STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G440	A. BUILDING 00 B. WING	09/07/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
NORMAL LIFE OF INDIANA	1970 E 45 1/2 CT TERRE HAUTE, IN 47802

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W 0000 Bldg. 00	This visit was for a pre-determined full recertification and state licensure survey. This visit resulted in an Immediate Jeopardy. Survey Dates: 8/29/23, 8/30/23, 8/31/23, 9/1/23, 9/5/23, 9/6/23 and 9/7/23. Facility Number: 000954 Provider Number: 15G440 AIM Number: 100244720 These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 9/22/23.	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, record review and interview, for 3 of 3 sampled clients (clients #1, #2 and #6) plus 5 additional clients (clients #3, #4, #5, #7 and #8), the facility failed to meet the Condition of Participation: Governing Body. The governing body neglected to implement their policy and procedures to prevent neglect, verbal abuse and intimidation of clients #2, #3, #4, #5, #6, #7 and #8 by client #1. The facility's governing body failed to meet the Condition of Participation: Client Protections. Findings include: 1. The governing body neglected to implement	W 0102	**The agency has policies and procedures defining and preventing abuse, neglect, exploitation, and misstatement. All staff are trained on this upon hire and annual thereafter.** Client 1 was relocated to alternate location on 09/01/23. Client 1 was approved for emergency waiver transition on 09/15/23 and has relocated to alternate waiver home and will not be returning to group home. Client #1 elected to discharge from services on 10/5/23 with the agency after	10/07/2023

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Justin Newton	Q. I. D. P. Manager	10/06/2023

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	their policy and procedures to prevent abuse of clients #2, #3, #4, #5, #6, #7 and #8 regarding client #1's verbal abuse and intimidation towards clients #2, #3, #4, #5, #6, #7 and #8. The governing body neglected to ensure clients #2, #3, #4, #5, #6, #7 and #8 were free from fear of verbal abuse and threats of physical violence in their home. Please see W104. 2. The governing body failed to meet the Condition of Participation: Client Protections for clients #1, #2, #3, #4, #5, #6, #7 and #8. The governing body neglected to exercise general policy, budget and operating direction over the facility to ensure the facility implemented its Abuse, Neglect, and/or Mistreatment policy and procedure to prevent abuse of clients #2, #3, #4, #5, #6, #7 and #8 by client #1. Please see W122. 9-3-1(a)		meeting with BDS and developing a safety plan including appropriate living arrangements. **All staff in the home received retraining on 8/30/23 on the agency Abuse, Neglect, Exploitation and Mistreatment Policy, Incident Management and Reporting, reporting concerns about staffing levels through the chain of command.** **All staff working in the home received retraining on 8/30/23 on Consumer Specific Training on ISPs, BSPs, and HRPs.** **A Self Advocacy meeting was completed on 9/1/23 with all clients in the home with an emphasis on their rights to report concerns.** **Administrative observations have been implemented in the home and will remain in place until the team determines it is appropriate to decrease the number of observations. This will ensure all corrections are implemented per ResCare policy and regulations.** **Ongoing weekly and monthly observations and review will continue with the QIDP and Area Supervisor over the location.**	
W 0104 Bldg. 00	483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility.			

