

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G136	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	(X3) DATE SURVEY COMPLETED 10/12/2018
NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN		STREET ADDRESS, CITY, STATE, ZIP COD 427 W LONGEST ST PAOLI, IN 47454		
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W 0000 Bldg. 00	<p>This visit was for the investigation of complaint #IN00273049.</p> <p>Complaint #IN00273049: Substantiated. Federal/State deficiencies related to the allegations are cited at W149, W154, W157 and W159.</p> <p>Dates of Survey: October 10, 11 and 12, 2018.</p> <p>Facility Number: 000673 AIM Number: 100248740 Provider Number: 15G136</p> <p>These deficiencies reflect findings in accordance with 460 IAC 9.</p> <p>Quality Review of this report completed by #15068 on 10/25/18.</p>	W 0000		
W 0149 Bldg. 00	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS</p> <p>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 1 of 1 investigation of client to client abuse involving 1 of 3 sampled clients (A) and one additional client (H), the facility failed to ensure the policy/procedures regarding investigating allegations of client to client abuse (alleged sexual abuse) were thoroughly investigated according to the facility's abuse/neglect/exploitation policy/procedure. The facility failed to ensure corrective actions were implemented in regards to client A's behavior program being revised to include false allegations and manipulative behaviors (to gain access to hospitalizations).</p>	W 0149	<p>All QIDPs will be retrained on the agency's Abuse, Neglect and Exploitation policy and procedures for reporting, investigating incidents of abuse, neglect and exploitation. All QIDPs will be retrained on implementation of recommendations following the conclusion of an investigation, including revisions of behavioral support plans and implementation of goals. The Quality Assurance Coordinators will be retrained on</p>	11/11/2018

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosed days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>Findings include:</p> <p>I. On 10/11/18 at 3:30 PM a 5/28/18 "Client to Client Aggression Investigation" was reviewed. The review of the investigation indicated the following:</p> <p>1. Briefly describe the incident. [Client A] was talking to staff about using [client H] (sic) visitor from another ResCare Group Home cell phone. During the conversation with staff, [client A] stated [client H] wanted to touch [client A] inappropriately. Staff called the nurse and the nurse stated to take [client A] to the ER for an evaluation. [Client A] was evaluated at the ER (Emergency Room) and there was no evidence of trauma found.</p> <p>2. Were all behavior strategies followed appropriately and do current behavior strategies address the above behaviors? Yes.</p> <p>3. Are all clients safe? Yes.</p> <p>4. Interview the clients and include statements. [Client H] stated that she did not have a problem with anyone at the house or [client A]. [Client H] stated that at night [client A] got ready for bed, went to sleep and nothing happened. [Client A] got all her clothes to get changed to her pajamas. [Client H] said nothing happened when [client A] took her clothes off. [Client H] stated that she did not try to touch [client A]. She stated 'I was watching a movie on my phone, and I did not care when I saw her without clothes. I knew she was changing clothes and I did not care. I thought it was normal to see her changing clothes.'</p> <p>[Client A] stated that client H touch (sic)</p>		<p>reporting all incidents requiring an investigation to the Quality Assurance Manager. QIDP #2 was terminated from employment with the facility. The Quality Assurance Coordinators will report all incidents requiring an investigation to the Quality Assurance Manager. The Quality Assurance Manager will monitor the investigations to ensure they are conducted according to the Abuse, Neglect and Exploitation policy and procedures. The recommendations following the conclusion of investigations will be reviewed with the Program Manager and QIDP. The Program Manager will review and approve all programming plan changes prior to implementation. The Program Manager will ensure The QIDP implements all programming plan recommendations resulting from investigations. The Program Manager will review and approve all programming plan changes prior to implementation.</p>	

