asked to go to his room when staff and the officers felt that he was calm enough to be alone. The officers left with no recourse. Not long after the police, staff was straightening up the house, when [client E] appeared at the front door. Upon entering the house, he grabbed a chair and threw it at one of his [unknown] housemates, hitting him in the chest area and right hand. [Client E] opened up and climbed out of his first story bedroom window and ran around to the</p>						

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	<p>front of the house...."</p> <p>Client A's record was reviewed on 9/13/22 at 1:03 pm. Client A's BSP dated 4/5/22 indicated the following: "All staff who work with this individual will be trained to competency by the Behavior Clinician (BC), [QIDP], or Area Director to implement the BSP as it is written. Once all staff is trained, [client A's] behavior should be monitored by the Behavior Clinician on a routine basis. [Client A's] IST will review his BSP at least quarterly to evaluate its appropriateness."</p> <p>Client E's record was reviewed on 9/13/22 at 1:15 pm. Client E's BSP dated 4/5/22 indicated the following: "All staff who work with this individual will be trained to competency by the Behavior Clinician, [QIDP], or Area Director to implement the BSP as it is written. Once all staff is trained, [client E's] behavior should be monitored by the Behavior Clinician on a routine basis. [Client E's] IST will review his BSP at least quarterly to evaluate its appropriateness."</p> <p>Client F's record was reviewed on 9/13/22 at 1:30 pm. "All staff who work with this individual will be trained to competency by the Behavior Clinician, [QIDP], or Area Director to implement the BSP as it is written. Once all staff is trained, [client F's] behavior should be monitored by the Behavior Clinician on a routine basis. [Client F's] IST will review his BSP at least quarterly to evaluate its appropriateness."</p> <p>Behavior Clinician notes and IDT meeting notes</p>						



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W 0189  Bldg. 00	<p>for clients A, E, and F were requested on 9/15/22 at 10:30 am and were not provided by the facility.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 9/15/22 at 10:30 am and stated, "There hasn't been a BC for a while. She was coming all the time until May. Then she was supposed to come once a week, but she had a directive to do other things. From May to August, she was coming much less than once a week. She wasn't doing any BSP stuff since maybe May. In August, she officially became a [QIDP] then went on leave." QIDP #1 stated, "I don't know if she was doing any training with the staff." QIDP #1 stated, "Nothing has been done with the BSPs since maybe May." QIDP #1 stated, "I do not have any BC training. I am not a licensed clinician." QIDP #1 stated, "I don't touch the BSP."</p> <p>AD (Area Director) #1 was interviewed on 9/14/22 at 1:51 pm and stated, "The BC transitioned from the BC to [QIDP] at the beginning of August. They've been without a BC since the middle of August." AD #1 stated, "They would benefit from a BC. In the interim, the QIDP can do a lot of things."</p> <p>This federal tag relates to complaint #IN00389493, complaint #IN00388886, and complaint #IN00388937.</p> <p>9-3-3(a)</p> <p>483.430(e)(1) STAFF TRAINING PROGRAM</p> <p>The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently.</p>						

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	<p>Based on observation, record review, and interview for 3 of 3 sample clients (A, B, and C), plus 2 additional clients (E and F), the facility failed to ensure staff working in the home were competently trained to implement clients A, B, C, E, and F's active treatment programs.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 9/12/22 from 11:20 am through 11:50 am and from 3:25 pm through 5:34 pm and on 9/13/22 from 6:55 am through 9:31 am and 2:28 pm through 4:45 pm. Clients A, B and C were present in the home for the duration of the observation period.</p> <p>On 9/12/22 at 11:20 am, client A was on the front porch smoking a cigarette, client B was sitting on the front porch listening to his music through his headphones, and client C was sleeping in his room. Direct Support Professional (DSP) #1 was sitting on a couch in the living room. DSP #2 was sitting on the chair next to the computer.</p> <p>At 12:42 pm, client B was sitting on the couch in the living room and was putting on his socks. Client B stated, "I would like to get a job in the mall." DSP #2 indicated client B has been filling out job applications, and he had an interview last week.</p> <p>DSP #1 and DSP #2 did not prompt clients A, B or C to participate in activities.</p> <p>At 3:29 pm, client B walked back to his bedroom. Client C was awake in his room and stated, "I woke up at 12 pm". Client C put on a headset and started to play his video game. Client B went back into the living room.</p>			W 0189	<p><b><u>W 189</u></b> <b><u>Staff Training Program (Standard)</u></b> - Facility failed to ensure staff working in the home were competently trained to implement clients A, B, C, E, and F's active treatment programs.</p> <p><u>Corrective action for resident(s) found to have been affected</u> All parts of the POC for the survey with event ID RE6G11 will be fully implemented, including the following specifics:</p> <ul style="list-style-type: none"> <li>All staff are being trained to competency on the schedules of home and community activities.</li> <li>All facility staff retraining on goals, programs, and Behavior Plans in place as well as the expectation that all programs/goals, behavior tracking, and health tracking activities will be implemented and documented according to the clients' participation.</li> </ul> <p><u>How facility will identify other residents potentially affected &amp; what measures taken</u> All residents potentially are affected, and corrective measures address the needs of all clients.</p> <p><u>Measures or systemic changes facility put in place to ensure no recurrence</u> Going forward, Program Director is responsible to ensure that all staff are trained to competency on the</p>		10/21/2022

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	<p>At 3:38 pm, client A was sitting in his room playing on his video game. Client A stated, "I stay in my room playing video games or listening to music."</p> <p>At 3:53 pm, client B was watching television in the living room. Client B got up and stated, "I am cooking dinner tonight." DSP #1 reminded client B to wash his hands. Client B set the oven to preheat it.</p> <p>At 3:56 pm, client A came out of his room and got a yogurt out of the refrigerator and ate it walking in the kitchen. Client B then got out a yogurt and ate his.</p> <p>At 3:58 pm, client B was sitting in the living room watching the television. Client B stated, "It's boring staying home all day."</p> <p>At 4:07 pm, client A went outside to smoke. DSP #1 was sitting on the couch in the living room. Client B was sitting watching the television. DSP #3 was sweeping the floor. Clients were not prompted to help clean.</p> <p>At 4:25 pm, client B put the frozen enchiladas in the oven. Client B stated, "I wish I could go to a day program; staff can't find one for me. I am pretty bored sitting here all day."</p> <p>At 4:32 pm, client A got out a yogurt and said he was hungry. Client B said, "We run out of food fast in the house." Client A stated, "Because people take food in their room and hide it."</p> <p>At 4:33 pm, client A sat on the couch in the living room with Client E.</p>			active treatment programs in place in the facility. This is to be completed upon hire for every new employee and on an annual basis after each annual ISP meeting before implementation of the new ISP or when any change is made to the ISP.			

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	<p>At 4:41 pm, client B went to the computer and looked up Special Olympics, created an email account, and emailed Special Olympics to get information. Client B told the surveyor he wanted to get information for Special Olympics.</p> <p>At 4:54 pm, DSP #3 was cleaning the bathroom on the left side of the hallway. Clients A and C were in their bedrooms. Client B was in the living room watching television.</p> <p>At 5:20 pm, client A asked DSP #1 if they could go to store. DSP #1 told him no.</p> <p>DSP #1 and #3 did not prompt clients A, B and C to participate in activities.</p> <p>On 9/13/22 at 6:55 am, DSP #1 was sitting on the couch with client E. DSP #2 arrived and came into the house.</p> <p>At 7:11 am, client F walked into the living room and put on his shoes and then he walked back to his room.</p> <p>At 7:16 am, DSP #1 was folding client D's clothes out of clothes basket. She indicated the laundry did not smell clean, so she was rewashing them.</p> <p>At 7:22 am, DSP #1 gathered the empty laundry containers and took them to the garage.</p> <p>At 7:57 am, client C walked into the hallway and took out the toilet paper from the hall closet and took it back to the bathroom.</p> <p>At 8:09 am, DSP #1 began cooking french toast. No clients were asked to help with the cooking.</p> <p>At 8:27 am, DSP #2 asked client E to take his</p>						

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	<p>belongings off of the table so they could eat at the table.</p> <p>At 8:33 am, DSP #1 started cooking bacon and sausage links. DSP #1 did not ask any clients to assist with making breakfast.</p> <p>At 8:55 am, client B was watching television in the dining area.</p> <p>At 9:00 am, DSP #2 asked client F to wash his hands after using the restroom. Client F went back into the bathroom and washed his hands.</p> <p>At 9:01 am, client A came out of his room and went to the back porch and smoked a cigarette. When client A came back inside, he used hand sanitizer.</p> <p>At 9:04 am, DSP #1 served clients A, B, E and F a plate with french toast and bacon. Clients C and D were served a plate with french toast and sausage links. When client B received his plate, he stood in the kitchen eating a piece of bacon off his plate and then went to the table.</p> <p>At 9:11 am, DSP #5 was in the kitchen washing the dishes used to make breakfast.</p> <p>At 9:12 am, client C had plate of french toast and sausage. He ate the sausage and gave the french toast to client F. Client F took a bite from one of the pieces of french toast and then took the plate to the kitchen and set it down on the counter. Client A picked up the plate from the counter and took it to the table and sat down and ate it.</p> <p>At 9:20 am, DSP #5 finished washing the dishes and washed off the dining room table. DSP #5 did not ask any clients to assist with cleaning up.</p>						

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	<p>On 9/13/22 at 2:28 pm client B greeted the surveyor at the door. DSP #5 was sitting in the living room. Client B indicated he had been playing video games and watching television all day. He stated, "It has been boring, I wish we could do something."</p> <p>At 2:40 pm, client A was in his room playing video games. He indicated he had been in his room all day playing video games, watching television or being on his phone.</p> <p>At 2:41 pm, client C was asleep in his bed. Client B stated client C has been sleeping about an hour and a half and has not eaten lunch. Client B indicated he was going to wake up client C, DSP #5 asked client B to let client C wake up on his own.</p> <p>At 3:06 pm, client F was in his room, he indicated he hadn't done much all day. He indicated he has been in his room all week for the last few weeks. He indicated he plays on his phone, watches television, and listens to music. He indicated he does not help cook in the home.</p> <p>At 3:22 pm, client C got up from bed, and he got the two grilled cheese sandwiches that were made for him at lunch. Qualified Intellectual Disabilities Professional (QIDP) asked him to sit at the table to eat. Client C went and sat at the dining room table.</p> <p>At 4:00 pm, clients B and E were sitting in the living room watching television. DSP #6 came to the house. DSP #5 left the home.</p> <p>At 4:23 pm, DSP #6 asked client D if the clothes in the dryer were his. Client D walked over to the dryer, looked at them and said they were his and</p>						

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	<p>then walked back to the television in the dining area. DSP #6 began folding client D's clothes. Client D came back to the dryer and took his clean clothes to his room. Client D shoved his shirts, underwear and socks in his drawers and stacked his pants on the top of the dresser.</p> <p>At 4:25 pm DSP #6 stated, "I don't know what their goals are or what they are working on."</p> <p>Throughout the observation periods, DSPs did not engage clients in meaningful activities. Clients were not encouraged to participate in any activities throughout the day.</p> <p>Client A's record was reviewed on 9/12/22 at 1:44 pm. Client A's Individual Support Plan (ISP) dated 2/11/22 indicated the following: "...Supports Needed: -Supervision -Structured/ routine daily activities -community outings -Identify sport/something to look forward to -Day program ... Goals: Residential: [Client A] will clean his room 2 x (times) week, [Client A] will do laundry at least 2 x week. Bathing: [Client A] will take a shower daily. Toothbrushing: [Client A] will brush his teeth 2 x daily. Meal Preparation: [Client A] will assist with meal preparation at dinner time Money Management: [Client A] will budget his spending money. Medication Management: [Client A] will identify his Gabapentin (seizures). Community Outing: [Client A] will review pedestrian safety protocol before going out into the community at least 2x monthly.</p>						

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	<p>Behavior Management: [Client A] will complete goals as stated in his Behavior Support Plan (BSP). "</p> <p>Client B's records were reviewed on 9/12/22 at 2:49 pm. Client B's ISP dated 6/8/22 indicated the following: The review indicated the following goals were entered on 9/12/22, "Goals: Community: [Client B] will research jobs he is interested in. With Staff assistance, [Client B] will apply for jobs that interest him. Personal Hygiene: [Client B] will initiate brushing his teeth twice daily. Dining: [Client B] will eat his food at a regular pace so as not (sic) to stuff his mouth. Medication Administration: [Client B] will identify and take his Concerta (treats symptoms of Attention Deficit Hyperactivity Disorder)." The review indicated there were no goals prior to 9/12/22. Client B's record did not include a BSP.</p> <p>Client C's records were reviewed on 9/13/22 at 11:22 am. Client C's ISP dated 12/15/21 indicated the following: "Goals: Personal Hygiene. Cooking: [Client C] will cook a meal of his choice once a week with less staff assistance once a week (sic). Dental: [Client C] will brush his teeth twice daily. Showering: [Client C] will voluntary (sic) shower once a day every day (sic). Communication: [Client C] will communicate his needs and want to staff and housemates. Money Management: [Client C] will budget his money that he receives monthly.</p>						



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NAME OF PROVIDER OR SUPPLIER  DUNGARVIN INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 51778 TROWBRIDGE LN SOUTH BEND, IN 46637			
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	<p>Medication Administration: [Client C] will identify and name medications he is taking.</p> <p>Grooming: [Client C] will shave himself every other day and keep himself clean shaven.</p> <p>Laundry: [Client C] will do his laundry and fold it away (sic). "</p> <p>Client C's BSP dated 12/1/21 indicated the following:</p> <p>...Target Behaviors: Verbal Aggression...Physical Aggression...Theft...Noncompliance- video games...Structured environment: Implement programs consistently and document data as required. Consistent running of the BSP learning trials and documenting the results assists in determining the effectiveness of the BSP interventions.</p> <p>-[Client C] struggles with completing his daily hygiene. Staff should try to assist [Client C] with completing some of his daily tasks when they work with him. Staff should also remind [Client C] to put reminders on his phone for the tasks he has to complete.</p> <p>- Minimize distractions when asking something of [Client C], ask him to put down his phone and listen.</p> <p>- Use 'this first, then' statement when requestion (sic) [Client C] do something, Do this first, then you get to do that. 'Take your shower and change your clothes first, then you can get back on your game.' "Come eat lunch first and then you can get back on your game."</p> <p>The facility's Bureau of Developmental Disabilities Services (BDDS) reports and related investigations were reviewed on 9/12/22 at 12:53 pm.</p> <p>1. A BDDS report dated 8/9/22 indicated the following:</p> <p>"[On 8/8/22], staff reported to this IR (incident</p>						

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	<p>report) writer, that she heard [client A] yelling aggressively at another [client F] about a missing television remote. She was getting food out to prepare for lunch when she heard the commotion. As she entered the room, she witnessed [client A] lunging at [client F], tackling him in his chair backwards, knocking the chair over and then punching the other [client F] aggressively in the face. Staff rushed to separate the individuals, but [client A] was still throwing punches. The police were called, and, when [client A] heard the police were called, he finally backed off, and [client F] was able to get up from the chair and walk away from the situation.</p> <p>When the police arrived, [client A] remained agitated, as they went to talk to [client F] in this room, it was also when it was discovered that [client A] had also engaged in extensive property destruction. He tore his bedroom door off the hinges and threw the door into the hallway and punched 7 holes in the walls in his bedroom. The responding officers decided to place [client A] under arrest. He was handcuffed and put in the police car. He was taken to the [name] jail. [Client A's] mother was notified of the situation.</p> <p>[Client A] had a preliminary hearing today (8/9/22). He is being charged with a criminal misdemeanor, battery, battery resulting in bodily injury. His bond was set at \$200.00. [Client A's] mother is his guardian and rep (representative) payee and has been notified of the bond amount. [Qualified Intellectual Disabilities Professional] (QIDP) reached out to the jail to communicate medical history and med (medication) list. [Client A] has an appointed defense attorney."</p> <p>A second BDDS report indicated client F was transported to the emergency room (ER) via ambulance where he received a CT (computerized tomography) scan which indicated no internal</p>						

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	<p>injury.</p> <p>2. A BDDS report dated 8/5/22 indicated the following: "[On 8/4/22] this IR writer was notified by staff that [client A] ran after [client F], chasing him to the street, after accusing him of stealing his personal belonging. [Clients A and F] were engaged in a physical altercation that ended with staff intervening and separating them. [Client F] received a scrape to his left knee and road rash to his outer hand.... "</p> <p>3. A BDDS report dated 7/31/22 indicated the following: "It was reported to this IR writer that yesterday 7/30/22 at approximately 2:00 pm, [client E] became agitated because he was not getting his way with staff. He started slamming doors, yelling and screaming. He is reported to have disassembled a game from the back porch and brought a pole from that game into the house. He then went straight to [client F 's] room and started threatening him and his belongings (specifically his TV). When [client F] told [client E] to get out of his room, he became more agitated and (sic) rubbing the pole on [client F 's] TV. As staff #1 attempted to intervene and take the pole away from his (sic), [client E] dug his nails into staff's finger, causing her to bleed. Staff #2 was able to redirect him to his room in hopes that he would calm down, however, he did not. A few minutes after going into his room, he came out into the hallway and went directly to [client F's] room again and started damaging his property, throwing his DVD's (digital video discs) (sic), shoes, and other objects at [client F]. It was when (sic) [client F] calmly asked [client E] to leave his room that [client E] physically went after [client F], slapping and punching him. In order to protect himself, [client</p>						

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	<p>F] started punching [client E], causing a bloody nose and 2 black eyes. Staff asked [client F] to stop, which he did, but [client E] became even more agitated and started throwing things at staff. Due to the nature of the incident and the fact that staff were unable to get [client E] to calm down, they called the police. At that time, [client F] was in his room, and [client E] was running around the house, crying. The police were eventually able to calm [client E] down and instructed him to stay away from [client F]. No charges were filed, and they did not take [client E] away. On call nurse was notified, and staff were instructed to put cold compresses on [client E's] face for swelling and monitor for any changes. At the time of this writing, [client E] and his housemate have made amends. Both of [client E's] eyes are black and blue...."</p> <p>4. A BDDS report dated 6/13/22 indicated the following: "[On 6/12/22], it was reported to this IR writer that [client A] reportedly called the police at approximately 6:00 pm on 6/12/22 due to a conflict between he and another housemate. [Client A] was upset with housemate due to an earlier conflict in the house and accused the housemate of threatening him with a sharp knife. Staff reported that [client A] was not threatened by the housemate. Note - staff had been using a knife for their dinner meal and promptly washed it and locked it where it belongs. Since the police had been there earlier in the day, they explained to the guys that if they were called again, someone would be arrested. [Client A] stated he called the police because he was mad that no one was arrested earlier."</p> <p>5. A BDDS report dated 5/26/22 indicated the following:</p>						