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	Based on observation, record review and interview, for 3 of 3 sampled clients (clients #1, #2 and #6) plus 5 additional clients (clients #3, #4, #5, #7 and #8), the governing body neglected to implement their policy and procedures to prevent abuse of clients #2, #3, #4, #5, #6, #7 and #8 regarding client #1's verbal abuse and intimidation towards clients #2, #3, #4, #5, #6, #7 and #8. The governing body neglected to ensure clients #2, #3, #4, #5, #6, #7 and #8 were free from fear of verbal abuse and threats of physical violence in their home by client #1. The governing body neglected to investigate incidents of elopement for clients #1, #2 and #6 and incidents of peer to peer aggression for clients #1, #2, #3, #5, #6 and #8. Findings include: 1. The governing body neglected to implement their policy and procedures to prevent abuse of clients #2, #3, #4, #5, #6, #7 and #8 regarding client #1's verbal abuse and intimidation towards clients #2, #3, #4, #5, #6, #7 and #8. The governing body neglected to ensure clients #2, #3, #4, #5, #6, #7 and #8 were free from fear of verbal abuse and threats of physical violence in their home. Please see W149. 2. The governing body neglected to investigate incidents of elopement for clients #1, #2 and #6 and incidents of peer to peer aggression for clients #1, #2, #3, #5, #6 and #8. Please see W154. 9-3-1(a)	W 0104	**The agency has policies and procedures defining and preventing abuse, neglect, exploitation, and misstatement. All staff are trained on this upon hire and annual thereafter.** **Client 1 was relocated to alternate location on 09/01/23. Client 1 was approved for emergency waiver transition on 09/15/23 and has relocated to alternate waiver home and will not be returning to group home. Client #1 elected to discharge from services on 10/5/23 with the agency after meeting with BDS and developing a safety plan including appropriate living arrangements.** **All staff in the home received retraining on 8/30/23 on the agency Abuse, Neglect, Exploitation and Mistreatment Policy, Incident Management and Reporting, reporting concerns about staffing levels through the chain of command.** **All staff working in the home received retraining on 8/30/23 on Consumer Specific Training on ISPs, BSPs, and HRPs.** **A Self Advocacy meeting was completed on 9/1/23 with all clients in the home with an emphasis on their rights to report concerns.** **Timeliness and thoroughness of Investigations remains an**	10/07/2023

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			ongoing issue. All trained investigators will be trained on the operations revised investigative process so as to ensure five day completion for investigations. **The facility will have evidence that all Elopement and Client to Client Aggression incidents are thoroughly investigated and reported to BDDS per reporting guidelines.** **QA Manager retrained all trained investigators on 9/5/23 on the facility policies and procedures regarding their responsibilities to ensure that all incidents as defined by the policy are reported and investigated. The QIDP is responsible for initiating and completing initial investigation of Elopement and Client to Client Aggression incidents.** **The QA Manager maintains an electronic tracking record for compliance with completing investigations in the required timeline. The QIDP Manager is responsible for ensuring that these incidents of Elopement and Client to Client Aggression are thoroughly investigated, and follow-up is completed within the established timelines.** **Administrative observations have been implemented in the home and will remain in place until the team determines it is**	

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			appropriate to decrease the number of observations. This will ensure all corrections are implemented per ResCare policy and regulations. Ongoing weekly and monthly observations and review will continue with the QIDP and Area Supervisor over the location.	
W 0122 Bldg. 00	483.420(a) CLIENT PROTECTIONS The facility must ensure the rights of all clients. Therefore the facility must Based on observation, record review and interview for 3 of 3 sampled clients (clients #1, #2 and #6) plus 5 additional clients (clients #3, #4, #5, #7 and #8), the facility failed to meet the Condition of Participation: Client Protections. The facility neglected to implement their policies and procedures to prevent abuse of clients #2, #3, #4, #5, #6, #7 and #8 regarding client #1's verbal abuse and intimidation towards clients #2, #3, #4, #5, #6, #7 and #8. The facility failed to ensure clients #2, #3, #4, #5, #6, #7 and #8 were free from fear of verbal abuse and threats of physical violence in their home from client #1. This noncompliance resulted in an Immediate Jeopardy. The Immediate Jeopardy was identified on 8/31/23 at 12:39 pm. The Qualified Intellectual Disabilities Professional Manager (QIDPM) was notified of the Immediate Jeopardy on 8/31/23 at 1:45 pm. The Immediate Jeopardy began on 7/11/23 when client #1 was admitted to the home as an emergency admission.	W 0122	The agency has policies and procedures defining and preventing abuse, neglect, exploitation, and misstatement. All staff are trained on this upon hire and annual thereafter. **Client 1 was relocated to alternate location on 09/01/23. Client 1 was approved for emergency waiver transition on 09/15/23 and has relocated to alternate waiver home and will not be returning to group home. Client #1 elected to discharge from services on 10/5/23 with the agency after meeting with BDS and developing a safety plan including appropriate living arrangements.** **All staff in the home received retraining on 8/30/23 on the agency Abuse, Neglect, Exploitation and Mistreatment Policy, Incident Management**	10/07/2023

