STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	15G300	A. BUILDING 00 B. WING	08/11/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
TRANSITIONAL SERVICES SUB LLC	110 W PIKE ST MARTINSVILLE, IN 46151

(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 #IN00384168. Complaint #IN00384168 - Substantiated. Federal and state deficiencies related to the allegation(s) were cited at W102, W104, W122, W127, W149, W154, W155, W156, W157, W159, and W252. Unrelated deficiencies cited. Survey dates: August 8, 9, 10 and 11, 2022 Facility Number: 000819 Provider Number: 15G300 AIM Number: 100249100 These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 8/19/22.	W 0000		
W 0102 Bldg. 00	483.410 GOVERNING BODY AND MANAGEMENT The facility must ensure that specific governing body and management requirements are met. Based on observation, interview and record review for 8 of 8 clients living in the group home (A, B, C, D, E, F, G and H), the facility failed to meet the Condition of Participation: Governing Body. The facility's governing body failed to exercise operating direction over the facility by failing to provide oversight and monitoring of the Qualified Intellectual Disabilities Professional (QIDP) to ensure the QIDP performed her duties as assigned including recognizing an allegation of abuse, ensuring potential abuse was mitigated	W 0102	The QIDP (PD) is no longer with Indiana Mentor as of 8.5.22. Her record will reflect that she will not be re-hirable at Indiana Mentor due to a substantiation of neglect stemming from an investigation in a different home. She left before corrective action could be taken on the results of the survey findings for this survey. (Specifically recognizing, reporting	09/10/2022

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

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	during an investigation by immediately suspending staff, ensuring staff documented an incident of client A getting punched in the face by staff was documented, ensuring the van seating arrangement was changed following an incident in the van, and providing and/or ensuring administrative oversight of the group home was increased following an incident of substantiated staff abuse of client A. The governing body failed to ensure client A was not subjected to physical, verbal or psychological abuse or punishment. The governing body neglected to implement its policies and procedures to prevent abuse of clients A and G, conduct a thorough investigation of staff abuse of client A and an incident of client to client aggression at the facility-operated day program, prevent further abuse while the investigation was in process, ensure the results of the investigation were reported to the administrator within 5 working days, and take appropriate corrective actions regarding the results of an investigation. The governing body failed to ensure the dishwasher remained in working order and a hole in the upstairs hallway was repaired in a timely manner. Findings include: 1) Please refer to W104. For 8 of 8 clients living in the group home (A, B, C, D, E, F, G and H), the facility's governing body failed to exercise operating direction over the facility by failing ensure client A was not subjected to physical, verbal or psychological abuse or punishment. The governing body failed provide oversight and monitoring of the Qualified Intellectual Disabilities Professional (QIDP) to ensure the QIDP performed her duties as assigned including recognizing an allegation of abuse, ensuring potential abuse was mitigated during an investigation by immediately		and following policy for Abuse, Neglect and Exploitation and also reporting and investigating client to client aggression) A New Hire checklist has been implemented that addresses the rehire eligibility status. The current PD will be retrained and the new PD (QIDP) will be trained on the Supervisor Site review expectations. The Supervisor Site Review form is to be turned into the Area Director (Regional Director in the absence of an AD) monthly to ensure oversight of the PD.A PD has been assigned to the home to provide oversight and monitoring of individuals, their plans and the home until a new PD (QIDP) is trained (Hired to start 9.12.22). The acting PD will be retrained on recognizing and reporting ANE and following ANE policy. The new PD (QIDP) will be trained on recognizing and reporting allegations of Abuse, Neglect and Exploitation and IM policies. The training will include how to investigate and a review of the guidelines for timeliness noted in the Indiana Mentor policy. The van seating arrangement was changed with a voluntary seating chart that was implemented 8.11.22. Client A does not always adhere to the seating chart but there has not been any further instances of disruptive behavior while in the vehicle. The team will	

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	suspending staff, ensuring staff documented an incident of client A getting punched in the face by staff was documented, ensuring the van seating arrangement was changed following an incident in the van, conducting a thorough investigation of staff abuse of client A and an incident of client to client aggression, providing and/or ensuring administrative oversight of the group home was increased following an incident of substantiated staff abuse of client A. The governing body failed to ensure the dishwasher remained in working order and a hole in the upstairs hallway was repaired in a timely manner. 2) Please refer to W122. For 1 of 3 clients in the sample (A) and one additional client (G), the governing body failed to meet the Condition of Participation: Client Protections. The governing body failed to ensure client A was not subjected to physical, verbal or psychological abuse or punishment. The governing body neglected to implement its policies and procedures to prevent abuse of clients A and G, conduct a thorough investigation of staff abuse of client A and an incident of client to client aggression at the facility-operated day program, prevent further abuse while the investigation was in process, ensure the results of the investigation were reported to the administrator within 5 working days, and take appropriate corrective actions regarding the results of an investigation. This federal tag relates to complaint #IN00384168. 9-3-1(a)		continue to monitor Client A's behavior on the van and if it is determined that he needs to be restricted from sitting behind the driver or in the front seat it will be added to his Behavior Support Plan and ISP subject to HRC approval. The PD will monitor by reviewing documentation and incident reports during the weekly Supervisory Visits The QIS was retrained by the Quality Improvement Manager on 7.26.22. This was after the investigation noted in this survey was done but before this survey was completed. The investigations done by the QIS were reviewed for a period of 30 days by either the QI Manager or another member of the QI team to ensure the investigations done were thorough and completed within the 5 day time frame. The Regional Director will monitor the QIS while completing investigations to ensure the 5 day time frame is adhered to and will review the investigation to ensure it is thorough. A communication book will be created for use by the group home and day program staff to ensure staff are aware of any information needed that might affect the care of the individuals. The Program Director will review the book weekly to ensure communication occurs. The Program Supervisor in the	

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			home is reaching out to contractors for quotes to repair the wall and also repair or replace the dishwasher. The Program Director will touch base at least weekly to monitor the status of the repairs. The Program Director will retrain the Program Supervisor and all other staff in the home documentation requirements for daily notes and also behavior tracking and unusual incidents. This will be monitored as described in the Supervisor Site visit checklist form. The Nursing staff will reach out to Client B's psychiatrist to determine what the appropriate course of treatment would be for the possible reoccurrence of trichotillomania symptoms. Depending on the recommendations the Individual Support Plan and Behavior Support Plan will be updated and staff trained on any changes. The Nursing staff will reach out to Client C's psychiatrist for an appointment to be evaluated for a diagnosis of Pica. If Client C is given the diagnosis of Pica his Individual Support Plan and Behavior Support Plan will be updated and staff trained on changes. Responsible Parties: Regional Director, Program Director, Program Supervisor and Nurse	

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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. Based on observation, interview and record review for 8 of 8 clients living in the group home (A, B, C, D, E, F, G and H), the facility's governing body failed to exercise operating direction over the facility by failing ensure client A was not subjected to physical, verbal or psychological abuse or punishment. The governing body failed provide oversight and monitoring of the Qualified Intellectual Disabilities Professional (QIDP) to ensure the QIDP performed her duties as assigned including recognizing an allegation of abuse, ensuring potential abuse was mitigated during an investigation by immediately suspending staff, ensuring staff documented an incident of client A getting punched in the face by staff was documented, ensuring the van seating arrangement was changed following an incident in the van, conducting a thorough investigation of staff abuse of client A and an incident of client to client aggression, providing and/or ensuring administrative oversight of the group home was increased following an incident of substantiated staff abuse of client A. The governing body failed to ensure the dishwasher remained in working order and a hole in the upstairs hallway was repaired in a timely manner. Findings include: 1) Please refer to W127. For 1 of 5 incident/investigative reports reviewed affecting client A, the governing body failed to ensure client A was not subjected to physical, verbal or psychological abuse or punishment.	W 0104	The QIDP (PD) is no longer with Indiana Mentor as of 8.5.22. Her record will reflect that she will not be re-hirable at Indiana Mentor due to a substantiation of neglect stemming from an investigation in a different home. She left before corrective action could be taken on the results of the survey findings for this survey. (Specifically recognizing, reporting and following policy for Abuse, Neglect and Exploitation and also reporting and investigating client to client aggression) A New Hire checklist has been implemented that addresses the rehire eligibility status. A PD has been assigned to the home to provide oversight and monitoring of individuals, their plans and the home until a new PD (QIDP) is trained (Hired to start 9.12.22). The acting PD will be retrained on recognizing and reporting ANE and following ANE policy. The new PD (QIDP) will be trained on recognizing and reporting allegations of Abuse, Neglect and Exploitation and IM policies. The training will include how to investigate and a review of the guidelines for timeliness noted in the Indiana Mentor policy. The current PD will be retrained	09/10/2022

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	2) Please refer to W149. For 2 of 5 incident/investigative reports reviewed affecting clients A, C and G, the governing body neglected to implement its policies and procedures to prevent abuse of the clients, conduct a thorough investigation of staff abuse of client A and an incident of client to client aggression at the facility-operated day program, prevent further abuse while the investigation was in process, ensure the results of the investigation were reported to the administrator within 5 working days, and take appropriate corrective actions regarding the results of an investigation. 3) Please refer to W154. For 2 of 5 incident/investigative reports reviewed affecting clients A, C and G, the governing body failed to conduct a thorough investigation of staff abuse of client A and an incident of client to client aggression at the facility-operated day program. 4) Please refer to W155. For 1 of 5 incident/investigative reports reviewed affecting clients A and G, the governing body failed to prevent further potential abuse of the clients living at the group home by failing to suspend staff #1 immediately following an allegation of physical abuse. 5) Please refer to W156. For 1 of 5 incident/investigative reports reviewed affecting clients A and G, the governing body failed to ensure the results of an investigation were reported to the administrator within 5 working days. 6) Please refer to W157. For 1 of 5 incident/investigative reports reviewed affecting clients A and G, the governing body failed to ensure appropriate corrective actions were		and the new PD (QIDP) will be trained on the Supervisor Site review expectations. The Supervisor Site Review form is to be turned into the Area Director (Regional Director in the absence of an AD) monthly to ensure oversight of the PD. The van seating arrangement was changed with a voluntary seating chart that was implemented 8.11.22. Client A does not always adhere to the seating chart but there has not been any further instances of disruptive behavior while in the vehicle. The team will continue to monitor Client A's behavior on the van and if it is determined that he needs to be restricted from sitting behind the driver or in the front seat it will be added to his Behavior Support Plan and ISP subject to HRC approval. The PD will monitor by reviewing documentation and incident reports during the weekly Supervisory Visits The QIS was retrained by the Quality Improvement Manager on 7.26.22. This was after the investigation noted in this survey was done but before this survey was completed. The investigations done by the QIS were reviewed for a period of 30 days by either the QI Manager or another member of the QI team to ensure the investigations done were thorough and completed	