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	<p>inappropriately on Saturday night. She knew the time because she was looking at the time. [Client H] was telling her that everything was going to be just fine. She also said that no one was going to know about it. [Client A] said [client H] is bigger than her and she is not able to get her hands off her. When she got on top of her, she could not get her off her. [Client A] said she could not scream or ask for help. She said [client H] put her hand on her mouth to be quiet. [Client A] said she wanted to get out of the room and [client H] blocked the door. [Client A] said [client H] 'grabbed my [breasts], I told her to stop but she continued then [client H] put her fist inside my [female anatomy].'</p> <p>5. Interview all staff involved and include statements. [Staff #1] (Staff) and [staff #2] (Staff) were working Friday, Saturday, and Sunday. Per house manager [HM #1], [staff #2] and [staff #2] did not report any problems. When they were asked what happened during the weekend, they said nothing happened. [Client A] did not report anything that happened to [staff #2] or [staff #1].</p> <p>6. Do any changes need to be made in an attempt to prevent future occurrences? No. If [client H] has another visit (and) moves to the [facility], it will be recommended that the two individuals do not share a room.</p> <p>7. Is there a pattern of occurrences between these two clients? No.</p> <p>8. Was there sufficient staff at the time of the incident? Yes.</p> <p>Recommendations: Staff will continue taken (sic) [client A] to her Therapy section (sic) to improve</p>			

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	<p>her social skills. The Bill of Rights (clients' rights) and Grievance (policy) (sic) were review (sic) with [client A].</p> <p>The 5/28/18 Client to Client Aggression Investigation was the only investigation regarding the allegations client A made in regard to client H being sexually inappropriate, physically aggressive and coercive to client A. The investigation was not thorough in a number of areas: The investigation had a summary of statements from 3 staff instead of the actual statements. There were no statements from other staff or clients who resided in the facility. The investigation did not include dates of the alleged events. The investigation did not question the timeline of the events and the reporting of the events. The investigation did not indicate client H's behavior plan had been reviewed or client H had a history of sexual misconduct, false allegations or aggression. The investigation did not include a review by the facility's administrative staff for additions, corrections or recommendations.</p> <p>II. On 10/10/18 at 2:00 PM a BDDS report dated 8/26/18, wherein client A made suicidal threats, was reviewed and indicated the following:</p> <p>"Date and Time of Incident: 8/26/2018 8:00:00 AM Date of Knowledge: 8/26/2018... Narrative: [Client A] was upset that she couldn't go to church and became verbally aggressive towards staff then went outside and refused to come back in, the nurse was called and [client A] was transported to the ER for evaluation.</p> <p>Plan to Resolve: Upon arrival to the ER, [Client A] was assessed</p>			

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	<p>and it was determined that she would be transferred and admitted to [city] Crisis Center for further evaluation and monitoring. ResCare will maintain contact with the hospital and plan for discharge."</p> <p>Interview with staff #4 on 10/10/18 at 2:30 PM indicated client A had used the phone and computer inappropriately at a local church and could not attend there anymore. The interview indicated client A had been inappropriate while wearing a dress outside the facility. She had not maintained modesty and after refusing redirection and threatening self harm, she was sent to a local hospital to be evaluated. She was subsequently sent to a crisis center and her medications were adjusted. She was discharged back to the facility on 8/30/18.</p> <p>Review of client A's record on 10/11/18 at 10:53 AM indicated a Behavior Support Plan dated 7/13/2018. The BSP had been revised to include medication changes on 9/14/18. The BSP did not address client A's manipulation of situations (threats of self harm) to gain access to hospitalizations or making false statements or allegations against others (peers or staff). The BSP had not been revised to address her inappropriate use of the telephone or Internet to solicit male companionship. The client was at risk for exploitation from men.</p> <p>Interview with client A's guardian on 10/11/18 at 2:20 PM indicated client A was vulnerable to exploitation by men. The interview indicated client A had a history of making up things (false reporting) to manipulate situations in an effort to gain access to telephones, the Internet or to be hospitalized. The interview indicated the facility had kept the client from elopement which ensured</p>			

