STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	15G456	A. BUILDING 00 B. WING	04/09/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
DAMAR SERVICES INC--EL CAMIN	4912 EL CAMINO CT INDIANAPOLIS, IN 46221

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 0000 Bldg. 00	This visit was for the investigation of complaint #IN00290094. Complaint #IN00290094: Substantiated, no deficiencies related to the allegation were cited. Unrelated deficiencies cited. Dates of Survey: 4/5/19, 4/8/19 and 4/9/19. Facility Number: 000970 Provider Number: 15G456 AIMS Number: 100239760 These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 4/16/19.	W 0000		
W 0127 Bldg. 00	483.420(a)(5) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients are not subjected to physical, verbal, sexual or psychological abuse or punishment. Based on record review and interview for 1 of 3 sampled clients (A), the facility failed to prevent and promptly report staff to client abuse of client A. Findings include: The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 4/5/19 at 2:18 PM. The review indicated the following:	W 0127	W127 – 483.420(a)(5) Protection of Clients Rights 1. The facility failed to prevent and promptly report staff to client abuse. The lead staff has been terminated. All staff will receive re training on policies and procedures regarding incident reporting, client's rights, and abuse, neglect and exploitation. 2. All clients have the potential to	05/09/2019

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

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	-BDDS report dated 4/2/19 indicated, "It was reported that on 4.1.19, [client A] wanted to go to library and when he asked him, [Lead Staff #1] shoved [client A] away. [Lead Staff #1] then told [client A] to pack his bags that he was moving. [Client A] went to his room upset and crying that he didn't want to move and that he would be good, and [Lead Staff #1] followed [client A]. They continued to yell back and forth with each other. There was a loud crash from his room and then [Lead Staff #1] left the house. When asked what happened to the closet door that was laying on the floor, [client A] reported that [Lead Staff #1] shoved him into it and it fell. [Client A] was checked for any injuries and none were found." -Investigation dated 4/4/19 indicated the following: -"[Staff #1] (interview) Reported exactly what was in her written report. She reported that '[Lead Staff #1] pushed [client A] out of his way when he came out of the office to go to the restroom.' Told [client A], 'Don't ask again. Pack your stuff you are going to ASU (unknown).' Reported that [client A] 'lost it' and was begging that he will (sic) be good. [Lead Staff #1] told him, 'No, your (sic) done, go pack your stuff. This was your last chance. You're getting out tonight.' Reported hearing a crashing sound from the back of the house. Reported [Lead Staff #1] then left the house. Another resident went to the back and then returned wanting to call the [director]. There was no answer and he said, '[Director] needs to know what happened to the closet door.' [Staff #1] asked [client A] what happened to the closet door and he told her, '[Lead Staff #1] shoved me into the closet.' She reported seeing the closet door laying on the floor."		be affected by the deficiency. The lead staff has been terminated. All staff will receive retraining on policies and procedures regarding incident reporting, client's rights, and abuse, neglect and exploitation. 3. Policies and procedures regarding client's rights, incident reporting, and abuse, neglect and exploitation will be reviewed with all staff at least semi-annually. Staff will receive the appropriate disciplinary action for not following policy and procedure. 4. The QIDP, Administrator and the Quality and Compliance division will monitor incident reports at least bi-weekly to assure incident reporting policies and procedures are being met. Policies and procedures will be reviewed at least annually and revised as needed.	

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	-"Evidence support(s) that [client A] was told to pack his stuff that he was leaving. This comment was escalating [client A's] behavior and meant to cause him distress as it was reiterated several times. Even after [client A] promised to be good and said he didn't want to move and went to his room, evidence supports that [Lead Staff #1] followed [client A] to his room and continued to threaten him with comments about him having to leave. Evidence supports that there was a confrontation of some sort in [client A's] room that caused the closet door to fall off the tracks." -"Evidence supports that there was an altercation between [Lead Staff #1 and client A] to some degree. Evidence does not support [Lead Staff #1's] version of events and some evidence was a direct contradiction to what [Lead Staff #1] reported to this interviewer." The Director of Quality and Compliance (DQC) was interviewed on 4/5/19 at 2:30 PM. The DQC indicated the investigation regarding the allegations of abuse and mistreatment by Lead Staff #1 against client A had been completed on 4/4/19. The DQC indicated verbal abuse and mistreatment of client A by Lead Staff #1 had been substantiated. The DQC indicated the allegation of physical abuse (pushing client A into the closet door) was inconclusive. Administrative Staff (AS) #1 was interviewed on 4/5/19 at 2:40 PM. AS #1 indicated staff #1 had reported the 4/1/19 allegation regarding Lead Staff #1 and client A at 2:45 PM on 4/2/19. AS #1 indicated staff #1 had worked the evening shift (4/1/19) during the alleged incident. AS #1 indicated staff #1 had not immediately reported the 4/1/19 allegation until 4/2/19 to AS #1. AS #1			