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	implemented to address a substantiated allegation of abuse involving client A. 7) On 8/8/22 from 3:20 PM to 4:51 PM, an observation was conducted at the group home. During the observation, the dishwasher was not working. There was a pile of dishes sitting on the side of the sink. This affected clients A, B, C, D, E, F, G and H. On 8/8/22 at 4:04 PM, the Program Supervisor (PS) indicated the dishwasher was not working. The PS indicated the dishwasher would start and then mid-cycle, turn off and not complete the cycle. The PS indicated this was an on-going issue for several weeks. On 8/8/22 at 4:24 PM, staff #7 indicated the dishwasher had been broken for several weeks requiring the clients and staff to have to hand wash all of the dishes. On 8/10/22 at 11:00 AM, the Regional Director (RD) was asked to provide documentation of a work order for the dishwasher. The RD indicated since she was not aware the dishwasher was not working, she did not believe there was a work order. A work order was not received during the survey. The RD indicated the dishwasher should be in working order. 8) On 8/8/22 from 3:20 PM to 4:51 PM, an observation was conducted at the group home. During the observation, there was a 6 inches by 6 inches hole in the upstairs hallway adjacent to client F's bedroom. This affected clients A, B, C, D, E, F, G and H. On 8/8/22 at 4:04 PM, the PS indicated the hole in the wall had been present for weeks and needed		within the 5 day time frame. The Regional Director will monitor the QIS while completing investigations to ensure the 5 day time frame is adhered to and will review the investigation to ensure it is thorough. A communication book will be created for use by the group home and day program staff to ensure staff are aware of any information needed that might affect the care of the individuals. The Program Director will review the book weekly to ensure communication occurs. The Program Supervisor in the home is reaching out to contractors for quotes to repair the wall and also repair or replace the dishwasher. The Program Director will touch base at least weekly to monitor the status of the repairs. The Program Director will retrain the Program Supervisor and all other staff in the home documentation requirements for daily notes and also behavior tracking and unusual incidents. This will be monitored as described in the Supervisor Site visit checklist form. The Nursing staff will reach out to Client B's psychiatrist to determine what the appropriate course of treatment would be for the possible reoccurrence of trichotillomania symptoms. Depending on the	

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	to be repaired. On 8/8/22 at 4:24 PM, staff #7 indicated the hole in the wall had been there for a few months and needed to be repaired. On 8/10/22 at 11:00 AM, the RD indicated she was not aware of the hole in the wall at the group home. The RD indicated the hole needed to be repaired. This federal tag relates to complaint #IN00384168. 9-3-1(a)		recommendations the Individual Support Plan and Behavior Support Plan will be updated and staff trained on any changes. The Nursing staff will reach out to Client C's psychiatrist for an appointment to be evaluated for a diagnosis of Pica. If Client C is given the diagnosis of Pica his Individual Support Plan and Behavior Support Plan will be updated and staff trained on changes. Responsible Parties: Regional Director, Program Director, Program Supervisor and Nurse	
W 0120 Bldg. 00	483.410(d)(3) SERVICES PROVIDED WITH OUTSIDE SOURCES The facility must assure that outside services meet the needs of each client. Based on interview and interview for 3 of 3 clients in the sample (A, B and C) and 2 additional clients (G and H), the facility failed to ensure there was a communication system in place between the group home and the facility-operated day program. Findings include: On 8/8/22 at 11:50 AM, the day program Program Supervisor (PS) indicated there was no communication system between the group home staff and the day program. The PS indicated the group home staff dropped the clients off in the morning at the facility operated day program without going into the building to communicate issues, concerns, behaviors, and/or appointments	W 0120	A communication book will be created for use by the group home and day program staff to ensure staff are aware of any information needed that might affect the care of the individuals. The Program Director will review the book weekly to ensure communication occurs. Responsible Parties: Regional Director, Program Director	09/10/2022

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	for the day. The PS indicated the group home staff needed to escort clients A, B, C, G and H into the building and communicate with the day program staff about how the morning at the group home went. The PS indicated the group home staff were not communicating which clients were being dropped off in the mornings so the day program staff have to rely on the clients to tell them if/when another client stays home or had an appointment. On 8/8/22 at 12:05 PM, a review was attempted of a communication book between the group home and the day program. There was no binder, folder, notebook or electronic system in place to review. On 8/10/22 at 11:00 AM, the Regional Director (RD) indicated there should be a communication system between the group home and the day program. The RD indicated the group home staff should go into the building in order to communicate with the day program staff. 9-3-1(a)			
W 0122 Bldg. 00	483.420(a) CLIENT PROTECTIONS The facility must ensure the rights of all clients. Therefore the facility must Based on record review and interview for 1 of 3 clients in the sample (A) and one additional client (G), the facility failed to meet the Condition of Participation: Client Protections. The facility failed to ensure clients A and G were not subjected to physical, verbal or psychological abuse or punishment. The facility neglected to implement its policies and procedures to prevent abuse of clients A and G, conduct a thorough investigation of staff abuse of client A and an incident of client to client aggression at the	W 0122	The QIDP (PD) is no longer with Indiana Mentor as of 8.5.22. Her record will reflect that she will not be re-hirable at Indiana Mentor due to a substantiation of neglect stemming from an investigation in a different home. She left before corrective action could be taken on the results of the survey findings for this survey. (Specifically recognizing, reporting	09/10/2022

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	facility-operated day program, prevent further abuse while the investigation was in process, ensure the results of the investigation were reported to the administrator within 5 working days, and take appropriate corrective actions regarding the results of an investigation. Findings include: 1) Please refer to W127. For 1 of 5 incident/investigative reports reviewed affecting clients A and G, the facility failed to ensure the clients were not subjected to physical, verbal or psychological abuse or punishment. 2) Please refer to W149. For 2 of 5 incident/investigative reports reviewed affecting clients A, C and G, the facility neglected to implement its policies and procedures to prevent abuse of the clients, conduct a thorough investigation of staff abuse of client A and an incident of client to client aggression at the facility-operated day program, prevent further abuse while the investigation was in process, ensure the results of the investigation were reported to the administrator within 5 working days, and take appropriate corrective actions regarding the results of an investigation. 3) Please refer to W154. For 2 of 5 incident/investigative reports reviewed affecting clients A, C and G, the facility failed to conduct a thorough investigation of staff abuse of client A and an incident of client to client aggression at the facility-operated day program. 4) Please refer to W155. For 1 of 5 incident/investigative reports reviewed affecting clients A and G, the facility failed to prevent further potential abuse of the clients living at the		and following policy for Abuse, Neglect and Exploitation and also reporting and investigating client to client aggression) A New Hire checklist has been implemented that addresses the rehire eligibility status. A PD has been assigned to the home to provide oversight and monitoring of individuals, their plans and the home until a new PD (QIDP) is trained (Hired to start 9.12.22). The acting PD will be retrained on recognizing and reporting ANE and following ANE policy. The new PD (QIDP) will be trained on recognizing and reporting allegations of Abuse, Neglect and Exploitation and IM policies. The training will include how to investigate and a review of the guidelines for timeliness noted in the Indiana Mentor policy. The current PD will be retrained and the new PD (QIDP) will be trained on the Supervisor Site review expectations. The Supervisor Site Review form is to be turned into the Area Director (Regional Director in the absence of an AD) monthly to ensure oversight of the PD. The QIS was retrained by the Quality Improvement Manager on 7.26.22. This was after the investigation noted in this survey was done but before this survey was completed. The investigations done by the QIS were reviewed for a period of 30	

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	group home by failing to suspend staff #1 immediately following an allegation of physical abuse. 5) Please refer to W156. For 1 of 5 incident/investigative reports reviewed affecting clients A and G, the facility failed to ensure the results of an investigation were reported to the administrator within 5 working days. 6) Please refer to W157. For 1 of 5 incident/investigative reports reviewed affecting clients A and G, the facility failed to ensure appropriate corrective actions were implemented to address a substantiated allegation of abuse involving client A. This federal tag relates to complaint #IN00384168. 9-3-2(a)		days by either the QI Manager or another member of the QI team to ensure the investigations done were thorough and completed within the 5 day time frame. The Regional Director will monitor the QIS while completing investigations to ensure the 5 day time frame is adhered to and will review the investigation to ensure it is thorough. Responsible Party: Regional Director	
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 5 incident/investigative reports reviewed affecting client A, the facility failed to ensure client A was not subjected to physical, verbal or psychological abuse or punishment. Findings include: On 8/8/22 at 12:46 PM, a review of the facility's incident/investigative reports was conducted and indicated the following:	W 0127	The QIDP (PD) is no longer with Indiana Mentor as of 8.5.22. Her record will reflect that she will not be re-hirable at Indiana Mentor due to a substantiation of neglect stemming from an investigation in a different home. She left before corrective action could be taken on the results of the survey findings for this survey. (Specifically recognizing, reporting and following policy for Abuse,	09/10/2022

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	On 5/13/22 at 4:00 PM, client A got upset with staff #1. The 5/14/22 Bureau of Developmental Disabilities Services (BDDS) incident report indicated, "On 5/13/22, [client A] got upset with staff, demanding he go on an outing. When he was reminded it wasn't his afternoon to go on an outing due to his outing being scheduled on Wednesdays, he became verbally and physically aggressive toward staff. He threw and hit staff with the house phone and kicked a hole in the dining room. He then went after staff again physically and staff reported he put his arms up to block [client A] from hitting him and staff self-reported he accidentally hit [client A] in the face when raising his arms and [client A] got hit in (sic) lip and nose and they bled. [Client A] also threw another house phone at [client G] and hit him in the back. [Client A] was checked for injuries and cleaned up and an ice pack was put on his lip. [Client G] was checked for injuries as well and found none and he said he was just sore. [Client A] reported that staff hit him so staff was suspended pending an investigation and to determine if corrective action or retraining needs to be completed... Staff will continue to follow [client A's] BSP (Behavior Support Plan). An investigation will be completed to determine if any corrective actions need to be completed and if [client A's] BSP needs to be changed for his and others' safety." Staff #1 was suspended on 5/14/22 after working on 5/13/22 until 10:26 PM and 5/14/22 from 6:54 AM to 9:26 AM. The facility failed to prevent further potential abuse while an investigation was in progress. The 6/27/22 Incident Follow-Up Report indicated, "...The internal investigation was completed and signed off by the Regional Director on 6/17/2022.		Neglect and Exploitation and also reporting and investigating client to client aggression) A New Hire checklist has been implemented that addresses the rehire eligibility status. A PD has been assigned to the home to provide oversight and monitoring of individuals, their plans and the home until a new PD (QIDP) is trained (Hired to start 9.12.22). The acting PD will be retrained on recognizing and reporting allegations of ANE. The new PD (QIDP) will be trained on recognizing and reporting allegations of Abuse, Neglect and Exploitation. The training will include how to investigate and a review of the guidelines for timeliness noted in the Indiana Mentor policy. The current PD will be retrained and the new PD (QIDP) will be trained on the Supervisor Site review expectations. The Supervisor Site Review form is to be turned into the Area Director (Regional Director in the absence of an AD) monthly to ensure oversight of the PD. The QIS was retrained by the Quality Improvement Manager on 7.26.22. This was after the investigation noted in this survey was done but before this survey was completed. The investigations done by the QIS were reviewed for a period of 30 days by either the QI Manager or	