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	<p>her safety. The interview indicated a local hospital had allowed client A to access a phone to solicit a man to come to the hospital.</p> <p>Interview with the Quality Assurance Manager on 10/12/18 at 4:01 PM indicated the facility had a policy which prohibited Abuse, Neglect and Exploitation/ANE. The policy had an investigative procedure. The interview indicated former QIDP #2 (Qualified Intellectual Disability Professional) had completed the 5/28/18 client to client aggression investigation regarding clients A and H. The policy of thorough investigation and corrective measure implementation had not been followed by QIDP #2.</p> <p>The agency's "Operation Standard Reporting and Investigating Abuse, Neglect, Exploitation, Mistreatment or Violation of an Individual's Rights" dated 3/08/2018 was reviewed on 10/12/18 at 10:30 AM and indicated the agency prohibited, reported, investigated and implemented corrective measures in regards to abuse/neglect/exploitation/mistreatment of the clients it served. The review of the agency's policy indicated, in part, the following:</p> <p>... "ResCare strictly prohibits abuse, neglect, exploitation, mistreatment or violation of an Individual's rights....Program Implementation/Intervention: Failure to provide goods and/or services necessary for the individual to avoid physical harm and /or intentional failure to implement a support plan, inappropriate application of intervention, etc. which may result in jeopardy without qualified person notification/review.... Any situation involving weapons, regardless if abuse, neglect, mistreatment or violation of an Individual's rights is suspected, will be immediately investigated.</p>				

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	<p>All employees receive training upon hire regarding definitions/causes of different types of, how to identify, prevent, document, remedial action to be taken, timely debriefing following the incident and how to report abuse, neglect, exploitation, mistreatment or violation of an Individual's rights, as well as what to expect from an investigation. All employees receive this training upon hire and annually, thereafter.</p> <p>Procedures:</p> <ol style="list-style-type: none"> 1. Any ResCare staff person who suspects an individual is the victim of abuse, neglect, exploitation or mistreatment of an individual should immediately notify the Program Manager, and then complete an Incident Report. The Program Manager will then notify the Executive Director immediately. 2. The Program Manager, or designee, will report the suspected abuse, neglect, exploitation, mistreatment or violations of Individual's rights within 24 hours of the initial report to the appropriate contacts... 3. Any person who is suspected of abuse, neglect, exploitation, mistreatment or violation of an Individual's rights toward an individual will be immediately suspended until the allegation can be fully investigated... 4. The Program Manager will assign an investigative team. A full investigation will be conducted by investigators who have received training from Labor Relations Association and ResCare's internal procedures on investigations. ResCare will not allow for nepotism during the conducting, directing, reviewing or other managerial activity of an investigation into an 			

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	allegation of abuse, neglect, exploitation or mistreatment, by prohibiting friends and relatives of an alleged perpetrator from engaging in these managerial activities. One of the investigators will complete a detailed investigative case summary based on witness statements and other evidence collected. The report will be maintained in a confidential, secured file at the office. The investigation file will include the following components: a clear statement indicating why the investigation/review is being conducted along with the nature of the allegations/event (e.g., allegation of neglect, etc.), a clear statement of the event or alleged event in a time-line format including what, where, and when the event happened or is alleged to have happened, Identification by name and title of all involved parties or alleged involved parties including any victim(s) or alleged victim(s), all staff assigned to the victim(s) or alleged victim(s) at the time of the incident, all alleged perpetrators, when indicated; and all actual or potential witnesses to the event or alleged event, signed and dated statements from all involved parties, including all actual and potential witnesses to the event or alleged event, a statement describing all record and other document review associated with the event or alleged event, copies of all records and other documents reviewed that provide evidence supporting the finding of the investigation or review, if there are any discrepancies/conflicts between the evidence gathered, the discrepancy is resolved and/or explained, a determination if rights have been violated, if services and/or care were not provided or were not appropriately provided, if agency policies and/or procedures were not followed, and/or if any federal or state regulations were not followed, a clear statement of substantiation or non-substantiation of any allegation that includes a description/summary of			