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	indicated when she became aware of the allegation regarding Lead Staff #1 she suspended Lead Staff #1 and the investigation was started. AS #1 indicated Lead Staff #1 had worked at the group home the morning of 4/2/19 with client A. AS #1 indicated Lead Staff #1 should have been suspended and not worked with client A before an investigation could be completed. 9-3-2(a)			
W 0153 Bldg. 00	483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures. Based on record review and interview for 1 of 1 allegation of abuse, neglect and mistreatment reviewed, the facility failed to immediately report an allegation of staff to client abuse of client A to the facility administrator. Findings include: The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 4/5/19 at 2:18 PM. The review indicated the following: -BDDS report dated 4/2/19 indicated, "It was reported that on 4.1.19, [client A] wanted to go to library and when he asked him, [Lead Staff #1] shoved [client A] away. [Lead Staff #1] then told [client A] to pack his bags that he was moving. [Client A] went to his room upset and crying that he didn't want to move and that he would be good, and [Lead Staff #1] followed [client A].	W 0153	W153 – 483.420(d)(2) Staff Treatment of Clients 1. The reporting staff did not follow the incident reporting policy. All staff will receive retraining on policies and procedures regarding incident reporting. 2. All clients have the potential to be affected by the deficiency. All staff will receive retraining on policies and procedures regarding incident reporting. 3. Re-training on incident reporting will be completed and staff will receive the appropriate disciplinary action for not following policy and procedure which includes immediate notification to the administrator. 4. The QIDP, Administrator and the Quality and Compliance	05/09/2019

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	They continued to yell back and forth with each other. There was a loud crash from his room and then [Lead Staff #1] left the house. When asked what happened to the closet door that was laying on the floor, [client A] reported that [Lead Staff #1] shoved him into it and it fell. [Client A] was checked for any injuries and none were found." -Investigation dated 4/4/19 indicated the following: -"[Staff #1] (interview) Reported exactly what was in her written report. She reported that '[Lead Staff #1] pushed [client A] out of his way when he came out of the office to go to the restroom.' Told [client A], 'Don't ask again. Pack your stuff you are going to ASU (unknown).' Reported that [client A] 'lost it' and was begging that he will (sic) be good. [Lead Staff #1] told him, 'No, your (sic) done, go pack your stuff. This was your last chance. You're getting out tonight.' Reported hearing a crashing sound from the back of the house. Reported [Lead Staff #1] then left the house. Another resident went to the back and then returned wanting to call the [director]. There was no answer and he said, '[Director] needs to know what happened to the closet door.' [Staff #1] asked [client A] what happened to the closet door and he told her, '[Lead Staff #1] shoved me into the closet.' She reported seeing the closet door laying on the floor." -"Evidence support(s) that [client A] was told to pack his stuff that he was leaving. This comment was escalating [client A's] behavior and meant to cause him distress as it was reiterated several times. Even after [client A] promised to be good and said he didn't want to move and went to his room, evidence supports that [Lead Staff #1] followed [client A] to his room and continued to		division will monitor incident reports at least bi-weekly to assure incident reporting policies and procedures are being met. Policies and procedures will be reviewed at least annually and revised as needed.	

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	threaten him with comments about him having to leave. Evidence supports that there was a confrontation of some sort in [client A's] room that caused the closet door to fall off the tracks." -"Evidence supports that there was an altercation between [Lead Staff #1 and client A] to some degree. Evidence does not support [Lead Staff #1's] version of events and some evidence was a direct contradiction to what [Lead Staff #1] reported to this interviewer." The Director of Quality and Compliance (DQC) was interviewed on 4/5/19 at 2:30 PM. The DQC indicated the investigation regarding the allegations of abuse and mistreatment by Lead Staff #1 against client A had been completed on 4/4/19. The DQC indicated verbal abuse and mistreatment of client A by Lead Staff #1 had been substantiated. The DQC indicated the allegation of physical abuse (pushing client A into the closet door) was inconclusive. Administrative Staff (AS) #1 was interviewed on 4/5/19 at 2:40 PM. AS #1 indicated staff #1 had reported the 4/1/19 allegation regarding Lead Staff #1 and client A at 2:45 PM on 4/2/19. AS #1 indicated staff #1 had worked the evening shift (4/1/19) during the alleged incident. AS #1 indicated staff #1 had not immediately reported the 4/1/19 allegation until 4/2/19 to AS #1. AS #1 indicated when she became aware of the allegation regarding Lead Staff #1 she suspended Lead Staff #1 and the investigation was started. AS #1 indicated Lead Staff #1 had worked at the group home the morning of 4/2/19 with client A. 9-3-2(a)			