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	15G300	A. BUILDING 00 B. WING	08/11/2022

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	From the investigation it was determined the event was substantiated. Staff was terminated effective 6/17/22. Staff has not worked in the home during the investigation...." The 6/13/22 Internal Investigation indicated in staff #1's statement client A asked him to go on an outing during the evening shift. Staff #1 told client A he went on his outing on 5/11/22 and could not go. Client A started hitting the back of the driver's seat in the van as well as hitting staff #1's arm while he was driving. Staff #1's statement in the investigation indicated, "...States he thought that in training he was told that in a dangerous behavioral situation you vound (sic) defend yourself to protect yourself... States that [Program Director/PD] said that if he couldn't find someone he should switch places with [staff #7] and take the guys back out on their van ride to get out of the house... States he asked [PD] about the protocol regarding him coming in the next day and she said it was up to him if he wanted to come in. States he showed up the next morning and was there until about 11 a.m... States [former Area Director/AD] called him and asked how it was going. States [AD] told him (sic) was being suspended with pay because [client A's] parents informed them that [client A] said he was uncomfortable with [staff #1]...." The 6/13/22 Internal Investigation indicated in the PD's statement, "...States [staff #1] called her first after the incident... States he reported he had hit [client A] and that he was rambling. States [staff #1] reported he had used PIA (Physical Intervention Alternatives) and that [client A] was coming at him and he had to hit him to get out of his grips. States she understood that he had hit him while using the PIA. That it wasn't intentional... States [former Area Director]		another member of the QI team to ensure the investigations done were thorough and completed within the 5 day time frame. The Regional Director will monitor the QIS while completing investigations to ensure the 5 day time frame is adhered to and will review the investigation to ensure it is thorough. Responsible Party: Regional Director	

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	suspended [staff #1] on Saturday after speaking with [client A's] parents. States no one took [client A] to urgent care regarding his nose. States she does not know if he was seen by the nurse regarding his nose...." The 6/13/22 Internal Investigation indicated in staff #7's statement, "...States they couldn't find anyone to come in for [staff #1] so he could leave." The 6/13/22 Internal Investigation indicated in client C's statement, "...States [client A] hit [staff #1] and [staff #1] hit [client A] and he cried...." The 6/13/22 Internal Investigation indicated in client G's statement, "States [client A] charged [staff #1]. States [staff #1] hit him in the mouth...." The 6/13/22 Internal Investigation indicated in [Program Director #2's/PD #2] statement, "States there isn't anything in PIA (Physical Intervention Alternatives) training that states a person would need to do whatever they needed to do to protect themselves. States they should keep doing their holds and their blocks." The 6/13/22 Internal Investigation indicated in the Conclusions of Fact section, "Evidence supports discrepancy regarding who was present at the house at the time of the incident. Evidence supports that there was no Behavior Tracking completed. Evidence supports there were no shift notes completed regarding this incident specifically. Evidence supports that [client A] grabbed [staff #1]. Evidence supports that [client A] created a hazardous driving situation in the group home van. Evidence supports that [staff #1] struck [client A], therefore the allegation of physical abuse is substantiated."			

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	-The investigation did not address staff was not suspended immediately. -The investigation did not include a description of client A's injuries. -The investigation did not address the PD's failure to ensure staff was suspended immediately. On 8/9/22 at 11:02 AM, a review of the 6/17/22 Investigation Action Response Plan indicated, "Consult on appropriate corrective action of [staff #1] based on investigation findings." -There was no corrective action addressing the lack of behavior tracking or shift notes regarding the incident. -There was no documentation the seating arrangement in the van was addressed. -The investigation did not include corrective action recommendations. -There was no corrective action addressing the PD's failing to immediately suspend staff #1 following the incident. -There was no increased administrative oversight of the group home. -There was no documentation indicating what appropriate corrective action was taken with staff #1. On 8/8/22 at 3:26 PM, client A sent the surveyor a picture of himself from 5/13/22. Client A's lower and top lips were swollen on the left side. Both his top and lower lips were purple, blue and red. Client A had blood in the corners of his mouth. Client A's nostrils were bloody. On 8/9/22 at 11:02 AM, a review of the 5/20/22 police report's Investigation Narrative section indicated, in part, "...I observed [client A] to have bruised lips, both top and bottom and also (sic)			

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	abrasion on his nose as well...." On 8/9/22 at 1:20 PM, a focused review of client A's record was conducted. Client A's 12/6/21 Behavior Support Plan indicated he had a targeted behavior of aggression toward others (defined as hitting and throwing items at others). The plan indicated, "The risk of (the) client's maladaptive behavior is more harmful than physical restraint because of the risk of physical harm to himself or others, due to the severity of the client's past physical aggression. The most minimal intervention strategies will always be utilized first. Prevention and intervention methods included in this behavior support plan should always be utilized first. If necessary, and only after implementing the previously mentioned methods, are the next restrictive interventions to be utilized. Other measures must be exhausted and an imminent threat to the safety of self or others must be present to utilize Indiana Mentor Network policy for physical management. Always begin with the least restrictive intervention and proceed per policy. Follow-up with the program director or program coordinator must be made with-in 15 minutes following the incident. Staff must contact the behavior analyst within twenty-four hours. Staff should use 911 if necessary and only if the individual is an imminent threat to the health and safety of self or others. The specific physical management policy for this individual includes the following checked interventions in the order listed (only checked interventions are utilized): Escort (includes side by side, hand behind, and hand behind/below elbow hand mid back), Releases and Blocks, Choke Releases, Manual One-Arm Hold, One Hand Blocks to One Arm Hold, and Two Arm Block to Wrap/One Arm Hold." On 8/8/22 at 1:27 PM, the Quality Improvement			

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	Specialist (QIS) indicated the results of investigations should be reported to the administrator within 5 working days. The QIS indicated initially she was working on a separate investigation and thought the former PD was going to complete this investigation. She stated she "got started late" and completed the investigation "outside of the 5 working days." The QIS indicated on 5/13/22, staff #1 reported he accidentally hit client A when something slipped during blocking. The next day (5/14/22), the former AD was told client A was not comfortable with staff #1 so she suspended him. She indicated client A reported staff #1 hit him so he should have been suspended immediately. The QIS indicated her investigation should have addressed staff #1 not being suspended immediately as a finding. The QIS indicated the nurse told her she assessed client A's injuries however the QIS did not request and review the assessment documentation. The QIS indicated this information should have been included in the investigation. The QIS indicated she had a document with the recommendations however it was not part of the investigation. The QIS indicated she did not address the lack of documentation by the staff involved regarding the incident. The QIS indicated it should have been addressed in the investigation. The QIS indicated staff #1 admitted he hit client A. The QIS stated staff #1 "thought it was ok. Think he knew he should not do that. I think he was scared of [client A]." The QIS stated her investigation "substantiated physical abuse." On 8/9/22 at 12:25 PM, the QIS indicated the facility should prevent abuse of the clients. The QIS indicated the facility had a policy and procedure prohibiting abuse. The QIS indicated the investigation should include a description of client A's injuries. She indicated she had not included this			

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	information in the past and it was never discussed. The QIS stated it "would be beneficial." The QIS stated the investigation was "missing several components of a thorough investigation." The QIS indicated although the van seating arrangement was addressed in the investigation, there were no corrective actions included in the investigation to ensure the van seating arrangement was changed. The QIS indicated she was not aware of increased administrative oversight at the group home following the incident. On 8/8/22 at 12:40 PM, Program Director #2 indicated staff #1 was terminated after an incident with client A. PD #2 indicated staff #1 hit client A and was terminated for abuse. On 8/9/22 at 12:25 PM, the Regional Director (RD) indicated initially the PD thought staff used PIA causing the injury to client A's lips and nose. The RD stated, "It was determined pretty quickly it needed to be treated as possible abuse." It was investigated and it was determined it was abuse. Staff #1 admitted to punching him and he was terminated for abuse. The RD stated, "It was abuse." The RD indicated she discussed termination of staff #1 before the investigation was completed. The RD stated, "That was going to be the result." The RD indicated when she returned from vacation and was told the facility needed to do something with staff #1, she was surprised it was not addressed before she returned from vacation. The RD indicated staff #1 should have been suspended immediately. The RD indicated the timeframe for reporting the results of investigations to the administration was 5 working days. The RD indicated the investigation was not thorough. The RD indicated the facility should include additional			

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	information in the investigation. The RD indicated the investigation should have addressed that staff #1 was not suspended immediately. The RD indicated the investigation should have included a description of client A's injuries. The RD indicated there was no documentation the Investigation Action Response Plan was implemented. The RD indicated the investigation should have addressed the lack of documentation regarding the incident by the direct care staff at the group home. The RD indicated the investigation should have addressed the van seating arrangement to ensure it was completed. The RD indicated she was not aware of any increased administrative oversight at the group home following the incident. This federal tag relates to complaint #IN00384168. 9-3-2(a)			
W 0149 Bldg. 00	483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview for 2 of 5 incident/investigative reports reviewed affecting clients A, C and G, the facility neglected to implement its policies and procedures to prevent abuse of the clients, conduct a thorough investigation of staff abuse of client A and an incident of client to client aggression at the facility-operated day program, prevent further abuse while the investigation was in process, ensure the results of the investigation were reported to the administrator within 5 working days, and take appropriate corrective actions regarding the results of an investigation.	W 0149	The QIDP (PD) is no longer with Indiana Mentor as of 8.5.22. Her record will reflect that she will not be re-hirable at Indiana Mentor due to a substantiation of neglect stemming from an investigation in a different home. She left before corrective action could be taken on the results of the survey findings for this survey. (Specifically recognizing, reporting and following policy for Abuse, Neglect and Exploitation and also	09/10/2022