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	<p>"[On 5/25/22], [client A] and [client F] got into a physical altercation r/t (related to) a disagreement. There were no injuries."</p> <p>6. A BDDS report dated 5/9/22 indicated the following: "[On 5/8/22], this IR writer notified that [client A] and [client F] had a verbal altercation that started to become physical. It was reported that [client A] and [client F] were fighting. Staff attempted to separate them and ended up getting hit in the face. [Client A] sustained a scratch on his neck and a rug burn on his knee. Staff had a hard time calming [client A]. He has no reports of pain at the time of this writing, and staff report that [client A] and his housemates have apologized to each other."</p> <p>7. An Incident Follow-up Report dated 5/31/22 indicated the following: "[On 5/2/22], this IR writer was informed that on the evening of 5/2/22, [client E] was in the kitchen, helping staff make dinner. He made a comment about another [unknown] housemate. The [unknown] housemate overheard and questioned [client E] about it and then walked away from [client E]. [Client E] then tried to apologize to his [unknown] housemate but became agitated, verbally aggressive, and destructive when his [unknown] housemate refused to accept his apology. Staff followed [client E] around the house trying to calm him as he threw food plates, flipped tables, (sic) slammed doors. Upon walking into the living room, [client E] threw a cup [client F] and then was struck in the side of the head by [client F]. [Client E] then continued to be verbally abusive to [client F], as he tried to go after him. Staff was able to restrain [client E] using the Handle with Care (restraint) Model that staff are trained with and got him to the chair in the living</p>						

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	<p>room. He did have to continue holding [client E] there, as he was being verbally abusive to several housemates and told 3 of them that he was going to kill them in their sleep. The police were called, and, when they arrived, they spoke with [client E] and believed he was calm and sincere in his apology. A few minutes after the police left, [client E] became agitated again and threw the back of his chair at one of his housemates. No other police involvement. Staff was finally able to calm [client E] and give him his pm meds (evening medications). He was in his room sleeping around 8:00 pm and slept through the night."</p> <p>8. A BDDS report dated 4/21/22 indicated the following: "[On 4/20/22], staff reported to this IR writer that [client E] believed his [unknown] housemates were talking/laughing about him while playing games and became agitated and angry. Staff was able to get [client E] to calm down, but he became upset again (one of his [unknown] housemates was walking too close to him), and ran to the back and went into [unknown] housemates room to try to fight. Staff had to use their Human Rights Committee (HRC) approved training technique (physical restraint) to keep [client E] from going after any of his housemates (no individuals were touched during the incident). He did throw the sofa over and attempted to grab the television. As that was going, staff #1 called the police to help with the situation. Staff #2 stayed with [client E] while the police calmed him down."</p> <p>9. A BDDS report dated 4/5/22 indicated the following: "Staff reported to this writer that at approximately 6:30 pm (4/5/22), during dinner, [client A] reportedly made a derogatory comment to one of his [unknown] housemates. As staff was trying</p>						

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	<p>to calm [client A] down, [client F] came from the back of the house and started fighting [client A]. Hitting him from behind, knocking him to the floor. Staff proceeded to break them up and separate them. One of the staff took [client F] to his room to calm down, while the other staff took [client A] outside to have a cigarette (sic) calm down. Once everyone was calm, another [unknown] housemate came to the living room to announce the police were on their way. (Apparently, during the scuffle, [client A] told his roommate to call the police). Upon the police arrival, staff was talking to this [QIDP] and was on speaker phone talking to the police, guys, and staff. The officer spoke with all of the guys in the house. No charges were filed. [Client A] did not sustain any injuries, no cuts, scrapes, (sic) torn clothes. He did not complaint of any pain. After the officers left, [client A] calmed and retreated to his room with his roommate for the rest of the night. [Client A's] mom has been informed of the incident."</p> <p>10. A BDDS report dated 3/22/22 indicated the following: "[On 3/21/22], it was reported to this writer that [client A] and 3 other [unknown] housemates were outside on the back porch, hanging out when an argument arose. [Client A] was reported to have flicked a cigarette butt at one of his [unknown] housemates. When [unknown] housemate went into the house to tell staff what happened, [client A] followed and was reported to be verbally taunting his [unknown] housemate. [Client F], who was also outside, came running into the house and attacked [client A]. [Client A] received scratches to his arm and his neck. In defense for himself, [client A] threw a few punches, hitting [unknown] housemate in the face."</p>						

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	<p>11. A BDDS report dated 2/27/22 indicated the following: "It was reported to this writer that at approximately 2:30 pm, [client D] made himself a bologna sandwich. As staff was watching him make his sandwich, she noticed that he had put about 7 slices of bologna on his sandwich. As staff tried to explain to him that he had to make sure there was enough for his other housemates to a make a sandwich as well, [client D] became angry and stormed out of the kitchen into the dining area. [Client E] was sitting at the dining table, and [client D] hit him in the name of his neck. [Client D] realized what he had done and immediately apologized to [client E]. Staff then assisted [client D] to his 'area' where he calmly ate his sandwich. No further behaviors or issued (sic) were reported."</p> <p>12. A BDDS report dated 2/2/22 indicated the following: "On 2/2/22, Trowbridge staff called [QIDP] to report that [client E] became upset after a session with his Behavior Clinician (BC) and started yelling, crying, causing destruction of property. He tore up his room, destroying both his roommates' belongings, items in the kitchen, as well as items throughout the house. Staff did call the [name] County Police, as they were unable to calm [client E] down. [Client E] was so agitated that he actually yelled at the police officers. He was finally asked to go to his room when staff and the officers felt that he was calm enough to be alone. The officers left with no recourse. Not long after the police, staff was straightening up the house, when [client E] appeared at the front door. Upon entering the house, he grabbed a chair and threw it at one of his [unknown] housemates, hitting him in the chest area and right hand. [Client E] opened up and climbed out of his</p>						



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	<p>first story bedroom window and ran around to the front of the house...."</p> <p>Client A's record was reviewed on 9/13/22 at 1:03 pm.</p> <p>Client A's BSP dated 4/5/22 indicated the following:</p> <p>"Target Behaviors: Elopement, Physical Aggression, Verbal Aggression, Negative Interactions (coercion), Property Destruction, Suicidal Ideation/Attempt....</p> <p>Proactive Strategies</p> <p>Positive Attention and Reinforcement: Everyone working with [client A] will attempt to reinforce his positive behaviors through verbal praise and positive attention. Pay attention to when he is doing something well or exhibiting pro-social behavior, and then praise. [Client A] may use maladaptive behavior to gain attention. So, giving attention where it is due while at the same time ignoring maladaptive behaviors (see differential reinforcement) will thus naturally shape more positive behaviors.</p> <p>Communication: [Client A] may need some one-on-one time with staff to communicate his feelings. Staff need to listen to how he is feeling and help him work through it. Sometimes all it takes is for him to say it out loud, and then he can work through it himself. Also, communicating with [client A] through reminders of what he may have been doing, or if something has already happened. He may also need to be reminded where he left an item, therefore, he does not jump to the conclusion that someone has stolen it, it was just misplaced. Staff should never talk down to or yell at [client A].</p> <p>Participation in Routine Daily Activities: [Client A] proceeds through the daily routine within reasonable time limits and participates in ongoing and specially scheduled activities. In order to</p>						

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	<p>maximize consistency and structure within [client A's] environment, the following criteria have been established:</p> <ul style="list-style-type: none"> <li>- The daily schedule consists of those activities that are routine, such as hygiene, home maintenance, work, meals, and scheduled recreation activities.</li> <li>- [Client A] should be given up to 5 verbal prompts, for each task in the schedule. This should not be a threat, but simply a reminder that he needs to participate in routine scheduled activities....</li> </ul> <p>Relaxation Exercise Practice: Staff will encourage [client A] to practice one of these relaxation techniques, once a day.</p> <ul style="list-style-type: none"> <li>- Take three deep breaths....</li> <li>- Stomach sucks....</li> <li>- Squeeze ball....</li> <li>- Listen to music....</li> </ul> <p>Reactive Strategies....</p> <p>Physical Aggression</p> <p>Rationale: (information derived from future QAFB (functional behavioral assessment).</p> <p>Intervention Steps: a) If [client A] is observed engaging in physical aggression, immediately tell [client A] to 'stop' while moving into position to keep himself and others from harm. Priority at all times is the individual's safety. If [client A] stops, give him verbal praise for stopping and redirect him to an appropriate activity, or to a safe space he can be alone to calm down even further. b) If [client A] is unable to calm down using these techniques and is in imminent danger of hurting himself or others, staff should follow facility policy and procedure as necessary to protect himself and others. This includes blocking or other restraint procedures already trained to Dungarvin staff members in Handle with Care training....</p> <p>Verbal Aggression</p>						

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	<p>Rationale: (information derived from future QAFB).</p> <p>Intervention Steps: a) If staff suspects that [client A] is about to exhibit verbal aggression, staff members should prompt him to communicate how he is feeling and redirect him to a preferred activity he can complete with staff. b) Offer to help him communicate by offering to listen to his concerns. c) If [client A] begins exhibiting verbal aggression, staff should say, '[Client A], you need to calm down and tell me what is wrong.' If [client A] does calm down and speak (sic) to staff about how he is feeling, staff should provide him with positive, behavior specific, verbal praise. d) If [client A] continues the behavior, ignore him. Planned ignoring is to occur after [client A] is directed to stop the behavior. Planned ignoring is implemented as follows: 1. Do not give [client A] eye contact. 2. Do not talk to [client A]. 3. Do not use body language, facial expressions or make sounds of exasperation to communicate displeasure with [client A's] behavior. 4. If [client A] hears you, do not talk to others about him. 5. Unless required for the safety of [client A] or others, do not touch him. 6. If it is possible to leave [client A], walk away from him and encourage housemates to also leave the area. e) Staff should continue to provide [client A] with verbal prompts to stop engaging in verbal aggression once every 5 minutes until the behavior has stopped. Staff should use planned ignoring in between each verbal prompt....</p> <p>Property Destruction</p> <p>Rationale: (information derived from future QAFB).</p> <p>Intervention Steps: a) Attempt to redirect [client A] to a preferred activity. b) To the greatest extent possible, [client A] will be responsible for cleaning up, repairing, and/or replacing damaged property. c) If [client A] appears agitated, staff</p>						

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NAME OF PROVIDER OR SUPPLIER  DUNGARVIN INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 51778 TROWBRIDGE LN SOUTH BEND, IN 46637			
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	<p>should remove items of value from his presence and relocate them to a safer area. d) Staff should encourage housemates to relocate their items in order to keep them safe from damage. e) If property destruction results in an unsafe condition, precautions need to be taken to ensure everyone's safety. 1. If the behavior continues, and [client A] is not being safe or is in danger of physical harm, staff will need to initiate Handle with Care least to most restrictive interventions....</p> <p>Dungarvin Crisis Intervention</p> <p>Procedures: All interventions outlined below are listed in an ascending hierarchical order, beginning with the least restrictive or intrusive techniques. In addressing an individual's maladaptive behavior, the least restrictive interventions from the lowest level will be employed.</p> <p>Physical Hold/Physical Restraint - use of an approved, non-pain inducing method to physically hold or restrain an individual or limit movement to prevent injury to self or others. Employees should only use physical hold/physical restraints that are part of the approved behavioral support plan or utilized in Dungarvin Crisis intervention that include the following in hierarchical order from least to most restrictive: Physical Redirection/Response Blocking (Pull-through/Block), Releasing, Walking with or accompanying/Escorting (Transfer technique), Side Body Hug, One Arm Standing, Basket Hold, Two Person Hold...."</p> <p>- Client A's BSP did not indicate use of police intervention to manage his behaviors.</p> <p>Client E's record was reviewed on 9/13/22 at 1:15 pm.</p> <p>Client E's BSP dated 4/5/22 indicated the following:</p> <p>"Target Behaviors: Property Destruction, Verbal</p>						

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	<p>Aggression, Physical Aggression, Elopement...</p> <p>Proactive Strategies:</p> <p>Communication: Spend a couple minutes talking with him. Thank him when he comes to staff with his problems. Give him time to voice his frustrations and feelings. Use behavior specific praise as often as possible. Speak to him in a calm, neutral voice. Maintain personal boundaries and never make promises. Do not phrase requests as demands, instead phrase them as questions. Do not talk about negative topics with [client E]. Do not bring up home sits with [client E], refrain from any home visit sort of conversations. When [client E] begins to show signs of frustration such as stomping, rubbing his eyes, pacing... Say to him, 'You seem upset, do you need to go relax in your room for a bit?' 'Where is your binder?' Then ignore. Do not mention his behavior anything relating to his behavior when he is on the edge of crisis in this state.</p> <p>Structured Environment: [Client E] should be provided a structured environment, so he knows what to expect. A calendar will assist with upcoming events: Community events, Programming schedule, Therapy sessions, Home visit schedule. Setting a timer, so he knows how much time is allotted the certain activities. Consistent daily routines are important for success.</p> <p>Relaxation Exercise/Emotional Binder: [Client E] has an emotional toolkit binder that has a lot of his favorite things to do when he gets upset. By using his binder, he is reminded of how to calm down, and he can do so on his own. His binder should be available to him at all times, wherever he is. Staff should remind him of his binder when he seems upset.</p> <p>Listen to relaxing music: He can choose his favorite music. As often as possible (ideally</p>						

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	daily), staff/family will prompt [client E] to practice relaxation exercises when he becomes upset or nervous. Breathing exercises, such as deep breathing or breath focus. He also has other breathing exercises in his binder. Reactive Strategies Target Behavior: Physical Aggression Rationale: (No response indicated.) Intervention Steps: a) When staff suspects that [client E] is about to become physically aggressive, staff should first determine if they are the source of the agitation. b) If staff are making demands of him or redirecting him, they may want to first back off a little and give [client E] some space to process his feelings and the information staff are presenting to him. c) If he continues, try redirecting him to a more appropriate activity without mentioning his behavior. Offer to listen to him by asking if he can tell why it is, he's upset. d) Use a calming voice that is neutral and free of emotion or excitement. Offer assistance to help him get control of himself and to voice what's going on. e) Use language that is simple and direct. f) Do not talk down to [client E]. g) It is important for staff and others to stay at least an arm's length away from [client E] when he appears to be agitated. Do not box him in or block his escape route. h) Scan the area for objects [client E] can use as weapons and remove those items. i) If [client E] continues to						

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	<p>aggress, staff will use Dungarvin Handle with Care response blocks when [client E] attacks them physically. 1. Least restrictive measures should always be utilized and exhausted first and foremost before implementing restrictive measures such as physical restraint. j) If he continues to demonstrate physical aggression, staff will need to follow the restraint protocol as demonstrated and practiced in the Handle with Care training. k) Staff should refrain from talking with [client E] during a restraint other than reminding him to 'relax', or 'breathe.' l) The restraint should continue until [client E] is able to completely relax his body for 2-3 minutes at which time staff will praise him for relaxing and inform him they will release one hand, but if he continues to struggle with them, they will return to the full restraint. 1. The staff will then release his other hand, praise him for relaxing and then release his feet. 2. Staff who are not directly involved in the restraint will ensure that the other consumers are moved to a safe location. m) If [client E] begins physical aggression after being released, the process will start again....Property DestructionRationale: (No response indicated.)Intervention Steps: a) Attempt to redirect [client E] to a preferred activity. b) To the greatest extent possible, [client E] will be responsible for cleaning up, repairing,</p>						

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	<p>and/or replacing damaged property. c) If [client E] appears agitated, staff should remove items of value from his presence and relocate them to a safer area. d) Staff should encourage housemates to relocate their items in order to keep them safe from damage. e) If property destruction results in an unsafe condition, precautions need to be taken to ensure everyone's safety. 1. If the behavior continues, and [client E] is not being safe or is (sic) danger of physical harm, staff will need to initiate Handle with Care least to most restrictive interventions....Verbal AggressionRationale: (No response indicated.)Intervention Step: a) Staff are encouraged to use a calm voice to remind [client E] that they want to help, but that he needs to speak more slowly and clearly, so they can understand him. b) Offer to help him communicate by offering to listen to his concerns. c) If [client E] continues the behavior, ignore him. 1. Planned ignoring is implemented as follows: 1. Do not give [client E] eye contact. 2. Do not talk to [client E]. 3. Do not use body language, facial expressions, or make sounds of exasperation to communicate displeasure with [client E's] behavior. 4. If [client E] hears you, do not talk to others about him. 5. Unless required for the safety of [client E] or others, do not touch him. 6. If it is possible to leave [client E], walk away from</p>						



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	<p>him. d) Staff will aid [client E] in calming by helping him change his environment in order to remove his attention from any potential sources of aggression. 1. This may involve encouraging him or others to move to another part of the home or leave the home entirely by going for a walk. 2. It may involve distracting his attention onto something more positive. e) Staff will continue to use verbal prompts and visual cues in order to help [client E] begin the calming process. f) Once [client E] shows signs of compliance, staff will give him behavior specific praise....Dungarvin Crisis InterventionProcedures: All interventions outlined below are listed in ascending hierarchical order, beginning with the least restrictive or intrusive techniques. In addressing an individual's maladaptive behavior, the least restrictive interventions from the lowest level will be employed.Physical Hold/Physical Restraint - use of an approved, non-pain inducing method to physically hold or restrain an individual or limit movement to prevent injury to self or others. Employees should only use physical hold/physical restraints that are part of the approved behavioral support plan or utilized in Dungarvin Crisis Intervention that include the following in hierarchical order from least to most restrictive.Physical Redirection/Response Blocking</p>						

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	<p>(Pull-through/Block), Releasing, Walking with or accompanying/Escorting (Transfer technique), Side Body Hug, One Arm Standing, Basket Hold, Two Person Hold."Client F's record was reviewed on 9/13/22 at 1:30 pm.Client F's BSP dated 4/5/22 indicated the following:"Target Behaviors: Physical Aggression, Untrustworthy Behavior/Theft, Health Skills Deficit, Employment Skills Deficit....Proactive Strategies: May of [client F's] behaviors stem from his challenges processing his emotions, particularly when he is disappointed, feels rejected or excluded or feels hurt. Staff can utilize some of the following proactive strategies to provide safe and adaptive options for him to practice.Communication: Offer [client F] the chance to sit and talk privately about what he is working on. If he prefers not to talk to staff, staff can ask if he'd rather talk with his mom or friend or counselor. Offer verbal praise every time he talks through difficult emotions.Staff should never talk down to or yell at [client F].Structured environment: [Client F] would benefit greatly from having a structured environment. Structured activities can provide him with a framework to keep him busy with more positive daily activities. Down time can often lead to conflicts or fixation.Relaxing activities: [Client F] likes to take walks to relax, he</p>						