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W 0154 Bldg. 00	<p>the evidence that result in the finding, a definitive description of all corrective actions developed and implemented and/or to be implemented as a result of the investigation or review, including completion dates for each corrective action, the signature, name and title of the person completing the investigation and the date the investigation was completed.</p> <p>5. An investigative peer review committee chosen by the Executive Director will meet to discuss the outcome of the investigation and to ensure that a thorough investigation has been completed. Members of the committee must include at least one of the investigators, the Executive Director or designee, Program Manager, QA representative and a Human Resources representative."</p> <p>This federal tag relates to Complaint #IN00273049.</p> <p>9-3-2(a)</p> <p>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 1 of 1 investigation of client to client abuse involving 1 of 3 sampled clients (A) and one additional client (H), the facility failed to conduct a thorough investigation of allegations of client to client abuse (alleged sexual abuse).</p> <p>Findings include:</p> <p>On 10/11/18 at 3:30 PM a 5/28/18 "Client to Client Aggression Investigation" was reviewed. The review of the investigation indicated the following:</p>	W 0154	All QIDPs will be retrained on the agency's Abuse, Neglect and Exploitation policy and procedures for reporting, investigating incidents of abuse, neglect and exploitation. All QIDPs will be retrained on implementation of recommendations following the conclusion of an investigation, including revisions of behavioral support plans and implementation of goals. The Quality Assurance Coordinators will be retrained on reporting all incidents requiring an	11/11/2018

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	<p>"1. Briefly describe the incident. [Client A] was talking to staff about using [client H] (sic) visitor from another ResCare Group Home cell phone. During the conversation with staff, [client A] stated [client H] wanted to touch [client A] inappropriately. Staff called the nurse and the nurse stated to take [client A] to the ER (Emergency Room) for an evaluation. [Client A] was evaluated at the ER and there was no evidence of trauma found.</p> <p>2. Were all behavior strategies followed appropriately and do current behavior strategies address the above behaviors? Yes.</p> <p>3. Are all clients safe? Yes.</p> <p>4. Interview the clients and include statements. [Client H] stated that she did not have a problem with anyone at the house or [client A]. [Client H] stated that at night [client A] got ready for bed, went to sleep and nothing happened. [Client A] got all her clothes to get changed to her pajamas. [Client H] said nothing happened when [client A] took her clothes off. [Client H] stated that she did not try to touch [client A]. She stated 'I was watching a movie on my phone, and I did not care when I saw her without clothes. I knew she was changing clothes and I did not care. I thought it was normal to see her changing clothes.'</p> <p>[Client A] stated that client H] touch (sic) inappropriately on Saturday night. She knew the time because she was looking at the time. [Client H] was telling her that everything was going to be just fine. She also said that no one was going to know about it. [Client A] said [client H] is bigger than her and she is not able to get her hands off her. When she got on top of her, she could not get her off her. [Client A] said she could not</p>		<p>investigation to the Quality Assurance Manager. QIDP #2 was terminated from employment with the facility. The Quality Assurance Coordinators will report all incidents requiring an investigation to the Quality Assurance Manager. The Quality Assurance Manager will monitor the investigations to ensure they are conducted according to the Abuse, Neglect and Exploitation policy and procedures. The recommendations following the conclusion of investigations will be reviewed with the Program Manager and QIDP. The Program Manager will review and approve all programming plan changes prior to implementation. The Program Manager will ensure The QIDP implements all programming plan recommendations resulting from investigations. The Program Manager will review and approve all programming plan changes prior to implementation.</p>	

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	<p>scream or ask for help. She said [client H] put her hand on her mouth to be quiet. [Client A] said she wanted to get out of the room and [client H] blocked the door. [Client A] said [client H] 'grabbed my [breasts], I told her to stop but she continued then [client H] put her fist inside my [female anatomy].'</p> <p>5. Interview all staff involved and include statements. [Staff #1] (Staff) and [staff #2] (Staff) were working Friday, Saturday, and Sunday. Per house manager [HM #1], [staff #2] and [staff #2] did not report any problems. When they were asked what happened during the weekend, they said nothing happened. [Client A] did not report anything that happened to [staff #2] or [staff #1].</p> <p>6. Do any changes need to be made in an attempt to prevent future occurrences? No. If [client H] has another visit (and) moves to the [facility], it will be recommended that the two individuals do not share a room.</p> <p>7. Is there a pattern of occurrences between these two clients? No.</p> <p>8. Was there sufficient staff at the time of the incident? Yes.</p> <p>Recommendations: Staff will continue taken (sic) [client A] to her Therapy section (sic) to improve her social skills. The Bill of Rights (clients' rights) and Grievance (policy) (sic) were review (sic) with [client A].</p> <p>The 5/28/18 Client to Client Aggression Investigation was the only investigation regarding the allegations client A made in regard to client H being sexually inappropriate,</p>			