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	Findings include: On 8/8/22 at 12:46 PM, a review of the facility's incident/investigative reports was conducted and indicated the following: 1) On 5/13/22 at 4:00 PM, client A got upset with staff #1. The 5/14/22 Bureau of Developmental Disabilities Services (BDDS) incident report indicated, "On 5/13/22, [client A] got upset with staff, demanding he go on an outing. When he was reminded it wasn't his afternoon to go on an outing due to his outing being scheduled on Wednesdays, he became verbally and physically aggressive toward staff. He threw and hit staff with the house phone and kicked a hole in the dining room. He then went after staff again physically and staff reported he put his arms up to block [client A] from hitting him and staff self-reported he accidentally hit [client A] in the face when raising his arms and [client A] got hit in (sic) lip and nose and they bled. [Client A] also threw another house phone at [client G] and hit him in the back. [Client A] was checked for injuries and cleaned up and an ice pack was put on his lip. [Client G] was checked for injuries as well and found none and he said he was just sore. [Client A] reported that staff hit him so staff was suspended pending an investigation and to determine if corrective action or retraining needs to be completed... Staff will continue to follow [client A's] BSP (Behavior Support Plan). An investigation will be completed to determine if any corrective actions need to be completed and if [client A's] BSP needs to be changed for his and others' safety." Staff #1 was suspended on 5/14/22 after working on 5/13/22 until 10:26 PM and 5/14/22 from 6:54		reporting and investigating client to client aggression) A New Hire checklist has been implemented that addresses the rehire eligibility status. A PD has been assigned to the home to provide oversight and monitoring of individuals, their plans and the home until a new PD (QIDP) is trained (Hired to start 9.12.22). The acting PD will be retrained on recognizing and reporting allegations of ANE. The new PD (QIDP) will be trained on recognizing and reporting allegations of Abuse, Neglect and Exploitation. The training will include how to investigate and a review of the guidelines for timeliness noted in the Indiana Mentor policy. The current PD will be retrained and the new PD (QIDP) will be trained on the Supervisor Site review expectations. The Supervisor Site Review form is to be turned into the Area Director (Regional Director in the absence of an AD) monthly to ensure oversight of the PD. The QIS was retrained by the Quality Improvement Manager on 7.26.22. This was after the investigation noted in this survey was done but before this survey was completed. The investigations done by the QIS were reviewed for a period of 30 days by either the QI Manager or another member of the QI team to	

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	AM to 9:26 AM. The facility failed to prevent further potential abuse while an investigation was in progress. The 6/27/22 Incident Follow-Up Report indicated, "...The internal investigation was completed and signed off by the Regional Director on 6/17/2022. From the investigation it was determined the event was substantiated. Staff was terminated effective 6/17/22. Staff has not worked in the home during the investigation...." The 6/13/22 Internal Investigation indicated in staff #1's statement client A asked him to go on an outing during the evening shift. Staff #1 told client A he went on his outing on 5/11/22 and could not go. Client A started hitting the back of the driver's seat in the van as well as hitting staff #1's arm while he was driving. Staff #1's statement in the investigation indicated, "...States he thought that in training he was told that in a dangerous behavioral situation you vound (sic) defend yourself to protect yourself... States that [Program Director/PD] said that if he couldn't find someone he should switch places with [staff #7] and take the guys back out on their van ride to get out of the house... States he asked [PD] about the protocol regarding him coming in the next day and she said it was up to him if he wanted to come in. States he showed up the next morning and was there until about 11 a.m... States [former Area Director/AD] called him and asked how it was going. States [AD] told him (sic) was being suspended with pay because [client A's] parents informed them that [client A] said he was uncomfortable with [staff #1]...." The 6/13/22 Internal Investigation indicated in the PD's statement, "...States [staff #1] called her first after the incident... States he reported he had hit		ensure the investigations done were thorough and completed within the 5 day time frame. The Regional Director will monitor the QIS while completing investigations to ensure the 5 day time frame is adhered to and will review the investigation to ensure it is thorough. Responsible Party: Regional Director	

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	notes completed regarding this incident specifically. Evidence supports that [client A] grabbed [staff #1]. Evidence supports that [client A] created a hazardous driving situation in the group home van. Evidence supports that [staff #1] struck [client A], therefore the allegation of physical abuse is substantiated." -The investigation did not address staff was not suspended immediately. -The investigation did not include a description of client A's injuries. -The investigation did not address the PD's failure to ensure staff was suspended immediately. On 8/9/22 at 11:02 AM, a review of the 6/17/22 Investigation Action Response Plan indicated, "Consult on appropriate corrective action of [staff #1] based on investigation findings." -There was no corrective action addressing the lack of behavior tracking or shift notes regarding the incident. -There was no documentation the seating arrangement in the van was addressed. -The investigation did not include corrective action recommendations. -There was no corrective action addressing the PD's failing to immediately suspend staff #1 following the incident. -There was no increased administrative oversight of the group home. -There was no documentation indicating what appropriate corrective action was taken with staff #1. On 8/8/22 at 3:26 PM, client A sent the surveyor a picture of himself from 5/13/22. Client A's lower and top lips were swollen on the left side. Both his top and lower lips were purple, blue and red.			

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(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
	Client A had blood in the corners of his mouth. Client A's nostrils were bloody. On 8/9/22 at 11:02 AM, a review of the 5/20/22 police report's Investigation Narrative section indicated, in part, "...I observed [client A] to have bruised lips, both top and bottom and also (sic) abrasion on his nose as well...." On 8/9/22 at 1:20 PM, a focused review of client A's record was conducted. Client A's 12/6/21 Behavior Support Plan indicated he had a targeted behavior of aggression toward others (defined as hitting and throwing items at others). The plan indicated, "The risk of (the) client's maladaptive behavior is more harmful than physical restraint because of the risk of physical harm to himself or others, due to the severity of the client's past physical aggression. The most minimal intervention strategies will always be utilized first. Prevention and intervention methods included in this behavior support plan should always be utilized first. If necessary, and only after implementing the previously mentioned methods, are the next restrictive interventions to be utilized. Other measures must be exhausted and an imminent threat to the safety of self or others must be present to utilize Indiana Mentor Network policy for physical management. Always begin with the least restrictive intervention and proceed per policy. Follow-up with the program director or program coordinator must be made with-in 15 minutes following the incident. Staff must contact the behavior analyst within twenty-four hours. Staff should use 911 if necessary and only if the individual is an imminent threat to the health and safety of self or others. The specific physical management policy for this individual includes the following checked interventions in the order listed (only checked interventions are utilized): Escort			

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	15G300	A. BUILDING 00 B. WING	08/11/2022

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	(includes side by side, hand behind, and hand behind/below elbow hand mid back), Releases and Blocks, Choke Releases, Manual One-Arm Hold, One Hand Blocks to One Arm Hold, and Two Arm Block to Wrap/One Arm Hold." On 8/8/22 at 1:27 PM, the Quality Improvement Specialist (QIS) indicated the results of investigations should be reported to the administrator within 5 working days. The QIS indicated initially she was working on a separate investigation and thought the former PD was going to complete this investigation. She stated she "got started late" and completed the investigation "outside of the 5 working days." The QIS indicated on 5/13/22, staff #1 reported he accidentally hit client A when something slipped during blocking. The next day (5/14/22), the former AD was told client A was not comfortable with staff #1 so she suspended him. She indicated client A reported staff #1 hit him so he should have been suspended immediately. The QIS indicated her investigation should have addressed staff #1 not being suspended immediately as a finding. The QIS indicated the nurse told her she assessed client A's injuries however the QIS did not request and review the assessment documentation. The QIS indicated this information should have been included in the investigation. The QIS indicated she had a document with the recommendations however it was not part of the investigation. The QIS indicated she did not address the lack of documentation by the staff involved regarding the incident. The QIS indicated it should have been addressed in the investigation. The QIS indicated staff #1 admitted he hit client A. The QIS stated staff #1 "thought it was ok. Think he knew he should not do that. I think he was scared of [client A]." The QIS stated her investigation			

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	"substantiated physical abuse." On 8/9/22 at 12:25 PM, the QIS indicated the facility should prevent abuse of the clients. The QIS indicated the facility had a policy and procedure prohibiting abuse. The QIS indicated the investigation should include a description of client A's injuries. She indicated she had not included this information in the past and it was never discussed. The QIS stated it "would be beneficial." The QIS stated the investigation was "missing several components of a thorough investigation." The QIS indicated although the van seating arrangement was addressed in the investigation, there was no corrective actions included in the investigation to ensure the van seating arrangement was changed. The QIS indicated she was not aware of increased administrative oversight at the group home following the incident. On 8/8/22 at 12:40 PM, Program Director #2 indicated staff #1 was terminated after an incident with client A. PD #2 indicated staff #1 hit client A and was terminated for abuse. On 8/9/22 at 12:25 PM, the Regional Director (RD) indicated initially the PD thought staff used PIA causing the injury to client A's lips and nose. The RD stated, "It was determined pretty quickly it needed to be treated as possible abuse." It was investigated and it was determined it was abuse. Staff #1 admitted to punching him and he was terminated for abuse. The RD stated, "It was abuse." The RD indicated she discussed termination of staff #1 before the investigation was completed. The RD stated, "That was going to be the result." The RD indicated when she returned from vacation and was told the facility needed to do something with staff #1, she was surprised it was not addressed before she			

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	returned from vacation. The RD indicated staff #1 should have been suspended immediately. The RD indicated the timeframe for reporting the results of investigations to the administration was 5 working days. The RD indicated the investigation was not thorough. The RD indicated the facility should include additional information in the investigation. The RD indicated the investigation should have addressed that staff #1 was not suspended immediately. The RD indicated the investigation should have included a description of client A's injuries. The RD indicated there was no documentation the Investigation Action Response Plan was implemented. The RD indicated the investigation should have addressed the lack of documentation regarding the incident by the direct care staff at the group home. The RD indicated the investigation should have addressed the van seating arrangement to ensure it was completed. The RD indicated she was not aware of any increased administrative oversight at the group home following the incident. 2) On 5/23/22 at 1:30 PM at the facility operated day program, a male peer hit client C with an open hand twice on the left side of his face. Client C had a red mark on the left side of his face. There was no documentation the facility conducted an investigation. On 8/8/22 at 2:21 PM, the day program Program Director indicated she did not conduct an investigation of the incident. The PD indicated an investigation should have been conducted. The PD indicated although she interviewed the staff involved, she did not interview the clients present.			