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	<p>also enjoys gardening, tossing the football, coloring, watching movies, and playing his video games. Walking and tossing the football would be good physical activities that can help [client F] to calm down. Coloring is also a good way to relax. Staff can try some deep breathing exercises with [client F] to help him as well. Positive Attention and Reinforcement: Everyone working with [client F] will attempt to reinforce his positive behaviors through verbal praise and positive attention. Pay attention to when he is doing something well or exhibiting a pro-social behavior, and then praise. [Client F] may use maladaptive behavior to gain attention. So, giving attention where it is due while at the same time ignoring maladaptive behaviors (see differential reinforcement) will this naturally shape more positive behaviors. Relaxation Exercise Practice: Staff will encourage [client F] to practice one of these relaxation techniques, once a day.- Take three deep breaths....- Stomach sucks....Squeeze ball....Listen to music....Reactive Strategies Physical Aggression. Rationale: (information derived from future QAFB). Intervention Steps: a) If [client F] is physically aggressive, ask him to stop the behavior. Use blocking techniques to prevent any injuries to others. 1. If he stops, verbally praise him for complying. b) If he</p>						

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	<p>does not respond to verbal redirection, and the behavior continues, attempt to guide him to a quiet area such as his room, making (sic) his roommate is not in the room. c) Speaking calmly attempt to find out what has upset [client E] and try to help him process a resolution. d) If he remains physically aggressive and is at risk of harming himself or peers, staff may use techniques provided in Handle with Care training to protect [client E] and others from harm. This can include physical restraints. e) If staff have a reason to believe [client E] may have any sort of weapon in his room or his locker that he is planning to use to hurt anyone, they will contact the [QIDP] for authorization to conduct a room and locker sweep....Untrustworthy BehaviorRationale: (information derived from future QAFB).Intervention Steps: a) 1. At no time is [client F] allowed to borrow items from others, or trade possessions. 2. At no time is [client F] allowed to sell his personal items without express, written permission from his legal guardian. 3. At no time are staff to allow [client F] access to their personal possessions. If there are concerns, staff should lock their possessions away. b) If staff are aware of [client F] manipulating others for items, they are to address him in a private area. (Doing so in public may trigger other behaviors.) c) If [client F] has</p>						

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	<p>manipulated a peer out of control of a personal possession, have [client F] return the item. d) If it is suspected that [client F] has stolen an item, and he is refusing to return the item, staff are to contact the [QIDP] for approval to conduct a room and locker sweep to check for the missing or stolen item. e) If [client F] approaches staff and states he has money he wants to spend, staff are to verify the source of the money before taking him anywhere to purchase anything. f) Any money given to [client F] by family or friends will be handed directly to staff and added to cash on hand log and locked up until approved shopping trips. g) Staff need to talk to [client F] about how to gain trust of others and have him state examples of how he can build trust.... j) If it is determined that [client F] did steal an item, the IST will discuss on a case-by-case basis whether financial restitution is feasible based on [client F's] current finances and ability to understand the impact of the decision....Dungarvin Crisis InterventionProcedures: All interventions outlined below are listed in an ascending hierarchical order, beginning with the least restrictive or intrusive techniques. In addressing an individual's maladaptive behavior, the least restrictive interventions from the lowest level will be employed.Physical Hold/Physical restraint -</p>						

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	<p>use of an approved, non-pain inducing method to physically hold or restrain an individual or limit movement to prevent injury to self or others. Employees should only use physical hold/physical restraints that are part of the approved behavioral support plan or utilized in Dungarvin Crisis intervention that include the following in hierarchical order from least to most restrictive:Physical Redirection/Response Blocking (Pull-Through/Block), Releasing, Walking with or accompanying/Escorting (transfer technique), Side Body Hug, One Arm Standing, Basket Hold, Two Person Hold."DSP #4 was interviewed on 9/12/22 at 7:56 pm and indicated he had worked in the home a few months. DSP #4 stated, "[Client A's] goals are to keep calm and to manage his desire of cigarettes. He can have one every hour." DSP #4 stated, "[Client B] cooks and tidies the house. He doesn't have any specific things to do." DSP #4 stated, "[Client C] tidies up the house. He did the dishes yesterday." DSP #4 stated, "When you want [client D] to do something. You ask." DSP #4 gestured to client D. Client D was on all fours in the corner of the dining room, listening to music, moving his head up and down rapidly, rocking, singing, and cursing. DSP #4 stated, "This is what he does all day, everyday." DSP #4 stated, "We listen to</p>						

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	<p>[client E]. When he gets aggressive, he runs away from the house. We follow him and listen to him." DSP #4 stated, "We supervise everything for [client F]. He has an issue with stealing. He has one on one care. Staff has an eye on him when he's out of his room. We know where is he and what is he doing (sic)." When asked how staff respond to peer to peer aggression and physical fighting, DSP #4 did not directly respond to the question. DSP #4 stated, "We document the goal on [digital record keeping system] someplace. We do it once per shift." DSP #5 was interviewed on 9/12/22 at 8:08 pm and indicated he had worked in the home for one month. DSP #5 stated, "I don't know their goals." DSP #5 stated, "When there is physical aggression, we deescalate it. We talk to them, take them on an outing. We do not intervene. There is no hands on restraints for anyone." DSP #5 stated, "If we can't deescalate, we call the authorities. We try to separate them." DSP #5 indicated he had not been trained in crisis prevention techniques. DSP #5 stated, "We can stand between them to prevent aggression. Female staff should call the police." DSP #1 was interviewed on 9/14/22 at 11:28 am and indicated she had worked in the home for 9 months. DSP #1 stated, "I don't know their goals. I am just learning how to do the goals in [digital</p>						

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	<p>record keeping system]. I will be the house lead. I haven't been recording goals." DSP #1 stated, "I don't know what the behavior plans say. I only glanced over them. I wasn't trained by anyone." DSP #1 stated, "We've developed our own ways to calm them down. We can see it coming, and we try to calm them down." DSP #1 stated, "[Client A] has been doing a lot better since he got a [video game system]. It keeps him occupied." DSP #1 stated, "[Client F] spends a lot of time in his room. We send him to his room to keep him separate from the others. He's one to one." DSP #1 stated, "There is not a set time for meals. If they got up late, all of the meals are pushed back. We don't have an activity schedule. We play it by ear." QIDP #1 was interviewed on 9/15/22 at 10:30 am and stated, "We have schedules. They get their meds (medications) between 6 and 8 in the morning. Most of them go back to sleep. Some of them stay awake and make their breakfast. Staff will make breakfast around 10:00 am because most of them are up. Some will sleep until 11:00." QIDP #1 stated, "The boys guide their day, and we support them. We tell them, 'It's time to do laundry. Today's your day to cook. Clean your room. Change the sheets on your bed.' It's not very structured." QIDP #1 stated, "I come up with the activities. We kind of do it</p>						



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NAME OF PROVIDER OR SUPPLIER  DUNGARVIN INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP COD 51778 TROWBRIDGE LN SOUTH BEND, IN 46637			
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W 0195  Bldg. 00	<p>all together. They can go out any day. It's a team thing. I don't say, 'You have to go do this today.'" QIDP #1 stated, "I probably should have trained the staff a lot more." QIDP #1 stated, "Did I train them? No. But we've discussed the goals, so they know what the goals are. There wasn't a specific training." AD (Area Director) #1 was interviewed on 9/14/22 at 1:51 pm and stated, "Active treatment should happen during all of the activities of daily life and the routine of the day. We should have routine and bigger activities being done. There should be activities daily. They can go to a park, go on walks. There should be structure to the day." AD #1 stated, "Goals should be run whenever an opportunity arises and it would be appropriate for the goal." This federal tag relates to complaint #IN00389493. 9-3-3(a)</p> <p>483.440 ACTIVE TREATMENT SERVICES The facility must ensure that specific active treatment services requirements are met.</p> <p>Based on observation, record review, and interview for 3 of 3 sampled clients (A, B, and C), plus 1 additional client (F), the facility failed to meet the Condition of Participation: Active Treatment Services.</p> <p>The facility failed to effectively integrate, coordinate, and monitor clients A, B, and C's active treatment programs, to develop and implement an aggressive active treatment program</p>			W 0195	<p><b>W 195</b> <u>Active Treatment Services</u> (Condition) - Facility failed to effectively integrate, coordinate, and monitor clients A, B, and C's active treatment programs, to develop and implement an aggressive active treatment program to meet clients A, B, and C's specific needs, to ensure client F's nutritional needs were</p>		10/21/2022

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	<p>to meet clients A, B, and C's specific needs, to ensure client F's nutritional needs were reassessed following a significant change in his weight, to ensure client A, B, and C's formal training objectives were implemented during formal and informal training opportunities and clients A and C's Behavior Support Plans (BSPs) were implemented as written, and to ensure client A, B, and C's Individual Support Plan (ISP) and BSP goals were recorded as indicated by the clients' participation.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. The facility failed to develop, implement, and monitor an aggressive active treatment program to meet clients A, B, and C's specific needs. Please see W196.</li> <li>2. The facility failed to ensure client F's nutritional needs were reassessed following a significant change in his weight. Please see W217.</li> <li>3. The facility failed to ensure client A, B, and C's formal training objectives were implemented during formal and informal training opportunities and clients A and C's Behavior Support Plans were implemented as written. Please see W249.</li> <li>4. The facility failed to ensure clients A, B, and C's Individual Support Plan (ISP) and Behavior Support Plan (BSP) goals were recorded as indicated by the clients' participation. Please see W252.</li> </ol> <p>This federal tag relates to complaint #IN00389493.</p> <p>9-3-4(a)</p>				<p>reassessed following a significant change in his weight, to ensure client A, B, and C's formal training objectives were implemented during formal and informal training opportunities and clients A and C's Behavior Support Plans (BSPs) were implemented as written, and to ensure client A, B, and C's Individual Support Plan (ISP) and BSP goals were recorded as indicated by the clients' participation. Citations at W196, W217, W249, and W252.</p> <p><u>Corrective action for resident(s) found to have been affected</u></p> <p>Dungarvin Indiana has developed an aggressive action plan to come into full compliance with all Conditions of Participation established by the Secretary of Health and Human Services. All parts of the POC for the survey with event ID RE6G11 will be fully implemented, including the following specifics:</p> <ul style="list-style-type: none"> <li>· Audit has been completed to ensure that assessments are in place and that sufficient goals are in place in each ISP to address the identified areas of need. This review will also ensure that each individual who is home for a large majority of the day has meaningful day programs in place to address vocational and meaningful day domains.</li> <li>· QIDP is reviewing and revising the posted active</li> </ul>		

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			<p>treatment and activity schedules to ensure they accurately reflect the planned activities and that activities are planned in sufficient number to engage all of the individuals and create opportunities for formal and informal active treatment.</p> <ul style="list-style-type: none"> <li>All staff are being trained to competency on the schedules of home and community activities.</li> <li>All facility staff retraining on goals, programs, and Behavior Plans in place as well as the expectation that all programs/goals, behavior tracking, and health tracking activities will be implemented and documented according to the clients' participation.</li> <li>Updated dietary assessment being obtained for client F. Updated recommendations will be sent to the My25 menu development program to be incorporated with daily substitutions specific to the needs of client F.</li> <li>A risk plan is being developed by nursing to address client F's weight gain.</li> <li>Appropriate goals regarding healthy meal choices and exercise are being added to client F's ISP.</li> <li>Client F has 1:1 staffing at this time and all staff are being trained on activities to promote exercise and participation in healthy meal planning and</li> </ul>		

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			<p>preparation.</p> <ul style="list-style-type: none"> <li>All staff are receiving retraining on preparing meals as indicated on the menu, including how to incorporate individual specific recommendations into the menu prep. All facility staff are also being trained on appropriate meal substitutions to ensure that all food groups are covered in healthy proportions on client choice meal days or days that an individual refuses what is being provided during the planned meal.</li> <li>QIDP and nurse are being retrained on the importance of responding with changes in the ISP, risk plans, and assessments when a significant change such as the weight gain experienced by client F occurs.</li> <li>QIDP will begin running reports 2-3 times per week on the program documentation and identified health risk tracking to ensure that documentation is being completed as indicated on all programs.</li> <li>The QIDP receives a weekly report identifying the frequency of data being collected by facility staff on each ISP program and health tracking module. Going forward, this will allow the QIDP to follow up immediately with DSPs who need to comply with the expectations of this standard and of their job description.</li> <li>QIDP is reviewing and revising the posted active</li> </ul>		

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			<p>treatment and activity schedules to ensure they accurately reflect the planned activities and that activities are planned in sufficient number to engage all of the individuals and create opportunities for formal and informal active treatment.</p> <ul style="list-style-type: none"> <li>Staffing ratios are being reviewed to ensure that staff are scheduled in sufficient numbers at all times to keep all individuals engaged according to their program plans.</li> <li>Once retraining is complete, the QIDP, Nurse, Area Director or other qualified supervisory staff are responsible to conduct active treatment observations at varying times of the day to ensure that facility staff demonstrate competency on preparing meals according to the menu, following individual diet plans, and implementing the clients' programs during formal and informal opportunities. Initially these observations will be conducted 4 times per week for the first two weeks. If competency is shown in that time, observations may reduce to 3 times per week for the next two weeks and then titrate to 2 times per week for two weeks. Any observed concerns will be addressed through immediate retraining and coaching.</li> </ul>		

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			<p><u>How facility will identify other residents potentially affected &amp; what measures taken</u></p> <p>All residents potentially are affected, and corrective measures address the needs of all clients.</p> <p><u>Measures or systemic changes facility put in place to ensure no recurrence</u></p> <ul style="list-style-type: none"> <li>· QIDP or Area Director as well as Behavior Clinician (once hired) to maintain a very regular presence in the facility in order to monitor continuous active treatment, coach staff on plan implementation at all naturally occurring opportunities, and review staff competency on how to prevent and respond to incidents that may occur in accordance with the BSP.</li> <li>· A simplified audit tool was implemented to ensure that needed assessments and program goals are in place for each individual.</li> <li>· Each file is to be audited on a quarterly basis to ensure compliance.</li> <li>· Going forward, the QIDP is responsible to monitor staff documentation on an ongoing basis. The QIDP is then required to complete a monthly summary of data gathered by the 5th of the month to assess progress on all goals and review that data gathered was sufficient per the parameters of each individual</li> </ul>		

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W 0196  Bldg. 00	<p>483.440(a)(1) ACTIVE TREATMENT</p> <p>Each client must receive a continuous active treatment program, which includes aggressive, consistent implementation of a program of specialized and generic training, treatment, health services and related services described in this subpart, that is directed toward:</p> <p>(i) The acquisition of the behaviors necessary for the client to function with as much self determination and independence as possible; and</p> <p>(ii) The prevention or deceleration of regression or loss of current optimal functional status.</p> <p>Based on observation, record review, and interview for 3 of 3 sample clients (A, B, and C), the facility failed to develop, implement, and monitor an aggressive active treatment program to meet clients A, B, and C's specific needs.</p> <p>Findings include:</p> <p>Observations were conducted in the group home on 9/12/22 from 10:50 am to 11:50 am and from 6:50</p>	W 0196	<p>program.</p> <ul style="list-style-type: none"> <li>All staff to be held accountable for expectations of documentation per the job description, including retraining and disciplinary action as needed.</li> <li>All new employees are trained on the facility menu and how to plan appropriate meals for the individuals. All new employees are also trained on the dietary needs of each individual served.</li> </ul> <p><b>W 196</b> <u>Active Treatment (Standard)</u> - Facility failed to develop, implement, and monitor an aggressive active treatment program to meet clients A, B, and C's specific needs.</p> <p><u>Corrective action for resident(s) found to have been affected</u> All parts of the POC for the survey</p>	10/21/2022	

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	<p>pm to 8:20 pm and on 9/14/22 from 10:50 am to 11:50 am. Clients A, B, and C were present throughout the observation period.</p> <p>On 9/12/22 from 10:50 am to 11:50 am, client C remained in his bedroom with the door closed. Client C was laying under a comforter with the blanket pulled over his head. At 10:50 am, client A was in his bedroom playing video games, and client B was wandering through the home. Direct Support Professional (DSP) #2 took items from a laundry basket and put them in the washing machine. DSP #2 added detergent and started the washing machine. DSP #2 did not prompt any clients to assist. DSP #2 stated, "It's towels and rags. Staff wash those." DSP #1 indicated client C was still sleeping.</p> <p>Client B was interviewed at 11:00 am and stated, "I want to get a job. I need to learn to clean better and to manage my money. I'm trying to find a job. I'm waiting for an email about a job." Client B stated, "I want to meet a girl friend. I'm trying to find one online, but I keep getting catfished. They hacked into my account."</p> <p>At 11:17 am, client A was playing video games in his bedroom, and client B was pacing through the home. DSP #2 was asked if there was an activity planned for the day. DSP #2 stated, "We just finished all of the cleaning. [Client E] did the dishes. The medications are done. That's all for the day. We don't have any activities or plans."</p> <p>Throughout the observation period, staff did not prompt clients A, B, and C to engage in meaningful activities.</p> <p>On 9/12/22 at 6:50 pm, DSP #3 indicated everyone had already eaten enchiladas for dinner. At 6:54</p>				<p>with event ID RE6G11 will be fully implemented, including the following specifics:</p> <ul style="list-style-type: none"> <li>Audit has been completed to ensure that assessments are in place and that sufficient goals are in place in each ISP to address the identified areas of need. This review will also ensure that each individual who is home for a large majority of the day has meaningful day programs in place to address vocational and meaningful day domains.</li> <li>Facility staff retrained on active treatment program in place for each individual, including behavioral and programming goals in place.</li> <li>QIDP is reviewing and revising the posted active treatment and activity schedules to ensure they accurately reflect the planned activities and that activities are planned in sufficient number to engage all of the individuals and create opportunities for formal and informal active treatment. All staff are being trained to competency on the schedules of home and community activities.</li> <li>The teams have struggled to enroll in day programs in town as the day programs are struggling to hire staff. Applications are being filed and followed up on to ensure that the individuals are at least on waiting lists for local programs that they</li> </ul>		