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W 0157 Bldg. 00	<p>physically aggressive and coercive to client A. The investigation was not thorough in a number of areas: The investigation had a summary of statements from 3 staff instead of the actual statements. There were no statements from other staff or clients who resided in the facility. The investigation did not include dates of the alleged events. The investigation did not question the timeline of the events and the reporting of the events. The investigation did not indicate client H's behavior plan had been reviewed or client H had a history of sexual misconduct, false allegations or aggression. The investigation did not include a review by the facility's administrative staff for additions, corrections or recommendations.</p> <p>Interview with the Quality Assurance Manager on 10/12/18 at 4:01 PM indicated the facility had an investigative procedure. The interview indicated former QIDP #2 (Qualified Intellectual Disability Professional) had completed the 5/28/18 client to client aggression investigation regarding clients A and H. The policy of thorough investigation had not been followed by QIDP #2.</p> <p>This federal tag relates to Complaint #IN00273049.</p> <p>9-3-2(a)</p> <p>483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken.</p> <p>Based on record review and interview for 1 of 1 investigation of client to client abuse involving 1 of 3 sampled clients (A) and one additional client (H), the facility failed to ensure corrective actions were implemented in regards to client A's behavior program being revised to include false allegations</p>	W 0157	All QIDPs will be retrained on the agency's Abuse, Neglect and Exploitation policy and procedures for reporting, investigating incidents of abuse, neglect and exploitation. All QIDPs will be	11/11/2018

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	<p>and manipulative behaviors (to gain access to hospitalizations).</p> <p>Findings include:</p> <p>I. On 10/11/18 at 3:30 PM a 5/28/18 "Client to Client Aggression Investigation" was reviewed. The review of the investigation indicated the following:</p> <p>1. Briefly describe the incident. [Client A] was talking to staff about using [client H] (sic) visitor from another ResCare Group Home cell phone. During the conversation with staff, [client A] stated [client H] wanted to touch [client A] inappropriately. Staff called the nurse and the nurse stated to take [client A] to the ER for an evaluation. [Client A] was evaluated at the ER and there was no evidence of trauma found.</p> <p>2. Were all behavior strategies followed appropriately and do current behavior strategies address the above behaviors? Yes.</p> <p>3. Are all clients safe? Yes.</p> <p>4. Interview the clients and include statements. [Client H] stated that she did not have a problem with anyone at the house or [client A]. [Client H] stated that at night [client A] got ready for bed, went to sleep and nothing happened. [Client A] got all her clothes to get changed to her pajamas. [Client H] said nothing happened when [client A] took her clothes off. [Client H] stated that she did not try to touch [client A]. She stated 'I was watching a movie on my phone, and I did not care when I saw her without clothes. I knew she was changing clothes and I did not care. I thought it was normal to see her changing clothes.'</p>		<p>retrained on implementation of recommendations following the conclusion of an investigation, including revisions of behavioral support plans and implementation of goals. The Quality Assurance Coordinators will be retrained on reporting all incidents requiring an investigation to the Quality Assurance Manager. A review of the ResCare policy and procedure for abuse, neglect, exploitation, mistreatment or violation of an individual's rights has been completed and the agency will continue to follow the policy and procedure as written. QIDP #2 was terminated from employment with the facility.</p> <p>The Quality Assurance Coordinators will report all incidents requiring an investigation to the Quality Assurance Manager. The Quality Assurance Manager will monitor the investigations to ensure they are conducted according to the Abuse, Neglect and Exploitation policy and procedures. The recommendations following the conclusion of investigations will be reviewed with the Program Manager and QIDP. The Program Manager will review and approve all programming plan changes prior to implementation. The Program Manager will ensure The QIDP implements all programming plan recommendations resulting from investigations. The Peer</p>	