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	On 8/9/22 at 10:10 AM, a review of the facility's September 2017 Quality and Risk Management Policy was conducted. The policy indicated, "1) Indiana MENTOR promotes a high quality of service and seeks to protect individuals receiving Indiana MENTOR services through oversight of management procedures and company operations, close monitoring of service delivery and through a process of identifying, evaluating and reducing risk to which individuals are exposed 2) Indiana MENTOR follows the BDDS Incident Reporting policy as outlined in the Provider Standards. An incident described as follows shall be reported to the BDDS on the incident report form prescribed by the BDDS: 1. Alleged, suspected, or actual abuse, neglect, or exploitation of an individual. An incident in this category shall also be reported to Adult Protective Services or Child Protective Services as applicable. The provider shall suspend staff involved in an incident from duty pending investigation by the provider. This may include: Physical Abuse, including but not limited to: Intentionally touching another person in a rude, insolent, or angry manner; Willful infliction of injury; c. Emotional/verbal abuse, including but not limited to communicating with words or actions in a person's presence... Failure to provide appropriate supervision, care or training... Indiana MENTOR is committed to completing a thorough investigation for any event out of the ordinary which jeopardizes the health and safety of any individual served or other employee... Investigations will be completed for all deaths, allegations of abuse, neglect, exploitation or mistreatment. Additional investigations will be completed for incidents with significant injuries of unknown origin and incidents that may be requested by outside entities...."			

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	This federal tag relates to complaint #IN00384168. 9-3-2(a)			
W 0154 Bldg. 00	483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated. Based on record review and interview for 2 of 5 incident/investigative reports reviewed affecting clients A, C and G, the facility failed to conduct a thorough investigation of staff abuse of client A and an incident of client to client aggression at the facility-operated day program. Findings include: On 8/8/22 at 12:46 PM, a review of the facility's incident/investigative reports was conducted and indicated the following: 1) On 5/13/22 at 4:00 PM, client A got upset with staff #1. The 5/14/22 Bureau of Developmental Disabilities Services (BDDS) incident report indicated, "On 5/13/22, [client A] got upset with staff, demanding he go on an outing. When he was reminded it wasn't his afternoon to go on an outing due to his outing being scheduled on Wednesdays, he became verbally and physically aggressive toward staff. He threw and hit staff with the house phone and kicked a hole in the dining room. He then went after staff again physically and staff reported he put his arms up to block [client A] from hitting him and staff self-reported he accidentally hit [client A] in the face when raising his arms and [client A] got hit in (sic) lip and nose and they bled. [Client A] also threw another house phone at [client G] and hit him in the back. [Client A] was checked for injuries and cleaned up and an ice pack was put	W 0154	The QIDP (PD) is no longer with Indiana Mentor as of 8.5.22. Her record will reflect that she will not be re-hirable at Indiana Mentor due to a substantiation of neglect stemming from an investigation in a different home. She left before corrective action could be taken on the results of the survey findings for this survey. (Specifically recognizing, reporting and following policy for Abuse, Neglect and Exploitation and also reporting and investigating client to client aggression) A New Hire checklist has been implemented that addresses the rehire eligibility status. A PD has been assigned to the home to provide oversight and monitoring of individuals, their plans and the home until a new PD (QIDP) is trained (Hired to start 9.12.22). The acting PD will be retrained on recognizing and reporting ANE The new PD (QIDP) will be trained on recognizing and reporting allegations of Abuse, Neglect and Exploitation. The training will include how to investigate and a review of the guidelines for timeliness noted in	09/10/2022

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	on his lip. [Client G] was checked for injuries as well and found none and he said he was just sore. [Client A] reported that staff hit him so staff was suspended pending an investigation and to determine if corrective action or retraining needs to be completed... Staff will continue to follow [client A's] BSP (Behavior Support Plan). An investigation will be completed to determine if any corrective actions need to be completed and if [client A's] BSP needs to be changed for his and others' safety." The 6/13/22 Internal Investigation indicated in staff #1's statement client A asked him to go on an outing during the evening shift. Staff #1 told client A he went on his outing on 5/11/22 and could not go. Client A started hitting the back of the driver's seat in the van as well as hitting staff #1's arm while he was driving. Staff #1's statement in the investigation indicated, "...States he thought that in training he was told that in a dangerous behavioral situation you vound (sic) defend yourself to protect yourself... States that [Program Director/PD] said that if he couldn't find someone he should switch places with [staff #7] and take the guys back out on their van ride to get out of the house... States he asked [PD] about the protocol regarding him coming in the next day and she said it was up to him if he wanted to come in. States he showed up the next morning and was there until about 11 a.m... States [former Area Director/AD] called him and asked how it was going. States [AD] told him (sic) was being suspended with pay because [client A's] parents informed them that [client A] said he was uncomfortable with [staff #1]...." The 6/13/22 Internal Investigation indicated in the PD's statement, "...States [staff #1] called her first after the incident... States he reported he had hit		the Indiana Mentor policy. The current PD will be retrained and the new PD (QIDP) will be trained on the Supervisor Site review expectations. The Supervisor Site Review form is to be turned into the Area Director (Regional Director in the absence of an AD) monthly to ensure oversight of the PD. The QIS was retrained by the Quality Improvement Manager on 7.26.22. This was after the investigation noted in this survey was done but before this survey was completed. The investigations done by the QIS were reviewed for a period of 30 days by either the QI Manager or another member of the QI team to ensure the investigations done were thorough and completed within the 5 day time frame. The Regional Director will monitor the QIS while completing investigations to ensure the 5 day time frame is adhered to and will review the investigation to ensure it is thorough. Responsible Party: Regional Director	

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	[client A] and that he was rambling. States [staff #1] reported he had used PIA (Physical Intervention Alternatives) and that [client A] was coming at him and he had to hit him to get out of his grips. States she understood that he had hit him while using the PIA. That it wasn't intentional... States [former Area Director] suspended [staff #1] on Saturday after speaking with [client A's] parents. States no one took [client A] to urgent care regarding his nose. States she does not know if he was seen by the nurse regarding his nose...." The 6/13/22 Internal Investigation indicated in staff #7's statement, "...States they couldn't find anyone to come in for [staff #1] so he could leave." The 6/13/22 Internal Investigation indicated in client C's statement, "...States [client A] hit [staff #1] and [staff #1] hit [client A] and he cried...." The 6/13/22 Internal Investigation indicated in client G's statement, "States [client A] charged [staff #1]. States [staff #1] hit him in the mouth...." The 6/13/22 Internal Investigation indicated in [Program Director #2's/PD #2] statement, "States there isn't anything in PIA (Physical Intervention Alternatives) training that states a person would need to do whatever they needed to do to protect themselves. States they should keep doing their holds and their blocks." The 6/13/22 Internal Investigation indicated in the Conclusions of Fact section, "Evidence supports discrepancy regarding who was present at the house at the time of the incident. Evidence supports that there was no Behavior Tracking completed. Evidence supports there were no shift			

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	notes completed regarding this incident specifically. Evidence supports that [client A] grabbed [staff #1]. Evidence supports that [client A] created a hazardous driving situation in the group home van. Evidence supports that [staff #1] struck [client A], therefore the allegation of physical abuse is substantiated." -The investigation did not address staff was not suspended immediately. -The investigation did not include a description of client A's injuries. -The investigation did not address the PD's failure to ensure staff was suspended immediately. On 8/8/22 at 3:26 PM, client A sent the surveyor a picture of himself from 5/13/22. Client A's lower and top lips were swollen on the left side. Both his top and lower lips were purple, blue and red. Client A had blood in the corners of his mouth. Client A's nostrils were bloody. On 8/8/22 at 1:27 PM, the Quality Improvement Specialist (QIS) indicated her investigation should have addressed staff #1 not being suspended immediately as a finding. The QIS indicated the nurse told her she assessed client A's injuries however the QIS did not request and review the assessment documentation. The QIS indicated this information should have been included in the investigation. The QIS indicated she had a document with the recommendations however it was not part of the investigation. The QIS indicated she did not address the lack of documentation by the staff involved regarding the incident. The QIS indicated it should have been addressed in the investigation. On 8/9/22 at 12:25 PM, the QIS indicated the investigation should include a description of client A's injuries. She indicated she had not included this information in			

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	the past and it was never discussed. The QIS stated it "would be beneficial." The QIS stated the investigation was "missing several components of a thorough investigation." On 8/9/22 at 12:25 PM, the Regional Director (RD) indicated the investigation was not thorough. The RD indicated the facility should include additional information in the investigation. The RD indicated the investigation should have addressed that staff #1 was not suspended immediately. The RD indicated the investigation should have included a description of client A's injuries. The RD indicated the investigation should have addressed the lack of documentation regarding the incident by the direct care staff at the group home. The RD indicated the investigation should have addressed the van seating arrangement to ensure it was completed. 2) On 5/23/22 at 1:30 PM at the facility operated day program, a male peer hit client C with an open hand twice on the left side of his face. Client C had a red mark on the left side of his face. There was no documentation the facility conducted an investigation. On 8/8/22 at 2:21 PM, the day program Program Director indicated she did not conduct an investigation of the incident. The PD indicated an investigation should have been conducted. The PD indicated although she interviewed the staff involved, she did not interview the clients present. This federal tag relates to complaint #IN00384168. 9-3-2(a)			