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	<p>pm, client B used oven mitts to remove a pan of enchiladas from the oven. Client B removed a foil cover and put the pan back in the oven. Client B set a timer. Client B stated, "I had an enchilada earlier. I didn't really like it. We didn't have any sour cream. I'm making more." DSP #3 indicated clients A and B were in their bedrooms.</p> <p>At 7:00 pm, client B stated, "It's boring around here. I went to the doctor today, but we didn't do anything else." Client B stated, "I'm bored around the house. I want to go to a day program." Client B indicated he had gone to a sheltered workshop previously. Client B stated, "I was paid \$25.00 every two weeks." Client B stated, "I signed up for Special Olympics. I did it myself. Sometimes I have to do stuff myself because it takes too long to wait for staff to help." At 7:06 pm, DSP #4 was folding laundry and did not prompt any clients to assist. Client B indicated he had an email from Special Olympics. Client B opened an email account on the community computer in the living room. Client B did not use a password to log into the email account. Client B then switched to another account without using a password and stated, "This on is [client F's]. I don't read his email." Client B indicated neither he nor client F used a password on the community computer. Client C came from his room and indicated he did not want enchiladas. Client C took a bag of frozen french fries from the freezer and began cooking them.</p> <p>At 7:13 pm, client B stated, "Watch this." Client B turned a recliner around, so it was facing the opposite direction and flopped back into it. The foot rest of the recliner went up, and the entire recliner fell backwards. The back of the chair was on the floor, and the foot rest was up in the air. Client B stated, "I like to lay like this." DSP #4</p>				<p>would enjoy and would contribute to fuller meaningful day schedules.</p> <ul style="list-style-type: none"> <li>Staffing ratios are being reviewed to ensure that staff are scheduled in sufficient numbers at all times to keep all individuals engaged according to their program plans.</li> <li>Once retraining is complete, the QIDP, Nurse, Area Director or other qualified supervisory staff are responsible to conduct active treatment observations at varying times of the day to ensure that facility staff demonstrate competency on implementing the clients' programs during formal and informal opportunities. Initially these observations will be conducted 4 times per week for the first two weeks. If competency is shown in that time, observations may reduce to 3 times per week for the next two weeks and then titrate to 2 times per week for two weeks. Any observed concerns will be addressed through immediate retraining and coaching.</li> </ul> <p><u>How facility will identify other residents potentially affected &amp; what measures taken</u></p> <p>All residents potentially are affected, and corrective measures address the needs of all clients.</p> <p><u>Measures or systemic changes</u></p>		

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	<p>stated, "Don't do that." Client B got up and put the chair back where it was.</p> <p>At 7:15 pm, client A came from his bedroom. Client A greeted the surveyor. Clients A and B went to the counter and served themselves enchiladas. Clients A and B sat down at the table and began eating. Client C ate his french fries while standing in the kitchen.</p> <p>At 7:20 pm, DSP #3 was washing dishes. DSP #3 did not prompt any clients to assist.</p> <p>At 7:22 pm, DSP #5 sat in the living room with client B and talked to him about his trading cards. At 7:33 pm, DSP #3 began preparing medications. At 7:45 pm, DSP #3 prompted client A to take his medication. DSP #3 prompted client A to wash his hands. Client A filled a cup with water without prompting. DSP #3 prepared client A's medications and handed them to client A. Client A took the medication and threw the cup away. DSP #3 did not speak to client A or talk to him about his medications and their purpose.</p> <p>At 7:50 pm, DSP #4 was sweeping the dining room floor and did not prompt any clients to assist.</p> <p>Client A was interviewed on 9/12/22 at 7:52 pm and stated, "I have helped clean before." When asked about his goals, client A stated, "I don't know what those are." When asked about cooking, client A stated, "Staff and [client B] do all of the cooking. I just play video games."</p> <p>At 7:53 pm, clients A and B were sitting in the living room watching television.</p> <p>At 8:04 pm, client C walked to the kitchen from his bedroom. Client C had a plate in his hand and put</p>				<p><u>facility put in place to ensure no recurrence</u></p> <p>Going forward, the QIDP is to maintain a regular presence in the home through scheduled and unscheduled visits multiple times per week, in order to coach staff on active treatment implementation at all naturally occurring opportunities. A simplified audit tool was implemented to ensure that needed assessments and program goals are in place for each individual.</p>		

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	<p>it in the sink. Client C introduced himself and stated, "I stay in my room. I do go to the arcade sometimes. I like to play video games." When asked about his goals, client C stated, "I don't have any goals."</p> <p>On 9/14/22 at 11:50 am, client B was setting up a computer in the dining room. Client A was in his bedroom playing video games and indicated he could not remember if he had eaten breakfast. Client C made a bowl of oatmeal in the microwave and sat down at the dining table to eat.</p> <p>At 11:05 am, client B stated, "I'm going to get in the shower now."</p> <p>DSP #2 was interviewed on 9/14/22 at 11:05 am and stated, "We get them up if staff are cooking for everyone. Most of the time they make their own breakfast whenever they get up. [Client B] wants to go to the park, and [client F] has a doctor's appointment. Nothing else is planned for today."</p> <p>Client C was interviewed in his bedroom at 11:18 am and stated, "I was sick last night. I ate ten of those." Client C indicated a box of oatmeal cream pies on the floor of his room. The box indicated there were 12 cookies in the box. Two cookies were remaining. Client C's garbage can had clear plastic wrappers from the oatmeal cream pies, wrappers from peanut butter cups and gummy bears. Client C stated, "I ate all of that yesterday. The food here isn't the same as at my parents house. My family has fruit and vegetables. The food here is not what I like. I like green beans and broccoli."</p> <p>DSP #4 was interviewed on 9/12/22 at 7:56 pm and indicated he had worked in the home a few</p>						

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	<p>months. DSP #4 stated, "[Client A's] goals are to keep calm and to manage his desire of cigarettes. He can have one every hour." DSP #4 stated, "[Client B] cooks and tidies the house. He doesn't have any specific things to do." DSP #4 stated, "[Client C] tidies up the house. He did the dishes yesterday." DSP #4 stated, "When you want [client D] to do something. You ask." DSP #4 gestured to client D. Client D was on all fours in the corner of the dining room, listening to music, moving his head up and down rapidly, rocking, singing, and cursing. DSP #4 stated, "This is what he does all day, everyday." DSP #4 stated, "We listen to [client E]. When he gets aggressive, he runs away from the house. We follow him and listen to him." DSP #4 stated, "We supervise everything for [client F]. He has an issue with stealing. He has one on one care. Staff has an eye on him when he's out of his room. We know where is he and what is he doing (sic)." When asked how staff respond to peer to peer aggression and physical fighting, DSP #4 did not directly respond to the question. DSP #4 stated, "We document the goal on [digital record keeping system] someplace. We do it once per shift."</p> <p>DSP #5 was interviewed on 9/12/22 at 8:08 pm and indicated he had worked in the home for one month. DSP #5 stated, "I don't know their goals." DSP #5 stated, "When there is physical aggression, we deescalate it. We talk to them, take them on an outing. We do not intervene. There is no hands on restraints for anyone." DSP #5 stated, "If we can't deescalate, we call the authorities. We try to separate them." DSP #5 indicated he had not been trained in crisis prevention techniques. DSP #5 stated, "We can stand between them to prevent aggression. Female staff should call the police."</p>						

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	<p>DSP #1 was interviewed on 9/14/22 at 11:28 am and indicated she had worked in the home for 9 months. DSP #1 stated, "I don't know their goals. I am just learning how to do the goals in [digital record keeping system]. I will be the house lead. I haven't been recording goals." DSP #1 stated, "I don't know what the behavior plans say. I only glanced over them. I wasn't trained by anyone." DSP #1 stated, "We've developed our own ways to calm them down. We can see it coming, and we try to calm them down." DSP #1 stated, "[Client A] has been doing a lot better since he got a [video game system]. It keeps him occupied." DSP #1 stated, "[Client F] spends a lot of time in his room. We send him to his room to keep him separate from the others. He's one to one." DSP #1 stated, "There is not set time for meals. If they got up late, all of the meals are pushed back. We don't have an activity schedule. We play it by ear."</p> <p>Observations were conducted at the group home on 9/12/22 from 11:20 am through 11:50 am and from 3:25 pm through 5:34 pm and on 9/13/22 from 6:55 am through 9:31 am and 2:28 pm through 4:45 pm. Clients A, B and C were present in the home for the duration of the observation period.</p> <p>On 9/12/22 at 11:20 am, client A was on the front porch smoking a cigarette, client B was sitting on the front porch listening to his music through his headphones, and client C was sleeping in his room. Direct Support Professional (DSP) #1 was sitting on a couch in the living room. DSP #2 was sitting on the chair next to the computer.</p> <p>At 12:42 pm, client B was sitting on the couch in the living room and was putting on his socks. Client B stated, "I would like to get a job in the mall." DSP #2 indicated client B has been filling out job applications, and he had an interview last</p>						

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	<p>week.</p> <p>DSP #1 and DSP #2 did not prompt clients A, B or C to participate in activities.</p> <p>At 3:29 pm, client B walked back to his bedroom. Client C was awake in his room and stated, "I woke up at 12 pm". Client C put on a headset and started to play his video game. Client B went back into the living room.</p> <p>At 3:38 pm, client A was sitting in his room playing on his video game. Client A stated, "I stay in my room playing video games or listening to music."</p> <p>At 3:53 pm, client B was watching television in the living room. Client B got up and stated, "I am cooking dinner tonight." DSP #1 reminded client B to wash his hands. Client B set the oven to preheat it.</p> <p>At 3:56 pm, client A came out of his room and got a yogurt out of the refrigerator and ate it walking in the kitchen. Client B then got out a yogurt and ate his.</p> <p>At 3:58 pm, client B was sitting in the living room watching the television. Client B stated, "It's boring staying home all day."</p> <p>At 4:07 pm, client A went outside to smoke. DSP #1 was sitting on the couch in the living room. Client B was sitting watching the television. DSP #3 was sweeping the floor. Clients were not prompted to help clean.</p> <p>At 4:25 pm, client B put the frozen enchiladas in the oven. Client B stated, "I wish I could go to a day program; staff can't find one for me. I am</p>						

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	<p>pretty bored sitting here all day."</p> <p>At 4:32 pm, client A got out a yogurt and said he was hungry. Client B said, "We run out of food fast in the house." Client A stated, "Because people take food in their room and hide it."</p> <p>At 4:33 pm, client A sat on the couch in the living room with Client E.</p> <p>At 4:41 pm, client B went to the computer and looked up Special Olympics and created an email account and emailed Special Olympics to get information. Client B told Surveyor he wanted to get information for Special Olympics.</p> <p>At 4:54 pm, DSP #3 was cleaning the bathroom on the left side of the hallway. Clients A and C were in their bedrooms. Client B was in the living room watching television.</p> <p>At 5:20 pm, client A asked DSP #1 if they could go to store. DSP #1 told him no.</p> <p>DSP #1 and #3 did not prompt clients A, B and C to participate in activities.</p> <p>On 9/13/22 at 6:55 am, DSP #1 was sitting on the couch with client E. DSP #2 arrived and came into the house.</p> <p>At 7:11 am, client F walked into the living room and put on his shoes and then he walked back to his room.</p> <p>At 7:16 am, DSP #1 was folding client D's clothes out of clothes basket. She stated the laundry did not smell clean, so she was rewashing them.</p> <p>At 7:22 am, DSP #1 gathered the empty laundry</p>						

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	<p>containers and took them to the garage.</p> <p>At 7:57 am, client C walked into the hallway and took out the toilet paper from the hall closet and took it back to the bathroom.</p> <p>At 8:09 am, DSP #1 began cooking french toast. No clients were asked to help with the cooking.</p> <p>At 8:27 am, DSP #2 asked client E to take his belongings off of the table so they could eat at the table.</p> <p>At 8:33 am, DSP #1 started cooking bacon and sausage links. DSP #1 did not ask any clients to assist with making breakfast.</p> <p>At 8:55 am, client B was watching television in the dining area.</p> <p>At 9:00 am, DSP #2 asked client F to wash his hands after using the restroom. Client F went back into the bathroom and washed his hands.</p> <p>At 9:01 am, client A came out of his room and went to the back porch and smoked a cigarette. When client A came back inside, he used hand sanitizer.</p> <p>At 9:04 am, DSP #1 served clients A, B, E and F a plate with french toast and bacon. Clients C and D were served a plate with french toast and sausage links. When client B received his plate, he stood in the kitchen eating a piece of bacon off his plate and then went to the table.</p> <p>At 9:11 am, DSP #5 was in the kitchen washing the dishes used to make breakfast.</p> <p>At 9:12 am, client C had plate of french toast and</p>						



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	<p>sausage. He ate the sausage and gave the french toast to client F. Client F took a bite from one of the pieces of french toast and then took the plate to the kitchen and set it down on the counter. Client A picked up the plate from the counter and took it to the table and sat down and ate it.</p> <p>At 9:20 am, DSP #5 finished washing the dishes and washed off the dining room table. DSP did not ask any clients to assist with cleaning up.</p> <p>On 9/13/22 at 2:28 pm client B greeted the surveyor at the door. DSP #5 was sitting in the living room. Client B stated he had been playing video games and watching television all day. He stated, "It has been boring, I wish we could do something."</p> <p>At 2:40 pm, client A was in his room playing video games. He stated he has been in his room all day playing video games, watching television or being on his phone.</p> <p>At 2:41 pm, client C was asleep in his bed. Client B stated client C has been sleeping about an hour and a half and has not eaten lunch. Client B stated he was going to wake up client C, DSP #5 asked client B to let client C wake up on his own.</p> <p>At 3:06 pm, client F was in his room, he indicated he hadn't done much all day. He indicated he has been in his room all week for the last few weeks. He indicated he plays on his phone, watches television, and listens to music. He indicated he does not help cook in the home.</p> <p>At 3:22 pm, client C got up from bed, and he got the two grilled cheese sandwiches that were made for him at lunch. Qualified Intellectual Disabilities Professional (QIDP) asked him to sit at the table to</p>						

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	<p>eat. Client C went and sat at the dining room table.</p> <p>At 4:00 pm, clients B and E were sitting in the living room watching television. DSP #6 came to the house. DSP #5 left the home.</p> <p>At 4:23 pm, DSP #6 asked client D if the clothes in the dryer were his. Client D walked over to the dryer looked at them and said they were his and then walked back to the television in the dining area. DSP #6 began folding client D's clothes. Client D came back to the dryer and took his clean clothes to his room. Client D shoved his shirts, underwear and socks in his drawers and stacked his pants on the top of the dresser.</p> <p>At 4:25 pm DSP #6 stated, " I don't know what their goals are or what they are working on."</p> <p>Throughout the observation periods, DSPs did not engage clients in meaningful activities. Clients were not encouraged to participate in any activities throughout the day.</p> <p>1. Client A's record was reviewed on 9/12/22 at 1:44 pm. Client A's Individual Support Plan (ISP) dated 2/11/22 indicated the following: "...Supports Needed: -Supervision -Structured/ routine daily activities -community outings -Identify sport/something to look forward to -Day program ... Goals: Residential: [Client A] will clean his room 2 x (times) week, [Client A] will do laundry at least 2 x week. Bathing: [Client A] will take a shower daily. Toothbrushing: [Client A] will brush his teeth 2 x daily.</p>						

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	<p>Meal Preparation: [Client A] will assist with meal preparation at dinner time</p> <p>Money Management: [Client A] will budget his spending money.</p> <p>Medication Management: [Client A] will identify his Gabapentin (treats seizures).</p> <p>Community Outing: [Client A] will review pedestrian safety protocol before going out into the community at least 2x monthly.</p> <p>Behavior Management: [Client A] will complete goals as stated in his Behavior Support Plan (BSP)."</p> <p>Client A's active treatment schedule dated July 2022 to October 2022 indicated:</p> <p>"Monday: 7 am: Morning wake-up/shower 8 am Breakfast, 9 am Independent Activities, 10 am Shopping Day, 12:30 Lunch/ Socialize with housemates, 6 pm Dinner, 8 pm Meds/ Evening programs/Activities 10:00 pm bed.</p> <p>Tuesday: 7 am: Wake-up/ Meds/ shower, 8 am Breakfast, 9 am Laundry/change bedding/ Clean room/ Independent activities, 12:30 Lunch 6 pm Dinner/ laundry 8 pm Meds / Table games 10:00 pm Brush teeth/ Bed</p> <p>Wednesday: Wake-up/ Meds/shower, 8 am Breakfast, 9 am Socialize/ Games/ Play station with housemates 10 am: Independent Activities/ clean room 12:30 Lunch 6 pm Dinner/ Activity with staff (sic)housemates 8 pm Meds/ Independent Activities 10:00 pm Brush Teeth/ Bed</p> <p>Thursday: Wake-up/ Meds/shower 8 am Breakfast, 9 am Clean Room/ Independent Games 10 am Shopping Day 12:30 pm Lunch 6 pm Dinner/ Table games with housemates 8 pm Meds/Independent activities 10:00 pm Brush Teeth/ Bed</p> <p>Friday: 7 am: Wake-up/ Meds/shower, 8 am Breakfast, 9 am Independent Activities 10 am Independent Activities 12:30 pm Lunch 6 pm</p>						

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	<p>Dinner/ independent 8 pm Meds/ Socialize with housemates and staff 10:00 pm Brush Teeth/ Bed</p> <p>Saturday: 7 am Breakfast upon Wake up/ shower 8 am Morning independent Activities 9 am Laundry/Independent Activities 12:30 pm Lunch 6 pm Dinner/ independent 8 pm Meds/ Socialize with housemates and staff 10:00 pm Brush Teeth / Bed</p> <p>Sunday: 7 am Breakfast upon Wake up/ shower 8 am Morning Programs/ independent Activities 12:30 pm Lunch/ Afternoon Programs/Activities 6:00 pm Dinner/ Dishes after dinner 8 pm meds/Evening Programs/ Activities 10:00 pm Brush teeth/ Bed</p> <p>Free Time Preferences: Individual - Rock Music, talking on phone, playing games on phone, watching TV.</p> <p>Group- shopping, outings, games. "</p> <p>Client A's BSP dated 10/1/22 indicated the following: "...Target Behaviors: Elopement...Physical Aggression: ...Verbal Aggression...Negative Interactions (coercion)...Property Destruction...Suicidal Ideation/Attempt... Proactive Strategies...Participation in Routine Daily Activities. [Client A] proceeds through the daily routine within reasonable time limits and participates in on-going and specially scheduled activities. In order to maximize consistency and structure within [client A] environment, the following criteria have been established: · The daily schedule consists of those activities that are routine, such as hygiene, home maintenance, work, meals, and scheduled recreation activities."</p> <p>2. Client B's records were reviewed on 9/12/22 at 2:49 pm.</p> <p>Client B's ISP dated 6/8/22 indicated the following:</p>						