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	The facility's Plan for Removal of Immediate Jeopardy dated 9/1/23 was reviewed on 9/5/23 at 10:00 am. The record indicated: "1. Client 1 has been removed from the home and will not be returning. A hotel room was secured at the [hotel], located at [address]. As of this letter, Client 1 is currently admitted to [hospital] pending psychiatric placement due to threats of self-harm and manic behavior. Admitting physician informed BDS (Bureau of Disabilities Services) and agency she is on a minimum 14-day hold. Client 1 will not return to the facility upon her discharge from hospital, and will remain placed at the hotel, receiving 24-staff supports, if she decides to remain in services, until emergency Medicaid Waivers are processed by the Developmental Disability Services at the request of the team. 2. All facility staff have been retrained on the following: -Abuse, neglect, exploitation (ANE), mistreatment, or violation of client rights policy. -Incident management and reporting policy. -Client Bill of Rights and Self-advocacy. -Consumer specific training (CST). -Appropriate staffing levels in the home and reporting guidelines. 3. Clients of the facility have completed self-advocacy training for their rights and how to report concerns or violation of their rights. 4. Daily administrative level oversight by members of the Operations Team, comprised of Operation Manager, Program Manager, Area Supervisors, Executive Director, Nurse Manager and Quality Assurance Team, will occur at the facility until the Executive Director and Regional Director		**and Reporting, reporting concerns about staffing levels through the chain of command.** **All staff working in the home received retraining on 8/30/23 on Consumer Specific Training on ISPs, BSPs, and HRPs.** **A Self Advocacy meeting was completed on 9/1/23 with all clients in the home with an emphasis on their rights to report concerns.** **Administrative observations have been implemented in the home and will remain in place until the team determines it is appropriate to decrease the number of observations. This will ensure all corrections are implemented per ResCare policy and regulations.** **Ongoing weekly and monthly observations and review will continue with the QIDP and Area Supervisor over the location.**	

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	determine that staff demonstrate competency in preventing client to client abuse." Daily IJ monitoring observations were completed on 9/1, 9/5 and 9/6/23. Observations were completed on 9/1/23 from 7:30 am through 8:30 am. Throughout the observation, client #1 remained in her room. Observations were completed on 9/5/23 from 6:45 am to 8:30 am. At 6:45 am the QIDPM stated client #1 "was relocated Friday to the [hotel], had a behavior where 911 was called and she is currently in the ER (emergency room) awaiting psych placement." At 7:20 am DSP (Direct Support Professional) #3 stated "it's much less tense with [client #1] gone. The girls are happy." On 9/6/23 from 7:00 am through 8:30 am client #1 remained gone from the home. At 7:30 am DSP #3 stated she was retrained on ANE, CSTs, client rights and IRs (incident reports) "last Friday". At 8:00 am, DSP #2 indicated she was retrained on ANE, CSTs, client rights and IRs. Record review was completed on 9/5/23 at 3:30 pm. Records indicated the facility trained staff regarding its Abuse, Neglect, Exploitation policy, incident reporting, consumer specific training, client self advocacy and staffing levels for the home which was completed on 9/1/23. Clients #2, #3, #4, #5, #6, #7 and #8 were trained on the Client Bill of Rights and Self Advocacy on 9/1/23. Daily administrative level oversight was completed on 9/1, 9/2, 9/3, 9/4, 9/5 and 9/6/2023. After review of the facility's plan for Immediate Jeopardy removal and through monitoring observations, interviews and record reviews, the QIDPM was notified of Immediate Jeopardy removal on 9/6/23 at 2:45 pm. Even though the facility's corrective actions removed the Immediate			