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	<p>[Client A] stated that client H] touch (sic) inappropriately on Saturday night. She knew the time because she was looking at the time. [Client H] was telling her that everything was going to be just fine. She also, said that no one was going to know about it. [Client A] said [client H] is bigger than her and she is not able to get her hands off her. When she got on top of her, she could not get her off her. [Client A] said she could not scream or ask for help. She said [client H] put her hand on her mouth to be quiet. [Client A] said she wanted to get out of the room and [client H] blocked the door. [Client A] said [client H] 'grabbed my [breasts], I told her to stop but she continued then [client H] put her fist inside my [female anatomy].'</p> <p>5. Interview all staff involved and include statements. [Staff #1] (Staff) and [staff #2] (Staff) were working Friday, Saturday, and Sunday. Per house manager [HM #1], [staff #2] and [staff #2] did not report any problems. When they were asked what happened during the weekend, they said nothing happened. [Client A] did not report anything that happened to [staff #2] or [staff #1].</p> <p>6. Do any changes need to be made in an attempt to prevent future occurrences? No. If [client H] has another visit moves to the [facility], it will be recommended that the two individuals do not share a room.</p> <p>7. Is there a pattern of occurrences between these two clients? No.</p> <p>8. Was there sufficient staff at the time of the incident? Yes.</p> <p>Recommendations: Staff will continue taken (sic)</p>		Review committee will review all investigations and make recommendations consistent with the ResCare policy and procedure for abuse, neglect, exploitation, mistreatment or violation of an individual's rights. The Program Manager will review and approve all programming plan changes prior to implementation.	

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	<p>[client A] to her Therapy section (sic) to improve her social skills. The Bill of Rights (clients' rights) and Grievance (policy) (sic) were review (sic) with [client A].</p> <p>The 5/28/18 Client to Client Aggression Investigation was the only investigation regarding the allegations client A made in regard to client H being sexually inappropriate, physically aggressive and coercive to client A. The investigation was not thorough in a number of areas: The investigation had a summary of statements from 3 staff instead of the actual statements. There were no statements from other staff or clients who resided in the facility. The investigation did not include dates of the alleged events. The investigation did not question the timeline of the events and the reporting of the events. The investigation did not indicate client H's behavior plan had been reviewed or client H had a history of sexual misconduct, false allegations or aggression. The investigation did not include a review by the facility's administrative staff for additions, corrections or recommendations.</p> <p>II. On 10/10/18 at 2:00 PM a BDDS report dated 8/26/18, wherein client A made suicidal threats, was reviewed and indicated the following:</p> <p>"Date and Time of Incident: 8/26/2018 8:00:00 AM Date of Knowledge: 8/26/2018... Narrative: [Client A] was upset that she couldn't go to church and became verbally aggressive towards staff then went outside and refused to come back in, the nurse was called and [client A] was transported to the ER for evaluation.</p> <p>Plan to Resolve:</p>				

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	<p>Upon arrival to the ER, [Client A] was assessed and it was determined that she would be transferred and admitted to [city] Crisis Center for further evaluation and monitoring. ResCare will maintain contact with the hospital and plan for discharge."</p> <p>Interview with staff #4 on 10/10/18 at 2:30 PM indicated client A had used the phone and computer inappropriately at a local church and could not attend there anymore. The interview indicated client A had been inappropriate while wearing a dress outside the facility. She had not maintained modesty and after refusing redirection and threatening self harm, she was sent to a local hospital to be evaluated. She was subsequently sent to a crisis center and her medications were adjusted. She was discharged back to the facility on 8/30/18.</p> <p>Review of client A's record on 10/11/18 at 10:53 AM indicated a Behavior Support Plan dated 7/13/2018. The BSP had been revised to include medication changes on 9/14/18. The BSP did not address client A's manipulation of situations (threats of self harm) to gain access to hospitalizations or making false statements or allegations against others (peers or staff). The BSP had not been revised to address her inappropriate use of the telephone or Internet to solicit male companionship. The client was at risk for exploitation from men.</p> <p>Interview with client A's guardian on 10/11/18 at 2:20 PM indicated client A was vulnerable to exploitation by men. The interview indicated client A had a history of making up things (false reporting) to manipulate situations in an effort to gain access to telephones, the Internet or to be hospitalized. The interview indicated the facility</p>			