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	<p>The review indicated the following goals were entered on 9/12/22,</p> <p>"Goals:</p> <p>Community: [Client B] will research jobs he is interested in. With Staff assistance, [Client B] will apply for jobs that interest him.</p> <p>Personal Hygiene: [Client B] will initiate brushing his teeth twice daily.</p> <p>Dining: [Client B] will eat his food at a regular pace so as not (sic) to stuff his mouth.</p> <p>Medication Administration: [Client B] will identify and take his Concerta (ADHD)."</p> <p>The review indicated there were no goals prior to 9/12/22.</p> <p>Client B's active treatment schedule dated July 2022 to October 2022 indicated:</p> <p>"Monday: 7 am: Morning wake-up, 8 am Breakfast, 9 am Independent Activities/Shower, 10 am Shopping Day, 12:30 Lunch/ Movies, 6 pm Dinner, dishes, plan meal for Tuesday, 8 pm Meds/ Evening programs/Activities- Menu planning for Tuesday Dinner 10:00 pm bed.</p> <p>Tuesday: 7 am: Wake-up/ Meds, 8 am Breakfast, 9 am Laundry/change bedding and independent activities, 10 am Cooking/baking and Shower, 12:30 Lunch/movies 6 pm Dinner, 8 pm Meds / Shower / Independent 10:00 pm Brush teeth/ Bed</p> <p>Wednesday: Wake-up/ Meds, 8 am Breakfast, 9 am Socialize 10 am: Independent Activities/ clean room 12:30 Lunch 6 pm Dinner 8 pm Meds/ Shower/ Independent Activities 10:00 pm Brush Teeth/ Bed</p> <p>Thursday: Wake-up/ Meds, 8 am Breakfast, 9 am Clean Room/ Independent Games/movies 10 am Shower/ Shopping Day 12:30 pm Lunch 6 pm Dinner/ Plan meal for Thursday 8 pm Meds/ Shower/ Movies/play station 10:00 pm Brush Teeth/ Bed</p> <p>Friday: 7 am: Wake-up/ Meds, 8 am Breakfast, 9</p>						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15G573		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 09/21/2022	
NAME OF PROVIDER OR SUPPLIER  DUNGARVIN INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 51778 TROWBRIDGE LN SOUTH BEND, IN 46637			
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	<p>am Laundry 10 am Independent Activities 6 pm Dinner/ Assist staff with meal/ Clean dishes 8 pm Meds/ Socialize with housemates and staff 10:00 pm Brush Teeth/ Bed Saturday: 7 am Breakfast upon Wake up/ Clean own dishes 8 am Morning independent Activities 9 am Shower /Independent Activities 12:30 pm Lunch 6 pm Dinner 8 pm Meds/ Socialize with housemates and staff 10:00 pm Brush Teeth / Bed Sunday: 7 am Breakfast upon Wake up/ Clean own dishes 8 am Morning Programs/ independent Activities 12:30 pm Lunch/ Laundry/ Afternoon Programs/Activities 6:00 pm Dinner 8 pm meds/Evening Programs/ Activities 10:00 pm Brush teeth/ Bed Free Time Preferences: Individual - Play games on phone, Play station, computer. Group- Table/card games, movies with housemates, handing out with staff and housemates, exercise. "</p> <p>3. Client C's records were reviewed on 9/13/22 at 11:22 am. Client C's ISP dated 12/15/21 indicated the following: "Goals: Personal Hygiene. Cooking: [Client C] will cook a meal of his choice once a week with less staff assistance once a week (sic). Dental: [Client C] will brush his teeth twice daily. Showering: [Client C] will voluntary (sic) shower once a day every day(sic). Communication: [Client C] will communicate his needs and want to staff and housemates. Money Management: [Client C] will budget his money that he receives monthly. Medication Administration: [Client C] will identify and name medications he is taking. Grooming: [Client C] will shave himself every</p>						

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	<p>other day and keep himself clean shaven. Laundry: [Client C] will do his laundry and fold it away (sic). "</p> <p>Client C's active treatment schedule dated July 2022 to October 2022 indicated: "Monday: 7 am: Morning wake-up, 8 am Breakfast, 9 am Independent Activities/Shower, 10 am Shopping Day, 12:30 Lunch/ Movies, 6 pm Dinner, dishes, plan meal for Tuesday, 8 pm Meds/ Evening programs/Activities- Menu planning for Tuesday Dinner 10:00 pm bed. Tuesday: 7 am: Wake-up/ Meds, 8 am Breakfast, 9 am Laundry/change bedding and independent activities, 10 am Cooking/baking and Shower, 12:30 Lunch/movies 6 pm Dinner, 8 pm Meds / Shower / Independent 10:00 pm Brush teeth/ Bed Wednesday: Wake-up/ Meds, 8 am Breakfast, 9 am Socialize 10 am: Independent Activities/ clean room 12:30 Lunch 6 pm Dinner 8 pm Meds/ Shower/ Independent Activities 10:00 pm Brush Teeth/ Bed Thursday: Wake-up/ Meds, 8 am Breakfast, 9 am Clean Room/ Independent Games/movies 10 am Shower/ Shopping Day 12:30 pm Lunch 6 pm Dinner/ Plan meal for Thursday 8 pm Meds/ Shower/ Movies/play station 10:00 pm Brush Teeth/ Bed Friday: 7 am: Wake-up/ Meds, 8 am Breakfast, 9 am Laundry 10 am Independent Activities 6 pm Dinner/ Assist staff with meal/ Clean dishes 8 pm Meds/ Socialize with housemates and staff 10:00 pm Brush Teeth/ Bed Saturday: 7 am Breakfast upon Wake up/ Clean own dishes 8 am Morning independent Activities 9 am Shower /Independent Activities 12:30 pm Lunch 6 pm Dinner 8 pm Meds/ Socialize with housemates and staff 10:00 pm Brush Teeth / Bed Sunday: 7 am Breakfast upon Wake up/ Clean own dishes 8 am Morning Programs/ independent</p>						

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	<p>Activities 12:30 pm Lunch/ Laundry/ Afternoon Programs/Activities 6:00 pm Dinner 8 pm meds/Evening Programs/ Activities 10:00 pm Brush teeth/ Bed</p> <p>Free Time Preferences: Individual - Play games on phone, Meta (VR), Play station, computer. Group- outings on occasion, enjoying meals with housemates (sic)."</p> <p>Client C's BSP dated 12/1/21 indicated the following: "...Target Behaviors: Verbal Aggression...Physical Aggression...Theft...Noncompliance- video games...Structured environment: Implement programs consistently and document data as required. Consistent running of the BSP learning trials and documenting the results assists in determining the effectiveness of the BSP interventions.</p> <p>-[Client C] struggles with completing his daily hygiene. Staff should try to assist [Client C] with completing some of his daily tasks when they work with him. Staff should also remind [Client C] to put reminders on his phone for the tasks he has to complete.</p> <p>- Minimize distractions when asking something of [Client C], ask him to put down his phone and listen.</p> <p>- Use 'this first, then' statement when requesting [Client C] do something, Do this first, then you get to do that. 'Take your shower and change your clothes first, then you can get back on your game.' 'Come eat lunch first and then you can get back on your game.'"</p> <p>Qualified Intellectual Disabilities Professional (QIDP) was interviewed on 9/15/22 at 10:30 am and stated, "We have schedules. They get their meds (medications) between 6 and 8 in the morning. Most of them go back to sleep. Some of them</p>						



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W 0217  Bldg. 00	<p>stay awake and make their breakfast. Staff will make breakfast around 10:00 because most of them are up. Some will sleep until 11:00." QIDP #1 stated, "The boys guide their day, and we support them. We tell them, 'It's time to do laundry. Today's your day to cook. You need to clean your room. You need to change the sheets on their bed.' It's not very structured." QIDP #1 stated, "I probably should have trained the staff a lot more." QIDP #1 stated, "Did I train them? No. But we've discussed the goals, so they know what the goals are. There wasn't a specific training."</p> <p>AD (Area Director) #1 was interviewed on 9/14/22 at 1:51 pm and stated, "Active treatment should happen during all of the activities of daily life and the routine of the day. We should have routine and bigger activities being done. There should be activities daily. They can go to a park, go on walks. There should be structure to the day. Right now no one is in day programs. They're working with Vocational Rehabilitation. Some have been looking at day programs." AD #1 stated, "The team should plan activities. The QIDP or the lead can assign them. They should be documented on a daily basis what people have been doing and what they're working on." AD #1 stated, "Goals should be run whenever an opportunity arises and it would be appropriate for the goal. Documentation should be at least as frequently as indicated in the methodology."</p> <p>This federal tag relates to complaint #IN00389493.</p> <p>9-3-4(a)</p> <p>483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must include nutritional status.</p>						

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	<p>Based on observation, record review, and interview for 1 additional client (F), the facility failed to ensure client F's nutritional needs were reassessed following a significant change in his weight.</p> <p>Findings include:</p> <p>Observations were conducted in the group home on 9/12/22 from 10:50 am to 11:50 am and from 6:50 pm to 8:20 pm and on 9/14/22 from 10:50 am to 11:50 am. Client F was present in the home throughout the observation periods.</p> <p>On 9/12/22 client F remained in his bedroom from 10:50 am to 11:50 am. There was a bag of potato chips and candy wrappers on the floor of client F's bedroom.</p> <p>At 6:50 pm, DSP (Direct Support Professional) #3 indicated the clients had eaten dinner. At 6:56 pm, client F stated, "I didn't eat, yet." Clients A, B, and E ate enchiladas at the table. Client C ate fries in the kitchen. Client F went to his bedroom and did not eat with his housemates.</p> <p>On 9/14/22 at 11:00 am, client F stated, "I made sausage and oatmeal in the microwave." Client F sat at the dining room table and ate 3 sausage links and 3 single serving packets of oatmeal.</p> <p>Client F was interviewed on 9/14/22 at 11:13 am and stated, "I've gained a lot of weight since I moved here. I eat too much, and my medicine makes me gain weight." Client F stated, "I don't like the food here, so I eat snacks and candy. My mom brings it to me." Client F stated, "I don't usually eat with everyone else. I eat in my room."</p>			W 0217	<p><b><u>W 217</u></b> <b><u>Individual Program Plan (Standard)</u></b> - Facility failed to ensure client F's nutritional needs were reassessed following a significant change in his weight.</p> <p><b><u>Corrective action for resident(s) found to have been affected</u></b> All parts of the POC for the survey with event ID RE6G11 will be fully implemented, including the following specifics:</p> <ul style="list-style-type: none"> <li>Updated dietary assessment being obtained for client F. Updated recommendations will be sent to the My25 menu development program to be incorporated with daily substitutions specific to the needs of client F.</li> <li>A risk plan is being developed by nursing to address client F's weight gain.</li> <li>Appropriate goals regarding healthy meal choices and exercise are being added to client F's ISP.</li> <li>Client F has 1:1 staffing at this time and all staff are being trained on activities to promote exercise and participation in healthy meal planning and preparation.</li> <li>All staff are receiving retraining on preparing meals as indicated on the menu, including how to incorporate individual specific recommendations into the menu prep. All facility staff are</li> </ul>		10/21/2022

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	<p>DSP #1 was interviewed on 9/14/22 at 11:28 am and stated, "[Client F] spends most of his time in his room. We send him to his room, so he doesn't steal things or get in fights with the other guys." DSP #1 stated, "We don't set a time for meals. If they get up late, all of the meal times are pushed back." DSP #1 stated, "[Client F] has gained weight. I don't know why. They're not supposed to have snacks in their rooms, but they do. We take their snacks and keep them down stairs." DSP #1 indicated client F used his mother's credit card to order candy and soda delivered to the group home. DSP #1 stated, "[Client F] will sneak snacks and take them to his room." DSP #1 stated, "We just started to follow the menu. We just got a new menu. The old one was for senior citizens. They wouldn't eat the food." DSP #1 stated, "Some of the staff can't cook or can't cook American food, and the clients don't like what they can cook." DSP #1 stated, "The nurse comes every week. She hasn't said anything about [client F's] weight."</p> <p>Client F's record was reviewed on 9/13/22 at 1:30 pm.</p> <p>Client F's weight tracking dated 9/13/22 indicated client F was 5 feet, 10 inches tall. The weight tracking sheet indicated client F weighed 191.8 pounds on 7/4/21 when he moved into the group home. On 1/2/22, client F weighed 258 pounds. On 7/10/22, client F weighed 271.2 pounds. On 9/11/22, client F weighed 272.2 pounds.</p> <p>Client F's Nutrition Assessment dated 8/27/21 indicated the following: "Weight: 193 lbs (pounds), Height: 5'10" BMI (body mass index) = 27.3. Weight is defined as overweight for frame, (BMI greater than 25) but not obese. He weighed 184 lbs at his physical on 6/23/2021.</p>				<p>also being trained on appropriate meal substitutions to ensure that all food groups are covered in healthy proportions on client choice meal days or days that an individual refuses what is being provided during the planned meal.</p> <ul style="list-style-type: none"> <li>QIDP and nurse are being retrained on the importance of responding with changes in the ISP, risk plans, and assessments when a significant change such as the weight gain experienced by client F occurs.</li> <li>Once retraining is complete, the QIDP, Nurse, Area Director or other qualified supervisory staff will be responsible to conduct active treatment observations at varying times of the day to ensure that facility staff demonstrate competency on preparing meals according to the menu and following all plans in place. If competency is shown in that time, observations may reduce to 3 times per week for the next two weeks and then titrate to 2 times per week for two weeks. Any observed concerns will be addressed through immediate retraining and coaching</li> </ul> <p><u>How facility will identify other residents potentially affected &amp; what measures taken</u></p> <p>All residents potentially are affected, and corrective measures address the needs of all clients.</p>		

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	<p>Estimated Daily Requirements: Estimated Daily Calorie Needs: 2,600 calories. Estimated Daily Protein Needs: 85 g (grams). Estimated Daily Fluid Needs: 2,600 cc (cubic centimeters)....</p> <p>[Client F] presents with moderate risk for nutrition problems and WT (weight) fluctuations due to (sic) new environment and need for supervision and provision of nutrition care. He has a good appetite and is overweight for frame.</p> <p>Recommendations: 1. Avoid further weight gain, as possible (due to medication side effects) with attention to portion management according to provided guidelines."</p> <p>Licensed Practical Nurse (LPN) #1 was interviewed on 9/14/22 at 1:35 pm and stated, "[Client F] will order delivery on his mom's account. He'll pay \$30 for soda to be delivered to him. I have talked to all the boys. I talk to them regularly about, there's a lot of sugar." LPN #1 stated, "The dietician is on my list. I was getting everyone their yearly appointments. [Client F] did have his blood drawn."</p> <p>Area Director (AD) #1 was interviewed on 9/14/22 at 1:51 pm and stated, "We can't keep [client F] from having his own food, but the house rule is that we should not have any food in bedrooms. We try to not engage in power struggles. We should be encouraging healthy snacking habits." AD #1 stated, "It's in [client F's] Behavior Support Plan (BSP) as a health skills deficit. It gives staff a guideline for how to redirect him." AD #1 indicated client F had not had an annual nutrition assessment completed.</p> <p>9-3-4(a)</p>				<p><u>Measures or systemic changes facility put in place to ensure no recurrence</u></p> <p>Going forward, all nurses and QIDPs will receive training on Dungarvin's policy on Height and Weight, which indicates that any significant change in weight will be referred to the primary physician for possible follow up. The IST will then follow up on recommendations through changes to menus, diet, assessments, program plans or goals as necessary to support the individual.</p>		

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W 0249  Bldg. 00	<p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, interview and record review for 3 of 3 sampled clients (A, B, and C), the facility failed to ensure client A, B, and C's formal training objectives were implemented during formal and informal training opportunities and clients A and C's Behavior Support Plans were implemented as written.</p> <p>Findings include:</p> <p>Observations were conducted in the group home on 9/12/22 from 10:50 am to 11:50 am and from 6:50 pm to 8:20 pm and on 9/14/22 from 10:50 am to 11:50 am. Clients A, B, and C were present throughout the observation period.</p> <p>On 9/12/22 from 10:50 am to 11:50 am, client C remained in his bedroom with the door closed. Client C was laying under a comforter with the blanket pulled over his head. At 10:50 am, client A was in his bedroom playing video games, and client B was wandering through the home. Direct Support Professional (DSP) #2 took items from a laundry basket and put them in the washing machine. DSP #2 added detergent and started the washing machine. DSP #2 did not prompt any clients to assist. DSP #2 stated, "It's towels and rags. Staff wash those." DSP #1 indicated client C was still sleeping.</p>			W 0249	<p><b>W 249</b> <u>Program Implementation</u> (Standard) - Facility failed to ensure client A, B, and C's formal training objectives were implemented during formal and informal training opportunities and clients A and C's Behavior Support Plans were implemented as written.</p> <p><u>Corrective action for resident(s) found to have been affected</u> All parts of the POC for the survey with event ID RE6G11 will be fully implemented, including the following specifics: · Facility staff retraining on the ISPs, BSPs, and Health Risk Plan strategies for all clients at the facility, including training on utilizing formal and informal training opportunities. · Once retraining is complete, the QIDP, Nurse, Area Director or other qualified supervisory staff are responsible to conduct active treatment observations at varying times of the day to ensure that facility staff</p>		10/21/2022

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	<p>Client B was interviewed at 11:00 am and stated, "I want to get a job. I need to learn to clean better and to manage my money. I'm trying to find a job. I'm waiting for an email about a job." Client B stated, "I want to meet a girl friend. I'm trying to find one online, but I keep getting catfished. They hacked into my account."</p> <p>At 11:17 am, client A was playing video games in his bedroom, and client B was pacing through the home. DSP #2 was asked if there was an activity planned for the day. DSP #2 stated, "We just finished all of the cleaning. Client E did the dishes. The medications are done. That's all for the day. We don't have any activities or plans."</p> <p>Throughout the observation period, staff did not prompt clients A, B, and C to engage in meaningful activities.</p> <p>On 9/12/22 at 6:50 pm, DSP #3 indicated everyone had already eaten enchiladas for dinner. At 6:54 pm, client B used oven mitts to remove a pan of enchiladas from the oven. Client B removed a foil cover and put the pan back in the oven. Client B set a timer. Client B stated, "I had an enchilada earlier. I didn't really like it. We didn't have any sour cream. I'm making more." DSP #3 indicated clients A and B were in their bedrooms.</p> <p>At 7:00 pm, client B stated, "It's boring around here. I went to the doctor today, but we didn't do anything else." Client B stated, "I'm bored around the house. I want to go to a day program." Client B indicated he had gone to a sheltered workshop previously. Client B stated, "I was paid \$25.00 every two weeks." Client B stated, "I signed up for Special Olympics. I did it myself. Sometimes I have to do stuff myself because it takes too long to wait for staff to help." At 7:06 pm, DSP #4 was</p>				<p>demonstrate competency on implementing the clients' programs during formal and informal opportunities. Initially these observations will be conducted 4 times per week for the first two weeks. If competency is shown in that time, observations may reduce to 3 times per week for the next two weeks and then titrate to 2 times per week for two weeks. Any observed concerns will be addressed through immediate retraining and coaching.</p> <p><u>How facility will identify other residents potentially affected &amp; what measures taken</u> All residents potentially are affected, and corrective measures address the needs of all clients.</p> <p><u>Measures or systemic changes facility put in place to ensure no recurrence</u> QIDP or Area Director as well as Behavior Clinician (when hired) to maintain a very regular presence in the facility in order to monitor continuous active treatment, coach staff on plan implementation and review staff competency on how to prevent and respond to incidents that may occur in accordance with the BSP. Facility management team, including the group home</p>		