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W 0155 Bldg. 00	483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must prevent further potential abuse while the investigation is in progress. Based on record review and interview for 1 of 5 incident/investigative reports reviewed affecting clients A and G, the facility failed to prevent further potential abuse of the clients living at the group home by failing to suspend staff #1 immediately following an allegation of physical abuse. Findings include: On 8/8/22 at 12:46 PM, a review of the facility's incident/investigative reports was conducted and indicated the following: On 5/13/22 at 4:00 PM, client A got upset with staff #1. The 5/14/22 Bureau of Developmental Disabilities Services (BDDS) incident report indicated, "On 5/13/22, [client A] got upset with staff, demanding he go on an outing. When he was reminded it wasn't his afternoon to go on an outing due to his outing being scheduled on Wednesdays, he became verbally and physically aggressive toward staff. He threw and hit staff with the house phone and kicked a hole in the dining room. He then went after staff again physically and staff reported he put his arms up to block [client A] from hitting him and staff self-reported he accidentally hit [client A] in the face when raising his arms and [client A] got hit in (sic) lip and nose and they bled. [Client A] also threw another house phone at [client G] and hit him in the back. [Client A] was checked for injuries and cleaned up and an ice pack was put on his lip. [Client G] was checked for injuries as well and found none and he said he was just sore. [Client A] reported that staff hit him so staff was	W 0155	The QIDP (PD) is no longer with Indiana Mentor as of 8.5.22. Her record will reflect that she will not be re-hirable at Indiana Mentor due to a substantiation of neglect stemming from an investigation in a different home. She left before corrective action could be taken on the results of the survey findings for this survey. (Specifically recognizing, reporting and following policy for Abuse, Neglect and Exploitation and also reporting and investigating client to client aggression) A New Hire checklist has been implemented that addresses the rehire eligibility status. A PD has been assigned to the home to provide oversight and monitoring of individuals, their plans and the home until a new PD (QIDP) is trained (Hired to start 9.12.22). The acting PD will be retrained on recognizing and reporting ANE The new PD (QIDP) will be trained on recognizing and reporting allegations of Abuse, Neglect and Exploitation. The training will include how to investigate and a review of the guidelines for timeliness noted in the Indiana Mentor policy. The current PD will be retrained and the new PD (QIDP) will be trained on the Supervisor Site	09/10/2022

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	suspended pending an investigation and to determine if corrective action or retraining needs to be completed... Staff will continue to follow [client A's] BSP (Behavior Support Plan). An investigation will be completed to determine if any corrective actions need to be completed and if [client A's] BSP needs to be changed for his and others' safety." Staff #1 was suspended on 5/14/22 after working on 5/13/22 until 10:26 PM and 5/14/22 from 6:54 AM to 9:26 AM. The facility failed to prevent further potential abuse while an investigation was in progress. The 6/13/22 Internal Investigation indicated in staff #1's statement, "...States that [Program Director/PD] said that if he couldn't find someone he should switch places with [staff #7] and take the guys back out on their van ride to get out of the house... States he asked [PD] about the protocol regarding him coming in the next day and she said it was up to him if he wanted to come in. States he showed up the next morning and was there until about 11 a.m... States [former Area Director/AD] called him and asked how it was going. States [AD] told him (sic) was being suspended with pay because [client A's] parents informed them that [client A] said he was uncomfortable with [staff #1]...." The 6/13/22 Internal Investigation indicated in the PD's statement, "...States [staff #1] called her first after the incident... States he reported he had hit [client A] and that he was rambling. States [staff #1] reported he had used PIA (Physical Intervention Alternatives) and that [client A] was coming at him and he had to hit him to get out of his grips. States she understood that he had hit him while using the PIA. That it wasn't		review expectations. The Supervisor Site Review form is to be turned into the Area Director (Regional Director in the absence of an AD) monthly to ensure oversight of the PD. The QIS was retrained by the Quality Improvement Manager on 7.26.22. This was after the investigation noted in this survey was done but before this survey was completed. The investigations done by the QIS were reviewed for a period of 30 days by either the QI Manager or another member of the QI team to ensure the investigations done were thorough and completed within the 5 day time frame. The Regional Director will monitor the QIS while completing investigations to ensure the 5 day time frame is adhered to and will review the investigation to ensure it is thorough. Responsible Party: Regional Director	

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TRANSITIONAL SERVICES SUB LLC	110 W PIKE ST MARTINSVILLE, IN 46151

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	intentional... States [former Area Director] suspended [staff #1] on Saturday after speaking with [client A's] parents. States no one took [client A] to urgent care regarding his nose. States she does not know if he was seen by the nurse regarding his nose...." The 6/13/22 Internal Investigation indicated in staff #7's statement, "...States they couldn't find anyone to come in for [staff #1] so he could leave." The 6/13/22 Internal Investigation indicated in [Program Director #2's/PD #2] statement, "States there isn't anything in PIA training that states a person would need to do whatever they needed to do to protect themselves. States they should keep doing their holds and their blocks." On 8/8/22 at 1:27 PM, the Quality Improvement Specialist (QIS) indicated client A reported staff #1 hit him so he should have been suspended immediately. On 8/9/22 at 12:25 PM, the Regional Director (RD) indicated staff #1 should have been suspended immediately. This federal tag relates to complaint #IN00384168. 9-3-2(a)			
W 0156 Bldg. 00	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. Based on record review and interview for 1 of 5	W 0156	The QIDP (PD) is no longer with	09/10/2022

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	incident/investigative reports reviewed affecting clients A and G, the facility failed to ensure the results of an investigation were reported to the administrator within 5 working days. Findings include: On 8/8/22 at 12:46 PM, a review of the facility's incident/investigative reports was conducted and indicated the following: On 5/13/22 at 4:00 PM, client A got upset with staff #1. The 5/14/22 Bureau of Developmental Disabilities Services (BDDS) incident report indicated, "On 5/13/22, [client A] got upset with staff, demanding he go on an outing. When he was reminded it wasn't his afternoon to go on an outing due to his outing being scheduled on Wednesdays, he became verbally and physically aggressive toward staff. He threw and hit staff with the house phone and kicked a hole in the dining room. He then went after staff again physically and staff reported he put his arms up to block [client A] from hitting him and staff self-reported he accidentally hit [client A] in the face when raising his arms and [client A] got hit in (sic) lip and nose and they bled. [Client A] also threw another house phone at [client G] and hit him in the back. [Client A] was checked for injuries and cleaned up and an ice pack was put on his lip. [Client G] was checked for injuries as well and found none and he said he was just sore. [Client A] reported that staff hit him so staff was suspended pending an investigation and to determine if corrective action or retraining needs to be completed... Staff will continue to follow [client A's] BSP (Behavior Support Plan). An investigation will be completed to determine if any corrective actions need to be completed and if [client A's] BSP needs to be changed for his and		Indiana Mentor as of 8.5.22. Her record will reflect that she will not be re-hirable at Indiana Mentor due to a substantiation of neglect stemming from an investigation in a different home. She left before corrective action could be taken on the results of the survey findings for this survey. (Specifically recognizing, reporting and following policy for Abuse, Neglect and Exploitation and also reporting and investigating client to client aggression) A New Hire checklist has been implemented that addresses the rehire eligibility status. A PD has been assigned to the home to provide oversight and monitoring of individuals, their plans and the home until a new PD (QIDP) is trained (Hired to start 9.12.22). The acting PD will be retrained on recognizing and reporting ANE The new PD (QIDP) will be trained on recognizing and reporting allegations of Abuse, Neglect and Exploitation. The training will include how to investigate and a review of the guidelines for timeliness noted in the Indiana Mentor policy. The current PD will be retrained and the new PD (QIDP) will be trained on the Supervisor Site review expectations. The Supervisor Site Review form is to be turned into the Area Director (Regional Director in the absence of an AD) monthly to ensure	

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	others' safety." The 6/27/22 Incident Follow-Up Report indicated, "...The internal investigation was completed and signed off by the Regional Director on 6/17/2022. From the investigation it was determined the event was substantiated. Staff was terminated effective 6/17/22. Staff has not worked in the home during the investigation...." The 6/13/22 Internal Investigation indicated in staff #1's statement client A asked him to go on an outing during the evening shift. Staff #1 told client A he went on his outing on 5/11/22 and could not go. Client A started hitting the back of the driver's seat in the van as well as hitting staff #1's arm while he was driving. Staff #1's statement in the investigation indicated, "...States he thought that in training he was told that in a dangerous behavioral situation you vound (sic) defend yourself to protect yourself... States that [Program Director/PD] said that if he couldn't find someone he should switch places with [staff #7] and take the guys back out on their van ride to get out of the house... States he asked [PD] about the protocol regarding him coming in the next day and she said it was up to him if he wanted to come in. States he showed up the next morning and was there until about 11 a.m... States [former Area Director/AD] called him and asked how it was going. States [AD] told him (sic) was being suspended with pay because [client A's] parents informed them that [client A] said he was uncomfortable with [staff #1]...." The 6/13/22 Internal Investigation indicated in the Conclusions of Fact section, "Evidence supports discrepancy regarding who was present at the house at the time of the incident. Evidence supports that there was no Behavior Tracking		oversight of the PD. The QIS was retrained by the Quality Improvement Manager on 7.26.22. This was after the investigation noted in this survey was done but before this survey was completed. The investigations done by the QIS were reviewed for a period of 30 days by either the QI Manager or another member of the QI team to ensure the investigations done were thorough and completed within the 5 day time frame. The Regional Director will monitor the QIS while completing investigations to ensure the 5 day time frame is adhered to and will review the investigation to ensure it is thorough. Responsible Party: Regional Director	

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	completed. Evidence supports there were no shift notes completed regarding this incident specifically. Evidence supports that [client A] grabbed [staff #1]. Evidence supports that [client A] created a hazardous driving situation in the group home van. Evidence supports that [staff #1] struck [client A], therefore the allegation of physical abuse is substantiated." On 8/8/22 at 1:27 PM, the Quality Improvement Specialist (QIS) indicated the results of investigations should be reported to the administrator within 5 working days. On 8/9/22 at 12:25 PM, the Regional Director (RD) indicated the timeframe for reporting the results of investigations to the administration was 5 working days. This federal tag relates to complaint #IN00384168. 9-3-2(a)			
W 0157 Bldg. 00	483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken. Based on record review and interview for 1 of 5 incident/investigative reports reviewed affecting clients A and G, the facility failed to ensure appropriate corrective actions were implemented to address a substantiated allegation of abuse involving client A. Findings include: On 8/8/22 at 12:46 PM, a review of the facility's incident/investigative reports was conducted and indicated the following:	W 0157	The QIDP (PD) is no longer with Indiana Mentor as of 8.5.22. Her record will reflect that she will not be re-hirable at Indiana Mentor due to a substantiation of neglect stemming from an investigation in a different home. She left before corrective action could be taken on the results of the survey findings for this survey. (Specifically recognizing, reporting and following policy for Abuse, Neglect and Exploitation and also	09/10/2022