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W 0159 Bldg. 00	<p>had kept the client from elopement which ensured her safety. The interview indicated a local hospital had allowed client A to access a phone to solicit a man to come to the hospital.</p> <p>Interview with the Quality Assurance Manager on 10/12/18 at 4:01 PM indicated former QIDP #2 (Qualified Intellectual Disability Professional) had completed the 5/28/18 client to client aggression investigation regarding clients A and H. The corrective measure implementation had not been followed by QIDP #2 (revising the behavior program to address false allegations and manipulation).</p> <p>This federal tag relates to Complaint #IN00273049.</p> <p>9-3-2(a)</p> <p>483.430(a) QIDP Each client's active treatment program must be integrated, coordinated and monitored by a qualified intellectual disability professional. Based on record review and interview for 1 of 3 sampled clients (A) and one additional client (H), the facility's QIDP/Qualified Intellectual Disability Professional failed to ensure the policy/procedures regarding investigating allegations of client to client abuse (alleged sexual abuse) were thoroughly investigated according the facility's abuse/neglect/exploitation policy/procedure. The QIDP failed to ensure corrective actions were implemented in regards to client A's behavior program being revised to include false allegations and manipulative behaviors (to gain access to hospitalizations).</p> <p>Findings include:</p>	W 0159	All QIDPs will be retrained on the agency's Abuse, Neglect and Exploitation policy and procedures for reporting, investigating incidents of abuse, neglect and exploitation. All QIDPs will be retrained on implementation of recommendations following the conclusion of an investigation, including revisions of behavioral support plans and implementation of goals. The Quality Assurance Coordinators will be retrained on reporting all incidents requiring an investigation to the Quality Assurance Manager. A review of	11/11/2018

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	<p>Please refer to W149 for the facility's QIDP/Qualified Intellectual Disability Professional failure to ensure the policy/procedures regarding investigating allegations of client to client abuse (alleged sexual abuse) were thoroughly investigated according the facility's abuse/neglect/exploitation policy/procedure. The QIDP failed to ensure corrective actions were implemented in regards to client A's behavior program being revised to include false allegations and manipulative behaviors (to gain access to hospitalizations).</p> <p>Please refer to W154 for the QIDP's failure to ensure the policy/procedures regarding investigating allegations of client to client abuse (alleged sexual abuse) were thoroughly investigated according the facility's abuse/neglect/exploitation policy/procedure.</p> <p>Please refer to W157 for the QIDP's failure to ensure the policy/procedures regarding implementation of corrective measures (revision of behavior support program) according to the facility's abuse/neglect/exploitation policy/procedure. The QIDP failed to ensure corrective actions were implemented in regards to client A's behavior program being revised to include false allegations and manipulative behaviors (to gain access to hospitalizations).</p> <p>This federal tag relates to Complaint #IN00273049.</p> <p>9-3-3(a)</p>		<p>the ResCare policy and procedure for abuse, neglect, exploitation, mistreatment or violation of an Individual's rights has been completed and the agency will continue to follow the policy and procedure as written. QIDP #2 was terminated from employment with the facility.</p> <p>The Quality Assurance Coordinators will report all incidents requiring an investigation to the Quality Assurance Manager. The Quality Assurance Manager will monitor the investigations to ensure they are conducted according to the Abuse, Neglect and Exploitation policy and procedures. The recommendations following the conclusion of investigations will be reviewed with the Program Manager and QIDP. The Program Manager will review and approve all programming plan changes prior to implementation. The Program Manager will ensure The QIDP implements all programming plan recommendations resulting from investigations. The Peer Review committee will review all investigations and make recommendations consistent with the ResCare policy and procedure for abuse, neglect, exploitation, mistreatment or violation of an Individual's rights. The Program Manager will review and approve all programming plan changes prior to implementation.</p>	

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