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	<p>folding laundry and did not prompt any clients to assist. Client B indicated he had an email from Special Olympics. Client B opened an email account on the community computer in the living room. Client B did not use a password to log into the email account. Client B then switched to another account without using a password and stated, "This on is [client F's]. I don't read his email." Client B indicated neither he nor client F used a password on the community computer. Client C came from his room and indicated he did not want enchiladas. Client C took a bag of frozen french fries from the freezer and began cooking them.</p> <p>At 7:13 pm, client B stated, "Watch this." Client B turned a recliner around, so it was facing the opposite direction and flopped back into it. The foot rest of the recliner went up, and the entire recliner fell backwards. The back of the chair was on the floor, and the foot rest was up in the air. Client B stated, "I like to lay like this." DSP #4 stated, "Don't do that." Client B got up and put the chair back where it was.</p> <p>At 7:15 pm, client A came from his bedroom. Client A greeted the surveyor. Clients A and B went to the counter and served themselves enchiladas. Clients A and B sat down at the table and began eating. Client C ate his french fries while standing in the kitchen.</p> <p>At 7:20 pm, DSP #3 was washing dishes. DSP #3 did not prompt any clients to assist.</p> <p>At 7:22 pm, DSP #5 sat in the living room with client B and talked to him about his trading cards. At 7:33 pm, DSP #3 began preparing medications. At 7:45 pm, DSP #3 prompted client A to take his medication. DSP #3 prompted client A to wash</p>				<p>manager, BC, QIDP to meet weekly to review current concerns and training needs and to develop aggressive action plans for any identified needs.</p>		

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	<p>his hands. Client A filled a cup with water without prompting. DSP #3 prepared client A's medications and handed them to client A. Client A took the medication and threw the cup away. DSP #3 did not speak to client A or talk to him about his medications and their purpose.</p> <p>At 7:50 pm, DSP #4 was sweeping the dining room floor and did not prompt any clients to assist.</p> <p>Client A was interviewed on 9/12/22 at 7:52 pm and stated, "I have helped clean before." When asked about his goals, client A stated, "I don't know what those are." When asked about cooking, client A stated, "Staff and [client B] do all of the cooking. I just play video games."</p> <p>At 7:53 pm, clients A and B were sitting in the living room watching television.</p> <p>At 8:04 pm, client C walked to the kitchen from his bedroom. Client C had a plate in his hand and put it in the sink. Client C introduced himself and stated, "I stay in my room. I do go to the arcade sometimes. I like to play video games." When asked about his goals, client C stated, "I don't have any goals."</p> <p>On 9/14/22 at 11:50 am, client B was setting up a computer in the dining room. Client A was in his bedroom playing video games and indicated he could not remember if he had eaten breakfast. Client C made a bowl of oatmeal in the microwave and sat down at the dining table to eat.</p> <p>At 11:05 am, client B stated, "I'm going to get in the shower now."</p> <p>DSP #2 was interviewed on 9/14/22 at 11:05 am and stated, "We get them up if staff are cooking</p>						



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	<p>for everyone. Most of the time they make their own breakfast whenever they get up. [Client B] wants to go to the park, and [client F] has a doctor's appointment. Nothing else is planned for today."</p> <p>Client C was interviewed in his bedroom at 11:18 am and stated, "I was sick last night. I ate ten of those." Client C indicated a box of oatmeal cream pies on the floor of his room. The box indicated there were 12 cookies in the box. Two cookies were remaining. Client C's garbage can had clear plastic wrappers from the oatmeal cream pies, wrappers from peanut butter cups and gummy bears. Client C stated, "I ate all of that yesterday. The food here isn't the same as at my parents house. My family has fruit and vegetables. The food here is not what I like. I like green beans and broccoli."</p> <p>DSP #4 was interviewed on 9/12/22 at 7:56 pm and indicated he had worked in the home a few months. DSP #4 stated, "[Client A's] goals are to keep calm and to manage his desire of cigarettes. He can have one every hour." DSP #4 stated, "[Client B] cooks and tidies the house. He doesn't have any specific things to do." DSP #4 stated, "[Client C] tidies up the house. He did the dishes yesterday." DSP #4 stated, "When you want [client D] to do something. You ask." DSP #4 gestured to client D. Client D was on all fours in the corner of the dining room, listening to music, moving his head up and down rapidly, rocking, singing, and cursing. DSP #4 stated, "This is what he does all day, everyday." DSP #4 stated, "We listen to [client E]. When he gets aggressive, he runs away from the house. We follow him and listen to him." DSP #4 stated, "We supervise everything for [client F]. He has an issue with stealing. He has one on one care. Staff</p>						

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	<p>has an eye on him when he's out of his room. We know where is he and what is he doing (sic)."</p> <p>When asked how staff respond to peer to peer aggression and physical fighting, DSP #4 did not directly respond to the question. DSP #4 stated, "We document the goal on [digital record keeping system] someplace. We do it once per shift."</p> <p>DSP #5 was interviewed on 9/12/22 at 8:08 pm and indicated he had worked in the home for one month. DSP #5 stated, "I don't know their goals." DSP #5 stated, "When there is physical aggression, we deescalate it. We talk to them, take them on an outing. We do not intervene. There is no hands on restraints for anyone." DSP #5 stated, "If we can't deescalate, we call the authorities. We try to separate them." DSP #5 indicated he had not been trained in crisis prevention techniques. DSP #5 stated, "We can stand between them to prevent aggression. Female staff should call the police."</p> <p>DSP #1 was interviewed on 9/14/22 at 11:28 am and indicated she had worked in the home for 9 months. DSP #1 stated, "I don't know their goals. I am just learning how to do the goals in [digital record keeping system]. I will be the house lead. I haven't been recording goals." DSP #1 stated, "I don't know what the behavior plans say. I only glanced over them. I wasn't trained by anyone." DSP #1 stated, "We've developed our own ways to calm them down. We can see it coming, and we try to calm them down." DSP #1 stated, "[Client A] has been doing a lot better since he got a [video game system]. It keeps him occupied." DSP #1 stated, "[Client F] spends a lot of time in his room. We send him to his room to keep him separate from the others. He's one to one." DSP #1 stated, "There is not set time for meals. If they got up late, all of the meals are pushed back. We</p>						

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	<p>don't have an activity schedule. We play it by ear."</p> <p>Observations were conducted at the group home on 9/12/22 from 11:20 am through 11:50 am and from 3:25 pm through 5:34 pm and on 9/13/22 from 6:55 am through 9:31 am and 2:28 pm through 4:45 pm. Clients A, B and C were present in the home for the duration of the observation period.</p> <p>On 9/12/22 at 11:20 am, client A was on the front porch smoking a cigarette, client B was sitting on the front porch listening to his music through his headphones, and client C was sleeping in his room. Direct Support Professional (DSP) #1 was sitting on a couch in the living room. DSP #2 was sitting on the chair next to the computer.</p> <p>At 12:42 pm, client B was sitting on the couch in the living room and was putting on his socks. Client B stated, "I would like to get a job in the mall." DSP #2 indicated client B has been filling out job Application, and he had an interview last week.</p> <p>DSP #1 and DSP #2 did not prompt clients A, B or C to participate in activities.</p> <p>At 3:29 pm, client B walked back to his bedroom. Client C was awake in his room and stated, "I woke up at 12 pm". Client C put on a headset and started to play his video game. Client B went back into the living room.</p> <p>At 3:38 pm, client A was sitting in his room playing on his video game. Client A stated, "I stay in my room playing video games or listening to music."</p> <p>At 3:53 pm, client B was watching television in the living room. Client B got up and stated, "I am</p>						

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	<p>cooking dinner tonight." DSP #1 reminded client B to wash his hands. Client B set the oven to preheat it.</p> <p>At 3:56 pm, client A came out of his room and got a yogurt out of the refrigerator and ate it walking in the kitchen. Client B then got out a yogurt and ate his.</p> <p>At 3:58 pm, client B was sitting in the living room watching the television. Client B stated, "It's boring staying home all day."</p> <p>At 4:07 pm, client A went outside to smoke. DSP #1 was sitting on the couch in the living room. Client B was sitting watching the television. DSP #3 was sweeping the floor. Clients were not prompted to help clean.</p> <p>At 4:25 pm, client B put the frozen enchiladas in the oven. Client B stated, "I wish I could go to a day program; staff can't find one for me. I am pretty bored sitting here all day."</p> <p>At 4:32 pm, client A got out a yogurt and said he was hungry. Client B said, "We run out of food fast in the house." Client A stated, "Because people take food in their room and hide it."</p> <p>At 4:33 pm, client A sat on the couch in the living room with Client E.</p> <p>At 4:41 pm, client B went to the computer and looked up Special Olympics and created an email account and emailed Special Olympics to get information. Client B told Surveyor he wanted to get information for Special Olympics.</p> <p>At 4:54 pm, DSP #3 was cleaning the bathroom on the left side of the hallway. Clients A and C were</p>						

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	<p>in their bedrooms. Client B was in the living room watching television.</p> <p>At 5:20 pm, client A asked DSP #1 if they could go to store. DSP #1 told him no.</p> <p>DSPs #1 and #3 did not prompt clients A, B and C to participate in activities.</p> <p>On 9/13/22 at 6:55 am, DSP #1 was sitting on the couch with client E. DSP #2 arrived and came into the house.</p> <p>At 7:11 am, client F walked into the living room and put on his shoes and then he walked back to his room.</p> <p>At 7:16 am, DSP #1 was folding client D's clothes out of clothes basket. She stated the laundry did not smell clean, so she was rewashing them.</p> <p>At 7:22 am, DSP #1 gathered the empty laundry containers and took them to the garage.</p> <p>At 7:57 am, client C walked into the hallway and took out the toilet paper from the hall closet and took it back to the bathroom.</p> <p>At 8:09 am, DSP #1 began cooking french toast. No clients were asked to help with the cooking.</p> <p>At 8:27am, DSP #2 asked client E to take his belongings off of the table so they could eat at the table.</p> <p>At 8:33 am, DSP #1 started cooking bacon and sausage links. DSP #1 did not ask any clients to assist with making breakfast.</p> <p>At 8:55 am, client B was watching television in the</p>						

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	<p>dining area.</p> <p>At 9:00 am, DSP #2 asked client F to wash his hands after using the restroom. Client F went back into the bathroom and washed his hands.</p> <p>At 9:01 am, client A came out of his room and went to the back porch and smoked a cigarette. When client A came back inside, he used hand sanitizer.</p> <p>At 9:04 am, DSP #1 served clients A, B, E and F a plate with french toast and bacon. Clients C and D were served a plate with french toast and sausage links. When client B received his plate, he stood in the kitchen eating a piece of bacon off his plate and then went to the table.</p> <p>At 9:11 am, DSP #5 was in the kitchen washing the dishes used to make breakfast.</p> <p>At 9:12 am, client C had plate of french toast and sausage. He ate the sausage and gave the french toast to client F. Client F took a bite from one of the pieces of french toast and then took the plate to the kitchen and set it down on the counter. Client A picked up the plate from the counter and took it to the table and sat down and ate it.</p> <p>At 9:20 am, DSP #5 finished washing the dishes and washed off the dining room table. DSP did not ask any clients to assist with cleaning up.</p> <p>On 9/13/22 at 2:28 pm client B greeted the surveyor at the door. DSP #5 was sitting in the living room. Client B stated he had been playing video games and watching television all day. He stated, "It has been boring, I wish we could do something."</p>						

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	<p>At 2:40 pm, client A was in his room playing video games. He stated he has been in his room all day playing video games, watching television or being on his phone.</p> <p>At 2:41 pm, client C was asleep in his bed. Client B stated client C has been sleeping about an hour and a half and has not eaten lunch. Client B stated he was going to wake up client C, DSP #5 asked client B to let client C wake up on his own.</p> <p>At 3:06 pm, client F was in his room, he stated he hadn't done much all day. He indicated he has been in his room all week for the last few weeks. He indicated he plays on his phone, watches television, and listens to music. He stated he does not help cook in the home.</p> <p>At 3:22 pm, client C got up from bed, and he got the two grilled cheese sandwiches that were made for him at lunch. Qualified Intellectual Disabilities Professional (QIDP) asked him to sit at the table to eat. Client C went and sat at the dining room table.</p> <p>At 4:00pm, clients B and E were sitting in the living room watching television. DSP #6 came to the house. DSP #5 left the home.</p> <p>At 4:23 pm, DSP #6 asked client D if the clothes in the dryer were his. Client D walked over to the dryer looked at them and said they were his and then walked back to the television in the dining area. DSP #6 began folding client D's clothes. Client D came back to the dryer and took his clean clothes to his room. Client D shoved his shirts, underwear and socks in his drawers and stacked his pants on the top of the dresser.</p> <p>At 4:25pm DSP #6 stated, "I don't know what their goals are or what they are working on."</p>						

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	<p>Throughout the observation periods, DSPs did not engage clients in meaningful activities. Clients were not encouraged to participate in any activities throughout the day.</p> <p>1. Client A's record was reviewed on 9/12/22 at 1:44 pm. Client A's Individual Support Plan (ISP) dated 2/11/22 indicated the following: "...Supports Needed: -Supervision -Structured/ routine daily activities -community outings -Identify sport/something to look forward to -Day program ... Goals: Residential: [Client A] will clean his room 2 x (times) week, [Client A] will do laundry at least 2 x week. Bathing: [Client A] will take a shower daily. Toothbrushing: [Client A] will brush his teeth 2 x daily. Meal Preparation: [Client A] will assist with meal preparation at dinner time Money Management: [Client A] will budget his spending money. Medication Management: [Client A] will identify his Gabapentin (treats seizures). Community Outing: [Client A] will review pedestrian safety protocol before going out into the community at least 2x monthly. Behavior Management: [Client A] will complete goals as stated in his Behavior Support Plan (BSP). "</p> <p>Client A's BSP dated 10/1/22 indicated the following: ...Target Behaviors: Elopement...Physical Aggression: ...Verbal Aggression...Negative Interactions (coercion)...Property</p>						



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	<p>Destruction...Suicidal Ideation/Attempt... Proactive Strategies...Participation in Routine Daily Activities. [Client A] proceeds through the daily routine within reasonable time limits and participates in on-going and specially scheduled activities. In order to maximize consistency and structure within [client A] environment, the following criteria have been established: · The daily schedule consists of those activities that are routine, such as hygiene, home maintenance, work, meals, and scheduled recreation activities. ... Special Considerations and /or Reward/ Consequence Protocol, .... Restrictive Components and /or Psychotropic Medication ... Basement door locked at all times, Elevated Restriction, Basement is unsafe for individuals to be in."</p> <p>2. Client B's records were reviewed on 9/12/22 at 2:49 pm. Client B's ISP dated 6/8/22 indicated the following: The review indicated the following goals were entered on 9/12/22, "Goals: Community: [Client B] will research jobs he is interested in. With Staff assistance, [Client B] will apply for jobs that interest him. Personal Hygiene: [Client B] will initiate brushing his teeth twice daily. Dining: [Client B] will eat his food at a regular pace so as not (sic) to stuff his mouth. Medication Administration: [Client B] will identify and take his Concerta (ADHD)." The review indicated there were no goals prior to 9/12/22.</p> <p>Client B's record did not include a BSP.</p> <p>3. Client C's records were reviewed on 9/13/22 at 11:22 am.</p>						

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	<p>Client C's ISP dated 12/15/21 indicated the following:</p> <p>"Goals:</p> <p>Personal Hygiene.</p> <p>Cooking: [Client C] will cook a meal of his choice once a week with less staff assistance once a week (sic).</p> <p>Dental: [Client C] will brush his teeth twice daily.</p> <p>Showering: [Client C] will voluntary (sic) shower once a day every day(sic).</p> <p>Communication: [Client C] will communicate his needs and want to staff and housemates.</p> <p>Money Management: [Client C] will budget his money that he receives monthly.</p> <p>Medication Administration: [Client C] will identify and name medications he is taking.</p> <p>Grooming: [Client C] will shave himself every other day and keep himself clean shaven.</p> <p>Laundry: [Client C] will do his laundry and fold it away (sic). "</p> <p>Client C's BSP dated 12/1/21 indicated the following:</p> <p>...Target Behaviors: Verbal Aggression...Physical Aggression...Theft...Noncompliance- video games...Structured environment: Implement programs consistently and document data as required. Consistent running of the BSP learning trials and documenting the results assists in determining the effectiveness of the BSP interventions.</p> <p>-[Client C] struggles with completing his daily hygiene. Staff should try to assist [Client C] with completing some of his daily tasks when they work with him. Staff should also remind [Client C] to put reminders on his phone for the tasks he has to complete.</p> <p>- Minimize distractions when asking something of [Client C], ask him to put down his phone and listen.</p>						

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	<p>- Use 'this first, then' statement when requestion (sic) [Client C] do something, Do this first, then you get to do that. 'Take your shower and change your clothes first, then you can get back on your game.' "Come eat lunch first and then you can get back on your game.'...Special Considerations and /or Reward/ Consequence Protocol, Restrictive Components and /or Psychotropic Medication ... Basement door locked at all times, Elevated Restriction, Basement is unsafe for individuals to be in. ... Room Sweeps/ Locker Sweeps, mild restriction, There have been reported behaviors of hoarding food which will draw in unwanted rodents and insects."</p> <p>Qualified Intellectual Disabilities Professional (QIDP) was interviewed on 9/15/22 at 10:30 am and stated, "We have schedules. They get their meds (medications) between 6 and 8 in the morning. Most of them go back to sleep. Some of them stay awake and make their breakfast. Staff will make breakfast around 10:00 because most of them are up. Some will sleep until 11:00." QIDP #1 stated, "The boys guide their day, and we support them. We tell them, "It's time to do laundry. Today's your day to cook. You need to clean your room. You need to change the sheets on their bed.' It's not very structured." QIDP #1 stated, "I probably should have trained the staff a lot more.' QIDP #1 stated, "Did I train them? No. But we've discussed the goals, so they know what the goals are. There wasn't a specific training."</p> <p>AD (Area Director) #1 was interviewed on 9/14/22 at 1:51 pm and stated, "Active treatment should happen during all of the activities of daily life and the routine of the day. We should have routine and bigger activities being done. There should be activities daily. They can go to a park, go on walks. There should be structure to the day."</p>						

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W 0252  Bldg. 00	<p>Right now no one is in day programs. They're working with Vocational Rehabilitation. Some have been looking at day programs." AD #1 stated, "The team should plan activities. The QIDP or the lead can assign them. They should be documented on a daily basis what people have been doing and what they're working on." AD #1 stated, "Goals should be run whenever an opportunity arises and it would be appropriate for the goal. Documentation should be at least as frequently as indicated in the methodology."</p> <p>This federal tag relates to complaint #IN00389493.</p> <p>9-3-4(a)</p> <p>483.440(e)(1) PROGRAM DOCUMENTATION</p> <p>Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.</p> <p>Based on record review and interview for 3 of 3 sample clients (A, B, C), the facility failed to ensure clients A, B, and C's Individual Support Plan (ISP) and Behavior Support Plan (BSP) goals were recorded as indicated by the clients' participation.</p> <p>Findings include:</p> <p>1. Client A's record was reviewed on 9/12/22 at 1:44 pm. Client A's ISP dated 6/27/22 indicated the following program goals and objectives: "Clean his room 2 x (times) week. Do laundry 2 x week. Take a shower daily. Brush teeth 2 x daily.</p>			W 0252	<p><b><u>W 252</u></b> <u>Program Documentation</u> <u>(Standard)</u> - Facility failed to ensure clients A, B, and C's Individual Support Plan (ISP) and Behavior Support Plan (BSP) goals were recorded as indicated by the clients' participation.</p> <p><u>Corrective action for resident(s)</u> <u>found to have been affected</u> All parts of the POC for the survey with event ID RE6G11 will be fully implemented, including the following specifics:</p> <p>·All facility staff have been trained again on this standard and</p>		10/21/2022