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	On 5/13/22 at 4:00 PM, client A got upset with staff #1. The 5/14/22 Bureau of Developmental Disabilities Services (BDDS) incident report indicated, "On 5/13/22, [client A] got upset with staff, demanding he go on an outing. When he was reminded it wasn't his afternoon to go on an outing due to his outing being scheduled on Wednesdays, he became verbally and physically aggressive toward staff. He threw and hit staff with the house phone and kicked a hole in the dining room. He then went after staff again physically and staff reported he put his arms up to block [client A] from hitting him and staff self-reported he accidentally hit [client A] in the face when raising his arms and [client A] got hit in (sic) lip and nose and they bled. [Client A] also threw another house phone at [client G] and hit him in the back. [Client A] was checked for injuries and cleaned up and an ice pack was put on his lip. [Client G] was checked for injuries as well and found none and he said he was just sore. [Client A] reported that staff hit him so staff was suspended pending an investigation and to determine if corrective action or retraining needs to be completed... Staff will continue to follow [client A's] BSP (Behavior Support Plan). An investigation will be completed to determine if any corrective actions need to be completed and if [client A's] BSP needs to be changed for his and others' safety." The 6/13/22 Internal Investigation indicated in the Conclusions of Fact section, "Evidence supports discrepancy regarding who was present at the house at the time of the incident. Evidence supports that there was no Behavior Tracking completed. Evidence supports there were no shift notes completed regarding this incident specifically. Evidence supports that [client A] grabbed [staff #1]. Evidence supports that [client		reporting and investigating client to client aggression) A New Hire checklist has been implemented that addresses the rehire eligibility status. A PD has been assigned to the home to provide oversight and monitoring of individuals, their plans and the home until a new PD (QIDP) is trained (Hired to start 9.12.22). The acting PD will be retrained on recognizing and reporting ANE The new PD (QIDP) will be trained on recognizing and reporting allegations of Abuse, Neglect and Exploitation. The training will include how to investigate and a review of the guidelines for timeliness noted in the Indiana Mentor policy. The current PD will be retrained and the new PD (QIDP) will be trained on the Supervisor Site review expectations. The Supervisor Site Review form is to be turned into the Area Director (Regional Director in the absence of an AD) monthly to ensure oversight of the PD. The QIS was retrained by the Quality Improvement Manager on 7.26.22. This was after the investigation noted in this survey was done but before this survey was completed. The investigations done by the QIS were reviewed for a period of 30 days by either the QI Manager or another member of the QI team to ensure the investigations done	

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	A] created a hazardous driving situation in the group home van. Evidence supports that [staff #1] struck [client A], therefore the allegation of physical abuse is substantiated." On 8/9/22 at 11:02 AM, a review of the 6/17/22 Investigation Action Response Plan indicated, "Consult on appropriate corrective action of [staff #1] based on investigation findings." -The investigation did not include corrective action recommendations. -There was no corrective action addressing the lack of behavior tracking or shift notes regarding the incident. -There was no documentation the seating arrangement in the van was addressed. -There was no corrective action addressing the PD's failing to immediately suspend staff #1 following the incident. -There was no increased administrative oversight of the group home. -There was no documentation indicating what corrective action was taken with staff #1. On 8/8/22 at 3:26 PM, client A sent the surveyor a picture of himself from 5/13/22. Client A's lower and top lips were swollen on the left side. Both his top and lower lips were purple, blue and red. Client A had blood in the corners of his mouth. Client A's nostrils were bloody. On 8/8/22 at 1:27 PM, the Quality Improvement Specialist (QIS) indicated she had a document with the recommendations however it was not part of the investigation. On 8/9/22 at 12:25 PM, the QIS indicated although the van seating arrangement was addressed in the investigation, there were no corrective actions included in the investigation to ensure the van seating		were thorough and completed within the 5 day time frame. The Regional Director will monitor the QIS while completing investigations to ensure the 5 day time frame is adhered to and will review the investigation to ensure it is thorough. Responsible Party: Regional Director	

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	arrangement was changed. The QIS indicated she was not aware of increased administrative oversight at the group home following the incident. On 8/9/22 at 12:25 PM, the Regional Director (RD) indicated there was no documentation the Investigation Action Response Plan was implemented. The RD indicated she was not aware of any increased administrative oversight at the group home following the incident. This federal tag relates to complaint #IN00384168. 9-3-2(a)			
W 0159 Bldg. 00	483.430(a) QIDP Each client's active treatment program must be integrated, coordinated and monitored by a qualified intellectual disability professional who- Based on record review and interview for 3 of 3 clients in the sample (A, B and C), the Qualified Intellectual Disabilities Professional (QIDP/called Program Director), failed to integrate, coordinate and monitor the clients' program plans at the group home. The QIDP failed to recognize an allegation of physical abuse and ensure steps were taken to ensure the clients were safe during the course of an investigation. The QIDP failed to ensure staff documented the incident in client A's behavior tracking and shift notes. The QIDP failed to ensure there was administrative oversight implemented following the allegation of physical abuse at the group home. The QIDP failed to ensure the van seating arrangement was addressed following the incident. The QIDP failed to ensure client B had a plan to address pulling out his own hair and client C had a plan to	W 0159	The QIDP (PD) is no longer with Indiana Mentor as of 8.5.22. Her record will reflect that she will not be re-hirable at Indiana Mentor due to a substantiation of neglect stemming from an investigation in a different home. She left before corrective action could be taken on the results of the survey findings for this survey. (Specifically recognizing, reporting and following policy for Abuse, Neglect and Exploitation and also reporting and investigating client to client aggression) A New Hire checklist has been implemented that addresses the rehire eligibility status.	09/10/2022

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	address PICA (ingesting inedible items). The QIDP failed to ensure staff documented an incident of client A aggressing on staff leading to staff abusing client A in client A's record including in his narrative notes and behavior tracking. Findings include: 1) On 8/8/22 at 12:46 PM, a review of the facility's incident/investigative reports was conducted and indicated the following: On 5/13/22 at 4:00 PM, client A got upset with staff #1. The 5/14/22 Bureau of Developmental Disabilities Services (BDDS) incident report indicated, "On 5/13/22, [client A] got upset with staff, demanding he go on an outing. When he was reminded it wasn't his afternoon to go on an outing due to his outing being scheduled on Wednesdays, he became verbally and physically aggressive toward staff. He threw and hit staff with the house phone and kicked a hole in the dining room. He then went after staff again physically and staff reported he put his arms up to block [client A] from hitting him and staff self-reported he accidentally hit [client A] in the face when raising his arms and [client A] got hit in (sic) lip and nose and they bled. [Client A] also threw another house phone at [client G] and hit him in the back. [Client A] was checked for injuries and cleaned up and an ice pack was put on his lip. [Client G] was checked for injuries as well and found none and he said he was just sore. [Client A] reported that staff hit him so staff was suspended pending an investigation and to determine if corrective action or retraining needs to be completed... Staff will continue to follow [client A's] BSP (Behavior Support Plan). An investigation will be completed to determine if any		A PD has been assigned to the home to provide oversight and monitoring of individuals, their plans and the home until a new PD (QIDP) is trained (Hired to start 9.12.22). The acting PD will be retrained on recognizing and reporting ANE and following ANE policy. The new PD (QIDP) will be trained on recognizing and reporting allegations of Abuse, Neglect and Exploitation and IM policies. The training will include how to investigate and a review of the guidelines for timeliness noted in the Indiana Mentor policy. The current PD will be retrained and the new PD (QIDP) will be trained on the Supervisor Site review expectations. The Supervisor Site Review form is to be turned into the Area Director (Regional Director in the absence of an AD) monthly to ensure oversight of the PD. The Program Director will retrain the Program Supervisor and all other staff in the home documentation requirements for daily notes and also behavior tracking and unusual incidents. This will be monitored as described in the Supervisor Site visit form.	

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	corrective actions need to be completed and if [client A's] BSP needs to be changed for his and others' safety." Staff #1 was suspended on 5/14/22 after working on 5/13/22 until 10:26 PM and 5/14/22 from 6:54 AM to 9:26 AM. The facility failed to prevent further potential abuse while an investigation was in progress. The 6/27/22 Incident Follow-Up Report indicated, "...The internal investigation was completed and signed off by the Regional Director on 6/17/2022. From the investigation it was determined the event was substantiated. Staff was terminated effective 6/17/22. Staff has not worked in the home during the investigation...." The 6/13/22 Internal Investigation indicated in staff #1's statement client A asked him to go on an outing during the evening shift. Staff #1 told client A he went on his outing on 5/11/22 and could not go. Client A started hitting the back of the driver's seat in the van as well as hitting staff #1's arm while he was driving. Staff #1's statement in the investigation indicated, "...States he thought that in training he was told that in a dangerous behavioral situation you vound (sic) defend yourself to protect yourself... States that [Program Director/PD] said that if he couldn't find someone he should switch places with [staff #7] and take the guys back out on their van ride to get out of the house... States he asked [PD] about the protocol regarding him coming in the next day and she said it was up to him if he wanted to come in. States he showed up the next morning and was there until about 11 a.m... States [former Area Director/AD] called him and asked how it was going. States [AD] told him (sic) was being suspended with pay because [client A's] parents			

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	informed them that [client A] said he was uncomfortable with [staff #1]...." The 6/13/22 Internal Investigation indicated in the PD's statement, "...States [staff #1] called her first after the incident... States he reported he had hit [client A] and that he was rambling. States [staff #1] reported he had used PIA (Physical Intervention Alternatives) and that [client A] was coming at him and he had to hit him to get out of his grips. States she understood that he had hit him while using the PIA. That it wasn't intentional... States [former Area Director] suspended [staff #1] on Saturday after speaking with [client A's] parents. States no one took [client A] to urgent care regarding his nose. States she does not know if he was seen by the nurse regarding his nose...." The 6/13/22 Internal Investigation indicated in staff #7's statement, "...States they couldn't find anyone to come in for [staff #1] so he could leave." The 6/13/22 Internal Investigation indicated in client C's statement, "...States [client A] hit [staff #1] and [staff #1] hit [client A] and he cried...." The 6/13/22 Internal Investigation indicated in client G's statement, "States [client A] charged [staff #1]. States [staff #1] hit him in the mouth...." The 6/13/22 Internal Investigation indicated in the Conclusions of Fact section, "Evidence supports discrepancy regarding who was present at the house at the time of the incident. Evidence supports that there was no Behavior Tracking completed. Evidence supports there were no shift notes completed regarding this incident specifically. Evidence supports that [client A]			