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	<p>Meal Preparation: Participate in dinner preparation.</p> <p>Budget: Manage his spending money and get (sic) receipt.</p> <p>Wellness."</p> <p>Client A's BSP dated 10/01/21 indicated the following behavior goals: "...Goal: Decrease any instances (sic) of physical aggression, verbal aggression or property destruction 3 or less occurrences a month. ... Goal: Decrease instances of elopement and coercion to 0 per month." - Client A's record did not include any goal documentation or behavior data for the months of May, June, July or August 2022.</p> <p>2. Client B's record was reviewed on 9/12/22 at 2:49 pm. Client B's ISP dated 6/8/22 indicated the following goals: "ISP Program: Self Medication Administration. Frequency: 1. Schedule: Daily. ISP Program: Dining. Frequency: 3. Schedule: Daily ISP Program: Community. Frequency: 1. Schedule: Weekly. ISP Program: Dental Hygiene. Frequency: 2. Schedule: Daily." - Client B's record did not include goal documentation since his admission date of 6/27/22.</p> <p>3. Client C's record was reviewed on 9/13/22 at 11:22 am. Client C's ISP dated 4/11/22 indicated the following program goals and objectives. Cooking, Dental, Showering, Communication, Money Management, Medication Administration, Grooming, Laundry, Wellness.</p>				<p>the expectation that all programs/goals, behavior tracking, and health tracking activities will be implemented and documented according to the clients' participation.</p> <p>·QIDP will begin running reports 2-3 times per week on the program documentation and identified health risk tracking to ensure that documentation is being completed as indicated on all programs. Staff failure to complete documentation can then be addressed immediately through coaching and, if necessary, disciplinary action, until the team has demonstrated competency on program documentation.</p> <p>·The QIDP receives a weekly report identifying the frequency of data being collected by facility staff on each ISP program and health tracking module. Going forward, this will allow the QIDP to follow up immediately with DSPs who need to comply with the expectations of this standard and of their job description.</p> <p><u>How facility will identify other residents potentially affected &amp; what measures taken</u> All residents potentially are affected, and corrective measures address the needs of all clients.</p> <p><u>Measures or systemic changes facility put in place to ensure no</u></p>		

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	<p>Client C's BSP dated 12/01/21 indicated the following behavior goals:</p> <p>"[Client C] will display 1 incident or less of verbal aggression a month. ... [Client C] will use socially approachable request and "I" statements to communicate to staff his needs and thoughts. [Client C] will display 0 incidents of physical aggression a month. ... [Client C] will use socially approachable requests and "I" statements to communicate to staff his needs and thoughts. [Client C] will display 0 incidents of theft a month. ... [Client C] will use socially approachable requests to communicate to staff his wants or needs.</p> <p>[Client C] will display 4 or less incidents of noncompliance per week. ... [Client C] will stop playing his video games to follow through with daily living after, at most, 2 prompts from staff."</p> <p>- Client C's record did not include any goal documentation or behavior data for the months of May, June, July and August 2022.</p> <p>Qualified Intellectual Disabilities Professional (QIDP) was interviewed on 9/18/22 at 10:30 am and stated, "Have staff been trained on how to run goals, we have discussed goals, no we have not had specific training for goals." QIDP indicated goals should be run at least twice a week or as needed. QIDP stated, "Goals have not been recorded correctly since April or May. They should be recorded every time a goal is run." QIDP stated, "I don't keep track of behaviors. I don't have data to review clients goals quarterly."</p> <p>Area Director (AD) was interviewed on 9/14/22 at 1:35 pm and stated, "Goals should be run whenever opportunity arises and according to the methodology."</p>				<p><u>recurrence</u></p> <p>Going forward, the QIDP is responsible to monitor staff documentation on an ongoing basis. The QIDP is then required to complete a monthly summary of data gathered by the 5th of the month to assess progress on all goals and review that data gathered was sufficient per the parameters of each individual program. All staff to be held accountable for expectations of documentation per the job description, including retraining and disciplinary action as needed.</p>		

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W 0289  Bldg. 00	<p>This federal tag relates to complaint #IN00389493.</p> <p>9-3-4(a)</p> <p>483.450(b)(4)</p> <p>MGMT OF INAPPROPRIATE CLIENT BEHAVIOR</p> <p>The use of systematic interventions to manage inappropriate client behavior must be incorporated into the client's individual program plan, in accordance with §483.440(c) (4) and (5) of this subpart.</p> <p>Based on observation, record review, and interview for 1 additional client (F), the facility failed to ensure the one to one staffing used to manage client F's behavior was included in his Behavior Support Plan (BSP).</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 9/12/22 from 11:20 am through 11:50 am and from 3:25 pm through 5:34 pm and on 9/13/22 from 6:55 am through 9:31 am and 2:28 pm through 4:45pm. Clients A, B, C, D, E and F were present in the home for the duration of the observation period.</p> <p>On 9/12/22 at 11:20 am, client A was on the front porch smoking a cigarette, client B was sitting on the front porch listening to his music through his headphones, client F was in his bedroom and client C was sleeping in his room. Direct Support Professional (DSP) #1 was sitting on a couch in the living room. DSP #2 was sitting on the chair next to the computer.</p> <p>At 11:37 am Direct Support Professional (DSP) #1 stated, "[Client F] is a one to one with staff due to</p>			W 0289	<p><b><u>W 289</u></b></p> <p><u>Management of Inappropriate Client Behavior (Standard)</u> - Facility failed to ensure the one-to-one staffing used to manage client F's behavior was included in his Behavior Support Plan (BSP).</p> <p><u>Corrective action for resident(s) found to have been affected</u> All parts of the POC for the survey with event ID RE6G11 will be fully implemented, including the following specifics:</p> <ul style="list-style-type: none"> <li>·The BSP for client F has been updated to specify the use of 1:1 staffing to manage client F's behavior. The plan has been sent to HRC for approval.</li> <li>·All ICF QIDPs are retrained on this standard and on the expectation that changes made to add restrictions to a plan need to be put in writing and clear the HRC before implementation.</li> <li>·A behavior clinician is being</li> </ul>		10/21/2022

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	<p>his stealing."</p> <p>At 11:45 am an alarm on client F's bedroom door went off. DSP #1 got up and client F walked outside. DSP #1 followed him outside.</p> <p>On 9/12/22 at 3:56 pm client F came out of his room and walked into the living room. Client F spoke with DSP #1 and then walked back to his room.</p> <p>At 4:25 pm an alarm on client F's door went off, and client F came out of his room and walked out to the front porch. DSP #1 sat outside with client F.</p> <p>At 4:46 pm client F came back in the house and went to his room. Staff #3 followed client F back to his room.</p> <p>At 4:52pm client F came out and asked DSP #1 for a Nutty Bar. DSP #1 went to the basement and gave it to client F. Client F sat at the dining room table and ate it.</p> <p>At 4:54 pm Client F went back to his room. DSP #1 watched client F go into his room. The alarm on client F's room went off and client F walked into the living room and then walked back to his bedroom.</p> <p>On 9/13/22 at 7:09 am client F's alarm went off, DSP #2 got up and client F came into the living room and put on his shoes.</p> <p>At 7:11 am Client F walked back to his room. Staff did not follow him.</p> <p>At 8:55 am Client F's alarm on his door went off, DSP #2 went into the hallway. Client F went into</p>				<p>hired and client F is one of the individuals who will remain on the caseload of a BC due to the complexity of his behavioral concerns.</p> <p><u>How facility will identify other residents potentially affected &amp; what measures taken</u> All residents potentially are affected, and corrective measures address the needs of all clients.</p> <p><u>Measures or systemic changes facility put in place to ensure no recurrence</u> Going forward, the Program Director/QIDP is responsible to audit all behavior plans on a quarterly basis to ensure that all restrictions have been included in the behavior plan and approved by the HRC. This is documented as part of the quarterly file audit.</p>		



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W 0323	<p>the bathroom.</p> <p>At 9:00 am DSP #2 asked client F to wash his hands, client F went back into the bathroom and washed his hands.</p> <p>At 9:04 am client F came into the kitchen and received a plate of french toast and bacon and sat at the dining room table and ate.</p> <p>On 9/13/22 at 2:28 pm DSP #1 was leaving in the van to pick up an online order from a store with clients D, E, and F.</p> <p>Client F's records were reviewed on 9/13/22 at 11:04 am. Client F's Behavioral Support Plan (BSP) dated 10/1/21 did not indicate client F required a one to one staff.</p> <p>Qualified Intellectual Disabilities Professional (QIDP) was interviewed on 9/15/22 at 10:30 am and stated, "[Client F] is one to one and has an alarm on his door as part of his Behavior Support Plan (BSP). There should be 2 staff if [client F] goes on an outing with peers."</p> <p>Area Director (AD) was interviewed on 9/14/22 at 1:35 pm and stated, "[Client F] is one to one with staff, we need to know where he is at all times. He does get privacy in his bedroom and bathroom. We should have two staff if he goes on an outing. We should have one staff assigned to him and communicated who is assigned to him." AD #1 indicated one to one staffing should be included in the BSP.</p> <p>9-3-5(a)</p> <p>483.460(a)(3)(i) PHYSICIAN SERVICES</p>						

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Bldg. 00	<p>The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing.</p> <p>Based on record review and interview for 1 of 3 sampled clients (client C), the facility failed to ensure client C had an annual vision exam.</p> <p>Findings include:</p> <p>Client C's record was reviewed on 9/13/22 at 11:22 am. No vision evaluation was available for review. Client C was admitted to the group home on 11/18/21.</p> <p>The Licensed Practical Nurse (LPN) was interviewed on 9/14/22 at 1:35 pm and stated, "Vision exams should be done yearly, generally within 30 days of admission."</p> <p>9-3-6(a)</p>			W 0323	<p><b>W 323</b></p> <p><u>Physician Services (Standard)</u> - Facility failed to ensure client C had an annual vision exam.</p> <p><u>Corrective action for resident(s) found to have been affected</u></p> <p>All parts of the POC for the survey with event ID RE6G11 will be fully implemented, including the following specifics:</p> <ul style="list-style-type: none"> <li>·Client C had a vision exam in December of 2020 that was provided at admission, though he should have still returned for a follow up eval by the end of December 2021. We are verifying if mom took him for this and failed to coordinate paperwork for his file at Dungarvin or if the appointment was not made. The appointment will occur, or paperwork will be obtained if it already occurred. Documentation of the appointment will be placed in the medical file.</li> <li>·Facility nurse and QIDP are being retrained on the Dungarvin Pre/Post Admission Checklist in place to assist the oversight team in ensuring that all requirements are met before and immediately after a new admission, including obtaining proof of all required medical assessments/appointments.</li> </ul>		10/21/2022

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W 0351  Bldg. 00	483.460(f)(1) COMPREHENSIVE DENTAL DIAGNOSTIC SERVICE Comprehensive dental diagnostic services include a complete extraoral and intraoral examination, using all diagnostic aids necessary to properly evaluate the client's condition not later than one month after admission to the facility (unless the examination was completed within twelve months before admission).		- - <u>How facility will identify other residents potentially affected &amp; what measures taken</u> All residents potentially are affected, and corrective measures address the needs of all clients.  <u>Measures or systemic changes facility put in place to ensure no recurrence</u> Going forward, the nurse and Program Director/QIDP will utilize the Pre/Post Admission Checklist in conjunction with the Master Medical Schedule to ensure that all required appointments are scheduled, completed, and documented in the Medical File within prescribed timeframes. The team of Nurse, PD/QIDP, Med DSP and Lead DSP are to meet weekly to review compliance with appointments, paperwork, and filing, as well as discussing the overall health and safety needs of the home.		

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	<p>Based on record review and interview for 1 of 3 sampled clients (Client C), the facility failed to ensure a dental exam was completed within 30 days of admission.</p> <p>Findings include:</p> <p>Client C's record was reviewed on 9/13/22 at 11:22 am. No dental evaluation was available for review. Client C was admitted to the group home on 11/18/21.</p> <p>The Licensed Practical Nurse (LPN) was interviewed on 9/14/22 at 1:35 pm and stated, "Dental exams should be completed within 30 days unless the client can't get in. Medicaid covers 1 exam every year. "</p> <p>9-3-6(a)</p>			W 0351	<p><u><b>W 351</b></u> <u>Comprehensive Dental Diagnostic Service (Standard)</u> - Facility failed to ensure client C had a dental exam completed within 30 days of admission.</p> <p><u>Corrective action for resident(s) found to have been affected</u> All parts of the POC for the survey with event ID RE6G11 will be fully implemented, including the following specifics:          ·Client C saw his dentist on 1/19/2022. He was with his parents at the time of the appointment so one of them took him. Written documentation of the appointments is being sought from the dental office in order to keep it in his permanent medical file. We are also ensuring that the next appointment is scheduled and put into the Therap documentation system.          ·Facility nurse and QIDP are being retrained on the Dungarvin Pre/Post Admission Checklist in place to assist the oversight team in ensuring that all requirements are met before and immediately after a new admission, including obtaining proof of all required medical assessments/appointments.</p> <p>- - <u>How facility will identify other residents potentially affected &amp; what measures taken</u></p>		10/21/2022

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W 0382  Bldg. 00	<p>483.460(l)(2) DRUG STORAGE AND RECORDKEEPING The facility must keep all drugs and biologicals locked except when being prepared for administration.</p> <p>Based on observation and interview for 3 of 3 sample clients (A, B and C), plus 3 additional clients (D, E, and F), the facility failed to ensure clients A, B, C, D, E, and F's medications were locked when not in use.</p> <p>Findings include:</p> <p>An observation was conducted at the group home on 9/12/22 from 6:50 pm to 8:20 pm. Clients A, B,</p>	W 0382	<p>All residents potentially are affected, and corrective measures address the needs of all clients.</p> <p><u>Measures or systemic changes facility put in place to ensure no recurrence</u> Going forward, the nurse and Program Director/QIDP will utilize the Pre/Post Admission Checklist in conjunction with the Master Medical Schedule to ensure that all required appointments are scheduled, completed, and documented in the Medical File within prescribed timeframes. The team of Nurse, PD/QIDP, Med DSP and Lead DSP are to meet weekly to review compliance with appointments, paperwork, and filing, as well as discussing the overall health and safety needs of the home.</p> <p><b><u>W 382</u></b> <u>Drug Storage and Recordkeeping (Standard)</u> - Facility failed to ensure clients A, B, C, D, E, and F's medications were locked when not in use.</p> <p><u>Corrective action for resident(s) found to have been affected</u> All parts of the POC for the survey with event ID RE6G11 will be fully</p>		10/21/2022

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	<p>C, D, E, and F were present throughout the observation period.</p> <p>On 9/12/22 at 7:33 pm, Direct Support Professional (DSP) #3 sanitized the desktop surfaces in the medication area. DSP #3 unlocked the medication cabinet. DSP #3 left the medication area and went into the kitchen. The door to the medication cabinet was unlocked, and the keys were in the lock. The medication area was partitioned with desks and cabinets. There were no permanent walls or doors separating it from the dining room.</p> <p>Area Director (AD) #1 was interviewed on 9/14/22 at 1:51 pm and stated, "If staff leave the medication area, they need to lock the cabinet and take the keys with them."</p> <p>9-3-6(a)</p>				<p>implemented, including the following specifics:</p> <ul style="list-style-type: none"> <li>All facility staff will be retrained on the expectation that all medications must be secured in a locked cabinet at all times.</li> <li>QIDP and nurse will be responsible to verify that medication is stored in a locked cabinet during regular, frequent visits in the home.</li> <li>Staff who were responsible to have locked the med cabinet on the date of the observation have received employee counseling in addition to the retraining for all staff. Similarly, any staff found to have left the medications unsecured during an observation will receive corrective action and/or retraining in accordance with Dungarvin policy.</li> </ul> <p><u>How facility will identify other residents potentially affected &amp; what measures taken</u></p> <p>All residents potentially are affected, and corrective measures address the needs of all clients.</p> <p><u>Measures or systemic changes facility put in place to ensure no recurrence</u></p> <p>All new employees are trained on the policy on drug storage and transference as part of new staff orientation. All staff are required to complete annual retraining on Medication Administration which covers med storage. QIDP is to</p>		

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W 0454  Bldg. 00	<p>483.470(l)(1) INFECTION CONTROL</p> <p>The facility must provide a sanitary environment to avoid sources and transmission of infections.</p> <p>Based on observation and interview for 3 of 3 sample clients (A, B, and C), plus 3 additional clients (D, E, and F), the facility failed to promote hand hygiene for clients A, B, C, D, E, and F before dining, to ensure client D's meal was eaten in a sanitary manner, and to ensure client D's toothbrush was stored in a sanitary manner.</p> <p>Findings include:</p> <p>Observations were conducted in the group home on 9/12/22 from 10:50 am to 11:50 am and from 6:50 pm to 8:20 pm and on 9/14/22 from 10:50 am to 11:50 am. Clients A, B, C, D, E, and F were present in the home throughout the observation periods.</p> <p>1. On 9/12/22 at 11:00 am, there was a rug in the corner of the dining room with a small television on top of a bookcase. Client D was on all fours in front of the television and was watching music videos. Client D was moving his head up and down forcefully. Client D rocked up onto his toes, and his hands came off of the ground, then returned to his position on all fours. Client D sang along with the music and cursed loudly. Next to client D on the floor, there was a plate with</p>			W 0454	<p>maintain a regular, frequent presence in the home and provide direct coaching and redirection to any staff who leave the med closet unsecured. Nurse will also report any violations to the PD/QIDP for follow up.</p> <p><b>W 454</b> <u>Infection Control (Standard)</u> - Facility failed to promote hand hygiene for clients A, B, C, D, E, and F before dining, to ensure client D's meal was eaten in a sanitary manner, and to ensure client D's toothbrush was stored in a sanitary manner.</p> <p><u>Corrective action for resident(s) found to have been affected</u> All parts of the POC for the survey with event ID RE6G11 will be fully implemented, including the following specifics:</p> <ul style="list-style-type: none"> <li>All facility staff receiving re-training to competency on this finding and on Dungarvin guidelines on handwashing, infection control, proper disposal of unfinished food, and safe storage of hygiene items.</li> <li>It is noted that client D has a history of using toothbrushes as preferred sensory items. He has multiple toothbrushes that he</li> </ul>		10/21/2022

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	<p>3 pancakes, yogurt cup, and a glass of milk. Client D periodically stopped rocking, picked up a pancake with his hands, and took a bite. There was a toothbrush lying on the floor in front of client D. When asked if the toothbrush belonged to him, client D stated, "Yeah." When asked if he used the toothbrush to brush his teeth, client D stated, "Yeah."</p> <p>2. On 9/12/22 at 7:20 pm, clients A, B, and E served themselves enchiladas from a pan in the kitchen. Clients A, B, and E did not wash or sanitize their hands, and staff did not prompt them to do so. Client C prepared frozen french fries and ate them while standing in the kitchen. Client C did not wash or sanitize his hands before cooking or eating, and staff did not prompt him to do so.</p> <p>Licensed Practical Nurse (LPN) #1 was interviewed on 9/14/22 at 1:35 pm and stated, "Staff should prompt clients to wash their hands before they cook or eat."</p> <p>Area Director (AD) #1 was interviewed on 9/14/22 at 1:51 pm and stated, "There should be prompts for the staff and the individuals. Everyone should wash their hands for the meal."</p> <p>9-3-7(a)</p>				<p>carries with him that he does not use for oral hygiene. The team will look for ways to clearly mark the toothbrush(es) that are to be stored specifically to remain sanitary for oral hygiene use.</p> <p>Once retraining is complete, the QIDP, Nurse, Area Director or other qualified supervisory staff will be responsible to conduct active treatment observations at varying times of the day to ensure that facility staff demonstrate competency on infection control, proper disposal of uneaten food, and safe storage of hygiene items. Initially these observations will be conducted 4 times per week for the first two weeks. If competency is shown in that time, observations may reduce to 3 times per week for the next two weeks and then titrate to 2 times per week for two weeks. Any observed concerns will be addressed through immediate retraining and coaching.</p> <p><u>How facility will identify other residents potentially affected &amp; what measures taken</u></p> <p>All residents potentially are affected, and corrective measures address the needs of all clients.</p> <p><u>Measures or systemic changes facility put in place to ensure no recurrence</u></p> <p>All new employees are trained on</p>		



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W 0460  Bldg. 00	<p>483.480(a)(1) FOOD AND NUTRITION SERVICES Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p> <p>Based on observation, record review, and interview for 1 additional client (F), the facility failed to promote a well balanced diet for client F.</p> <p>Findings include:</p> <p>Observations were conducted in the group home on 9/12/22 from 10:50 am to 11:50 am and from 6:50 pm to 8:20 pm and on 9/14/22 from 10:50 am to 11:50 am. Client F was present in the home throughout the observation periods.</p> <p>On 9/12/22 client F remained in his bedroom from 10:50 am to 11:50 am. There was a bag of potato chips and candy wrappers on the floor of client F's bedroom.</p>	W 0460	<p>the policy on infection control as part of new staff orientation. All staff are required to complete annual retraining on OSHA and Medication Administration, both of which cover Infection Control, handwashing, and sanitary storage of items. Staff are also trained on food safety and safe disposal of uneaten food after meals. QIDP is to maintain a regular, frequent presence in the home and provide direct coaching and redirection to any staff who fail to follow policy and training. Nurse will also report any violations to the PD/QIDP for follow up.</p> <p><b>W 460</b> <u>Food and Nutrition Services</u> <u>(Standard)</u> - Facility failed to promote a well-balanced diet for client F.</p> <p><u>Corrective action for resident(s)</u> <u>found to have been affected</u> All parts of the POC for the survey with event ID RE6G11 will be fully implemented, including the following specifics: · Updated dietary assessment being obtained for client F. Updated recommendations will be sent to the My25 menu development</p>	10/21/2022	

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	<p>At 6:50 pm, DSP (Direct Support Professional) #3 indicated the clients had eaten dinner. At 6:56 pm, client F stated, "I didn't eat, yet." Clients A, B, and E ate enchiladas at the table. Client C ate fries in the kitchen. Client F went to his bedroom and did not eat with his housemates.</p> <p>On 9/14/22 at 11:00 am, client F stated, "I made sausage and oatmeal in the microwave." Client F sat at the dining room table and ate 3 sausage links and 3 single serving packets of oatmeal.</p> <p>Client F was interviewed on 9/14/22 at 11:13 am and stated, "I've gained a lot of weight since I moved here. I eat too much, and my medicine makes me gain weight." Client F stated, "I don't like the food here, so I eat snacks and candy. My mom brings it to me." Client F stated, "I don't usually eat with everyone else. I eat in my room."</p> <p>DSP #1 was interviewed on 9/14/22 at 11:28 am and stated, "[Client F] spends most of his time in his room. We send him to his room, so he doesn't steal things or get in fights with the other guys." DSP #1 stated, "We don't set a time for meals. If they get up late, all of the meal times are pushed back." DSP #1 stated, "[Client F] has gained weight. I don't know why. They're not supposed to have snacks in their rooms, but they do. We take their snacks and keep them down stairs." DSP #1 indicated client F used his mother's credit card to order candy and soda delivered to the group home. DSP #1 stated, "[Client F] will sneak snacks and take them to his room." DSP #1 stated, "We just started to follow the menu. We just got a new menu. The old one was for senior citizens. They wouldn't eat the food." DSP #1 stated, "Some of the staff can't cook or can't cook American food, and the clients don't like what</p>				<p>program to be incorporated with daily substitutions specific to the needs of client F.</p> <ul style="list-style-type: none"> <li>A risk plan is being developed by nursing to address client F's weight gain.</li> <li>Appropriate goals regarding healthy meal choices and exercise are being added to client F's ISP.</li> <li>Client F has 1:1 staffing at this time and all staff are being trained on activities to promote exercise and participation in healthy meal planning and preparation.</li> <li>All staff are receiving retraining on preparing meals as indicated on the menu, including how to incorporate individual specific recommendations into the menu prep. All facility staff are also being trained on appropriate meal substitutions to ensure that all food groups are covered in healthy proportions on client choice meal days or days that an individual refuses what is being provided during the planned meal.</li> <li>Once retraining is complete, the QIDP, Nurse, Area Director or other qualified supervisory staff will be responsible to conduct active treatment observations at varying times of the day to ensure that facility staff demonstrate competency on preparing meals according to the menu and following all plans in place. If</li> </ul>		

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	<p>they can cook." DSP #1 stated, "The nurse comes every week. She hasn't said anything about [client F's] weight."</p> <p>Client F's record was reviewed on 9/13/22 at 1:30 pm.</p> <p>Client F's weight tracking dated 9/13/22 indicated client F was 5 feet, 10 inches tall. The weight tracking sheet indicated client F weighed 191.8 pounds on 7/4/21 when he moved into the group home. On 1/2/22, client F weighed 258 pounds. On 7/10/22, client F weighed 271.2 pounds. On 9/11/22, client F weighed 272.2 pounds.</p> <p>A menu posted in the facility kitchen dated 9/12/22 through 9/18/22 was reviewed on 9/14/22 at 11:00 am and indicated the following:</p> <p>"9/12/22 Breakfast: Cereal - puffed rice or Rice Krispies cereal, milk 2%, margarine (1 tsp (teaspoon)), orange juice - frozen concentrate.</p> <p>9/12/22 Lunch: Turkey sandwich, pudding cups, peaches - canned, bottled water to drink for lunch (12 oz (ounces)).</p> <p>9/12/22 Snack: Snack beverage - very low or zero calories, chocolate chip cookies.</p> <p>9/12/22 Dinner: Meatloaf - beef, ramen tossed with herbs (4.5 oz), broccoli (1g (large) serving), honeydew melon, milk 2%.</p> <p>9/12/22 Snack: Snack beverage - very low or zero calories, rice cake.</p> <p>9/13/22 Breakfast: Egg, one (large), whole wheat bread (2 slices), milk 2%.</p> <p>9/13/22 Lunch: Tuna sandwich, banana (1/2), woven wheat crackers, bottled water to drink for lunch (12 oz).</p> <p>9/13/22 Snack: Snack beverage - very low or zero calories, oatmeal cookies - two.</p> <p>9/13/22 Dinner: Resident choice health selection. Resident choice: 1/4 plate (3 oz) health protein choice. Resident choice - 1/4 plate (4 oz) high</p>		<p>competency is shown in that time, observations may reduce to 3 times per week for the next two weeks and then titrate to 2 times per week for two weeks. Any observed concerns will be addressed through immediate retraining and coaching.</p> <p><u>How facility will identify other residents potentially affected &amp; what measures taken</u></p> <p>All residents potentially are affected, and corrective measures address the needs of all clients.</p> <p><u>Measures or systemic changes facility put in place to ensure no recurrence</u></p> <p>All new employees are trained on the facility menu and how to plan appropriate meals for the individuals. All new employees are also trained on the dietary needs of each individual served. QIDP is to maintain a regular, frequent presence in the home and provide direct coaching and redirection to any staff who fail to follow policy and training. Nurse will also report any violations to the PD/QIDP for follow up.</p>				

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	<p>fiber starch choice. Resident Choice: 1/2 plate (6 oz) high fiber vegetable choice. Resident choice fruit. Milk 2%.</p> <p>9/13/22 Snack: Snack beverage - very low or zero calories, Resident choice snack.</p> <p>9/14/22 Breakfast: Oatmeal, milk 2%, whole wheat bread (1 slice), margarine (2 tsp), orange juice - frozen concentrate.</p> <p>9/14/22 Lunch: Ham sandwich, wheat crackers, orange - 1 medium, bottled water to drink for lunch (12 oz).</p> <p>9/14/22 Snack: Snack beverage - very low or zero calories, vegetables of choice as snack - 2 oz.</p> <p>9/14/22 Dinner: Basil baked tilapia, baked beans, green beans (Lg. serving), honeydew melon, milk 2%.</p> <p>9/14/22 Snack: Snack beverage - very low or zero calories, fig bar or cookie."</p> <p>Client F's Nutrition Assessment dated 8/27/21 indicated the following: "Weight: 193 lbs (pounds), Height: 5'10" BMI (body mass index) = 27.3. Weight is defined as overweight for frame, (BMI greater than 25) but not obese. He weighed 184 lbs at his physical on 6/23/2021.</p> <p>Estimated Daily Requirements: Estimated Daily Calorie Needs: 2,600 calories. Estimated Daily Protein Needs: 85 g (grams). Estimated Daily Fluid Needs: 2,600 cc (cubic centimeters)....</p> <p>[Client F] presents with moderate risk for nutrition problems and WT (weight) fluctuations due to (sic) new environment and need for supervision and provision of nutrition care. He has a good appetite and is overweight for frame.</p> <p>Recommendations: 1. Avoid further weight gain, as possible (due to medication side effects) with attention to portion management according to provided guidelines."</p>						

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W 0476  Bldg. 00	<p>Licensed Practical Nurse (LPN) #1 was interviewed on 9/14/22 at 1:35 pm and stated, "[Client F] will order delivery on his mom's account. He'll pay \$30 for soda to be delivered to him. I have talked to all the boys. I talk to them regularly about, there's a lot of sugar." LPN #1 stated, "The dietician is on my list. I was getting everyone their yearly appointments. [Client F] did have his blood drawn."</p> <p>Area Director (AD) #1 was interviewed on 9/14/22 at 1:51 pm and stated, "We can't keep [client F] from having his own food, but the house rule is that we should not have any food in bedrooms. We try to not engage in power struggles. We should be encouraging healthy snacking habits." AD #1 stated, "It's in [client F's] Behavior Support Plan (BSP) as a health skills deficit. It gives staff a guideline for how to redirect him." AD #1 indicated staff should follow the menu.</p> <p>9-3-8(a)</p> <p>483.480(b)(3) MEAL SERVICES Food served to clients individually and uneaten must be discarded.</p> <p>Based on observation and interview for 2 of 3 sample clients (A and C), plus 1 additional client (F), the facility failed to ensure the food served to clients A, C, and F was discarded properly and not eaten by another individual.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 9/13/22 from 6:55 am through 9:31 am. Clients A, C, and F were present in the home for the</p>			W 0476	<p><b>W 476</b> <u>Meal Services (Standard)</u> - Facility failed to ensure the food served to clients A, C, and F was discarded properly and not eaten by another individual.</p> <p><u>Corrective action for resident(s) found to have been affected</u> All parts of the POC for the survey with event ID RE6G11 will be fully implemented, including the</p>		10/21/2022

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

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OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15G573	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 09/21/2022
NAME OF PROVIDER OR SUPPLIER  DUNGARVIN INDIANA LLC			STREET ADDRESS, CITY, STATE, ZIP COD 51778 TROWBRIDGE LN SOUTH BEND, IN 46637		
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	<p>duration of the observation period.</p> <p>On 9/13/22 at 9:12 am, client C had plate of french toast and sausage. He ate the sausage and gave the french toast to client F. Client F took a bite from one of the pieces of french toast and then took the plate to the kitchen and set it down on the counter. Client A picked up the plate from the counter and took it to the table and sat down and ate it.</p> <p>The Area Director (AD) was interviewed on 9/14/22 at 1:35 pm and stated, "If food is on a plate and uneaten the food should be trashed."</p> <p>The Licensed Practical Nurse (LPN) was interviewed on 9/14/22 at 1:35 pm and stated, "Staff should not let individuals share food off each other's plates."</p> <p>9-3-8(a)</p>		<p>following specifics:</p> <ul style="list-style-type: none"> <li>All facility staff will review this finding and will be trained on the expectations of DSP supervision of every meal, family style dining, and supervision of uneaten food being discarded in accordance with this standard.</li> <li>Once retraining is complete, the QIDP, Nurse, Area Director or other qualified supervisory staff will be responsible to conduct active treatment observations at varying times of the day to ensure that facility staff demonstrate competency on ensuring that food is properly discarded after meals. Initially these observations will be conducted 4 times per week for the first two weeks. If competency is shown in that time, observations may reduce to 3 times per week for the next two weeks and then titrate to 2 times per week for two weeks. Any observed concerns will be addressed through immediate retraining and coaching.</li> </ul> <p><u>How facility will identify other residents potentially affected &amp; what measures taken</u></p> <p>All residents potentially are affected, and corrective measures address the needs of all clients.</p> <p><u>Measures or systemic changes facility put in place to ensure no recurrence</u></p>		

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W 0488  Bldg. 00	<p>483.480(d)(4) DINING AREAS AND SERVICE</p> <p>The facility must assure that each client eats in a manner consistent with his or her developmental level.</p> <p>Based on observation and interview for 3 of 3 sample clients (A, B, and C), plus 3 additional clients (D, E, and F), the facility failed to promote clients A, B, C, D, E, and F's independence while dining.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 9/12/22 from 11:20 am through 11:50 am and from 3:25 pm through 5:34 pm and on 9/13/22 from 6:55 am through 9:31 am and 2:28 pm through 4:45pm. Clients A, B, C, D, E, and F were present in the home for the duration of the observation period.</p> <p>On 9/13/22 at 8:09 am, DSP (Direct Support Professional) #1 began cooking french toast. No clients were asked to help with the cooking.</p>			W 0488	<p>All new employees are trained on basic food safety upon hire. All new staff at the group home are to be trained on the expectations regarding supervising mealtimes, including remaining food being discarded properly. QIDP is to maintain a regular, frequent presence in the home and provide direct coaching and redirection to any staff who fail to follow policy and training. Nurse will also report any violations to the PD/QIDP for follow up.</p> <p><b>W 488</b> <u>Dining Areas and Service (Standard)</u> - Facility failed to promote clients A, B, C, D, E, and F's independence while dining.</p> <p><u>Corrective action for resident(s) found to have been affected</u> All parts of the POC for the survey with event ID RE6G11 will be fully implemented, including the following specifics: · All facility staff receiving re-training regarding the expectations of family style dining at all meals as well as the importance of using all teaching opportunities during meal preparation, while eating at the table, and while cleaning up after a</p>		10/21/2022

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	<p>At 8:27am, DSP #2 asked client E to take his belongings off of the table so they could eat at the table.</p> <p>At 8:33 am, DSP #1 started cooking bacon and sausage links. DSP #1 did not ask any clients to assist with making breakfast.</p> <p>At 8:55 am, client B was watching television in the dining area.</p> <p>At 9:00 am, DSP #2 asked client F to wash his hands after using the restroom. Client F went back into the bathroom and washed his hands.</p> <p>At 9:01 am, client A came out of his room and went to the back porch and smoked a cigarette. When client A came back inside, he used hand sanitizer.</p> <p>At 9:04 am, DSP #1 served clients A, B, E and F a plate with french toast and bacon. Clients C and D were served a plate with french toast and sausage links. When client B received his plate, he stood in the kitchen eating a piece of bacon off his plate and then went to the table.</p> <p>At 9:11 am, DSP #5 was in the kitchen washing the dishes used to make breakfast.</p> <p>At 9:12 am, client C had plate of french toast and sausage. He ate the sausage and gave the french toast to client F. Client F took a bite from one of the pieces of french toast and then took the plate to the kitchen and set it down on the counter. Client A picked up the plate from the counter and took it to the table and sat down and ate it.</p> <p>At 9:20 am, DSP #5 finished washing the dishes</p>			<p>meal.</p> <ul style="list-style-type: none"> <li>CFAs for all individuals regarding independence in meal preparation and dining will be reviewed to ensure that appropriate goals are in place where indicated and staff will be trained on any goals currently in place or newly put into place.</li> <li>Once retraining is complete, the QIDP, Nurse, Area Director or other qualified supervisory staff will be responsible to conduct active treatment observations at varying times of the day to ensure that facility staff demonstrate competency on promoting independence for all individuals while dining.</li> </ul> <p><u>How facility will identify other residents potentially affected &amp; what measures taken</u></p> <p>All residents potentially are affected, and corrective measures address the needs of all clients.</p> <p><u>Measures or systemic changes facility put in place to ensure no recurrence</u></p> <p>All new employees are trained on active treatment and family style dining expectations in the ICF-IDD setting. QIDP is to maintain a regular, frequent presence in the home and provide direct coaching and redirection to any staff who fail to follow policy and training. Nurse will also report any violations to</p>			



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	<p>and washed off the dining room table. DSP did not ask any clients to assist with cleaning up.</p> <p>DSP #1, #2 and #5 were not in the dining room while clients A, B, C, D, E and F were eating breakfast.</p> <p>At 3:22 pm, client C got up from bed, and he got the two grilled cheese sandwiches that were made for him at lunch. Qualified Intellectual Disabilities Professional (QIDP) asked him to sit at the table to eat. Client C went and sat at the dining room table.</p> <p>No staff were in the dining room while client C was eating his sandwiches.</p> <p>The Area Director (AD) was interviewed on 9/14/22 at 1:35 pm and stated, "Staff should be present providing prompts in the dining room."</p> <p>The Licensed Practical Nurse (LPN) was interviewed on 9/14/22 at 1:35 pm and stated, "Staff should be prompting individuals to be sitting at table and using utensils."</p> <p>9-3-8(a)</p>				the PD/QIDP for follow up.		