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	grabbed [staff #1]. Evidence supports that [client A] created a hazardous driving situation in the group home van. Evidence supports that [staff #1] struck [client A], therefore the allegation of physical abuse is substantiated." The QIDP failed to recognize an allegation of physical abuse and ensure steps were taken to ensure the clients were safe during the course of an investigation. The QIDP failed to ensure staff documented the incident in client A's behavior tracking and shift notes. The QIDP failed to ensure there was administrative oversight implemented following the allegation of physical abuse at the group home. The QIDP failed to ensure the van seating arrangement was addressed following the incident. On 8/8/22 at 3:26 PM, client A sent the surveyor a picture of himself from 5/13/22. Client A's lower and top lips were swollen on the left side. Both his top and lower lips were purple, blue and red. Client A had blood in the corners of his mouth. Client A's nostrils were bloody. On 8/9/22 at 11:02 AM, a review of the 5/20/22 police report's Investigation Narrative section indicated, in part, "...I observed [client A] to have bruised lips, both top and bottom and also (sic) abrasion on his nose as well...." On 8/9/22 at 1:20 PM, a focused review of client A's record was conducted. Client A's 12/6/21 Behavior Support Plan indicated he had a targeted behavior of aggression toward others (defined as hitting and throwing items at others). The plan indicated, "The risk of (the) client's maladaptive behavior is more harmful than physical restraint because of the risk of physical harm to himself or others, due to the severity of the client's past			

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	physical aggression. The most minimal intervention strategies will always be utilized first. Prevention and intervention methods included in this behavior support plan should always be utilized first. If necessary, and only after implementing the previously mentioned methods, are the next restrictive interventions to be utilized. Other measures must be exhausted and an imminent threat to the safety of self or others must be present to utilize Indiana Mentor Network policy for physical management. Always begin with the least restrictive intervention and proceed per policy. Follow-up with the program director or program coordinator must be made with-in 15 minutes following the incident. Staff must contact the behavior analyst within twenty-four hours. Staff should use 911 if necessary and only if the individual is an imminent threat to the health and safety of self or others. The specific physical management policy for this individual includes the following checked interventions in the order listed (only checked interventions are utilized): Escort (includes side by side, hand behind, and hand behind/below elbow hand mid back), Releases and Blocks, Choke Releases, Manual One-Arm Hold, One Hand Blocks to One Arm Hold, and Two Arm Block to Wrap/One Arm Hold." On 8/8/22 at 1:27 PM, the Quality Improvement Specialist (QIS) indicated the lack of documentation by the staff involved regarding the incident should have been addressed. On 8/9/22 at 12:25 PM, the QIS indicated the van seating arrangement was addressed in the investigation however there was nothing done to ensure the van seating arrangement was changed. The QIS indicated she was not aware of increased administrative oversight at the group home following the incident.			

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	15G300	A. BUILDING 00 B. WING	08/11/2022

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	On 8/9/22 at 12:25 PM, the Regional Director (RD) indicated initially the PD thought staff used PIA causing the injury to client A's lips and nose. The RD stated, "It was determined pretty quickly it needed to be treated as possible abuse." It was investigated and it was determined it was abuse. Staff #1 admitted to punching him and he was terminated for abuse. The RD stated, "It was abuse." The RD indicated the QIDP should have addressed the van seating arrangement. The RD indicated the QIDP should have ensured the incident was documented in client A's record. The RD indicated she was not aware of any increased administrative oversight at the group home following the incident. 2) Please refer to W227. For 2 of 3 clients in the sample (B and C), the QIDP failed to ensure client B had a plan to address pulling out his own hair and client C had a plan to address PICA (ingesting inedible items). 3) Please refer to W252. For 1 of 3 clients in the sample (A), the QIDP failed to ensure staff documented an incident of client A aggressing on staff leading to staff abusing client A in client A's record including in his narrative notes and behavior tracking. The QIDP's last day working for the facility was on 8/5/22. The QIDP was unable to be interviewed. This federal tag relates to complaint #IN00384168. 9-3-3(a)			
W 0227 Bldg. 00	483.440(c)(4) INDIVIDUAL PROGRAM PLAN The individual program plan states the			

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	specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. Based on observation, record review and interview for 2 of 3 clients in the sample (B and C), the facility failed to ensure client B had a plan to address pulling out his own hair and client C had a plan to address PICA (ingesting inedible items). Findings include: 1) On 8/8/22 from 3:20 PM to 4:51 PM, an observation was conducted at the group home. Client B had several bald spots on his head. This was not a noticeable issue during the survey conducted in May 2022 at the group home. On 8/9/22 at 1:20 PM, a review of client B's 2/10/22 Behavior Support Plan (BSP) was conducted. Client B's BSP indicated he had a history of trichotillomania (a disorder that involves recurrent, irresistible urges to pull out body hair). The BSP indicated he had a tertiary diagnosis of trichotillomania. Client B's 11/18/21 Individualized Support Plan (ISP) indicated he had a diagnosis of trichotillomania. The ISP and BSP did not include a plan to address client B's trichotillomania. On 8/8/22 at 11:50 AM, the Program Supervisor (PS) for the facility-operated day program indicated client B had been pulling his own hair out however he was not doing it at the day program. The PS indicated the behavior had not been witnessed at the day program. The PS indicated he had chunks of hair missing from his head. The PS indicated there was no plan. The PS indicated client B needed a plan to address hair pulling.	W 0227	The Nursing staff will reach out to Client B's psychiatrist to determine what the appropriate course of treatment would be for the possible reoccurrence of trichotillomania symptoms. Depending on the recommendations the Individual Support Plan and Behavior Support Plan will be updated and staff trained on any changes. The Nursing staff will reach out to Client C's psychiatrist for an appointment to be evaluated for a diagnosis of Pica. If Client C is given the diagnosis of Pica his Individual Support Plan and Behavior Support Plan will be updated and staff trained on changes. Responsible Parties: Regional Director, Program Director, Nurse	09/10/2022

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	On 8/8/22 at 12:02 PM, the nurse indicated staff informed her about 2-3 weeks ago about client B's hair pulling. The nurse stated, "staff think he's pulling it out. Staff not witnessed it." The nurse indicated she addressed it with his psychiatrist however his medications were not changed. The nurse indicated client B went back to the psychiatrist one week later for a movement exam and he was assessed for Tardive Dyskinesia (a condition affecting the nervous system, often caused by long-term use of some psychiatric drugs/causes repetitive, involuntary movements, such as grimacing and eye blinking). The nurse indicated client B denied pulling out his hair. The nurse stated, "He says he's not doing it." The nurse indicated she was not aware of a plan to address this issue. On 8/8/22 at 1:47 PM, the Behavior Clinician (BC) indicated she was not aware client B was engaging in hair pulling. The BC stated "not been told." The BC indicated there was no plan but there will be. The BC indicated she had been in the group home however no one said anything about client B's hair pulling. 2) On 8/8/22, client C was present at the facility operated day program. Client C used to work at an outside services workshop. On 8/8/22 at 11:50 AM, the Program Supervisor (PS) for the facility-operated day program indicated client C started attending the facility-operated day program daily about one month ago. The PS indicated she was not sure why. On 8/9/22 at 1:20 PM, a review of client C's program plans was conducted. Client C's 2/10/22 Behavior Support Plan (BSP) did not include a			

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	targeted behavior of PICA. Client C's 1/25/21 Individualized Support Plan did not address PICA. On 8/8/22 at 12:02 PM, the nurse indicated client C ate and drank soap out of the soap dispensers at the outside services workshop. The nurse indicated an interdisciplinary team meeting by the outside services workshop was conducted and determined he was not appropriate to be there until there were parameters to ensure his safety. The nurse indicated client C did not have a plan addressing PICA. The nurse indicated he needed a plan. On 8/8/22 at 1:47 PM, the Behavior Clinician (BC) indicated client C no longer attended the outside services workshop due to requiring more supervision than they can provide. She indicated client C was going into the bathroom to drink soap. The BC indicated client C was supposed to be evaluated for PICA. The BC indicated she thought it was attention seeking behavior. The workshop indicated it happened 3-4 times but nothing was communicated to the group home. The BC indicated he did not have a plan for PICA. She stated PICA "needs to be added" to his plan. 9-3-4(a)			
W 0252 Bldg. 00	483.440(e)(1) PROGRAM DOCUMENTATION Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms. Based on record review and interview for 1 of 3 clients in the sample (A), the facility failed to ensure staff documented an incident of client A aggressing on staff leading to staff abusing client A in client A's record including in his narrative	W 0252	The Program Director will retrain the Program Supervisor and all other staff in the home documentation requirements for daily notes and also behavior	09/10/2022

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	notes and behavior tracking. Findings include: On 8/8/22 at 12:46 PM, a review of the facility's incident/investigative reports was conducted and indicated the following: On 5/13/22 at 4:00 PM, client A got upset with staff #1. The 5/14/22 Bureau of Developmental Disabilities Services (BDDS) incident report indicated, "On 5/13/22, [client A] got upset with staff, demanding he go on an outing. When he was reminded it wasn't his afternoon to go on an outing due to his outing being scheduled on Wednesdays, he became verbally and physically aggressive toward staff. He threw and hit staff with the house phone and kicked a hole in the dining room. He then went after staff again physically and staff reported he put his arms up to block [client A] from hitting him and staff self-reported he accidentally hit [client A] in the face when raising his arms and [client A] got hit in (sic) lip and nose and they bled. [Client A] also threw another house phone at [client G] and hit him in the back. [Client A] was checked for injuries and cleaned up and an ice pack was put on his lip. [Client G] was checked for injuries as well and found none and he said he was just sore. [Client A] reported that staff hit him so staff was suspended pending an investigation and to determine if corrective action or retraining needs to be completed... Staff will continue to follow [client A's] BSP (Behavior Support Plan). An investigation will be completed to determine if any corrective actions need to be completed and if [client A's] BSP needs to be changed for his and others' safety." The Internal Investigation indicated in the Staff		tracking and unusual incidents. This will be monitored as described in the Supervisor Site visit form. Responsible Parties: Program Director, Program Supervisor	

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	notes in iServe (facility's electronic record keeping system), "Ran report which shows that no case notes regarding this incident were entered in iServe." The Behavior Tracking section of the investigation indicated, "Discussion with the Behaviorist [name] shows that no behavior tracking was completed for this incident." On 8/8/22 at 3:58 PM, a focused review of client A's record was conducted. There was no documentation regarding the incident in client A's 5/13/22 Note Summary Report. There was no ABC (antecedent/behavior/consequence) tracking for 5/13/22 to review. On 8/8/22 at 1:47 PM, the Behavior Clinician (BC) indicated there was no documentation regarding the incident in client A's behavior tracking documentation. On 8/9/22 at 4:26 PM, the BC stated, "It's a continuous struggle to get the staff to document incidents." On 8/8/22 at 1:27 PM, the Quality Improvement Specialist (QIS) indicated she did not address the lack of documentation by the staff involved regarding the incident. The QIS indicated it should have been addressed in the investigation. The QIS indicated the staff should have documented the incident in client A's narrative notes and on his ABC tracking form. This federal tag relates to complaint #IN00384168. 9-3-4(a)			