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	Jeopardy on 9/6/23 at 2:45 pm, the facility remained out of compliance at the Condition level (Governing Body) and (Client Protections). The facility needed to ensure the group home was monitored by the agency, and ensure the policies and procedures for abuse, neglect, and/or mistreatment were followed. The facility needed to develop and implement effective corrective measures to prevent recurrence and ensure the effectiveness of its plan of removal. Findings include: 1.) The facility neglected to implement their policies and procedures to prevent abuse of clients #2, #3, #4, #5, #6, #7 and #8 regarding client #1's verbal abuse and intimidation towards clients #2, #3, #4, #5, #6, #7 and #8. The facility failed to ensure clients #2, #3, #4, #5, #6, #7 and #8 were free from fear of verbal abuse and threats of physical violence in their home. Please see W149. 2.) The facility failed to investigate incidents of elopement for clients #1, #2 and #6 and incidents of peer to peer aggression for clients #1, #2, #3, #5, #6 and #8. Please see W154. 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 observation, record review and interview for 3 of 3 sampled clients (clients #1, #2 and #6) plus 5 additional clients (clients #3, #4, #5, #7 and #8), the facility failed to implement their	W 0149	**The agency has policies and procedures defining and preventing abuse, neglect, exploitation, and misstatement. All staff are trained on this**	10/06/2023

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	policies and procedures to ensure clients #2, #3, #4, #5, #6, #7 and #8 were free from verbal abuse and intimidation. The facility failed to investigate incidents of elopement for clients #1, #2 and #6 and incidents of peer to peer aggression for clients #1, #2, #3, #5, #6 and #8. Findings include: A.) Observations were completed in the home on 8/30/23 from 6:00 am through 8:20 am and from 4:15 pm through 7:00 pm. At 7:23 am client #2 was asleep on the couch. Direct Support Professional (DSP) #1 prompted client #2 to wake up. At 7:50 am client #2 stated to the Qualified Intellectual Disabilities Professional (QIDP) "I don't want to wear shoes (to day services), I didn't wear any yesterday." The QIDP encouraged her to wear something on her feet. Client #2 stated "I don't have any socks in my dresser and I'm not going to my room, I don't like my roommate, she's rude to me. I sleep fine on the couch." Client #2 stated "that's my roommate, she's listening to my radio. Client #2 stated "she listens to music loud and she yells. That's all she does." Client #2 left the home bare footed and without shoes for the day program. Client #1 did not come out of her room throughout the morning observation. Client #1 did not answer her door. When staff knocked on client #1's door, client #1 did not answer. The QIDP Manager (QIDPM) stated "she's ignoring". At 4:40 pm client #1 came out of her room yelling "I'm f------- sick as a dog, I've been trying to call y'all all day and no one has answered. I'm going to the ER (emergency room)." Client #1 then called 911. At 4:50 pm, emergency medical services (EMS) arrived at the home. EMS asked client #1 about her her issues, and she loudly stated "I'm f------ sick as a dog, I've been f------- sick all day and		**upon hire and annual thereafter.** **All staff in the home received retraining on the agency Abuse, Neglect, Exploitation and Mistreatment Policy on 8/30/23.** **Client 1 was relocated to alternate location on 09/01/23. Client 1 was approved for emergency waiver transition on 09/15/23 and has relocated to alternate waiver home and will not be returning to group home. Client #1 elected to discharge from services on 10/5/23 with the agency after meeting with BDS and developing a safety plan including appropriate living arrangements.** **A Self Advocacy meeting was completed on 9/1/23 with all clients in the home with an emphasis on their rights to report concerns.** **Timeliness and thoroughness of Investigations remains an ongoing issue. All trained investigators will be trained on the operations revised investigative process so as to ensure five-day completion for investigations.** **The facility will have evidence that all Elopement and Client to Client Aggression incidents are thoroughly investigated and reported to BDDS per reporting guidelines.**	

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	none of these m------ f------- were answering my calls. I need to go to the ER. I have to work." EMS took client #1 in her bedroom and assessed her. EMS then came out of client #1's bedroom and walked with her to the ambulance. At 4:58 pm EMS left the home to take client #1 to the ER. At 6:30 pm client #1 returned to the home with the Area Supervisor (AS). Client #1 yelled "I have a virus. I told you m------ f------- I was sick. I'm contagious, you people need to stay away from me." The facility's Bureau of Developmental Disabilities Services (BDDS) reports and investigations were reviewed on 8/30/23 at 2:00 pm and indicated the following: A BDDS report dated 8/3/23 at 9:15 am indicated "Upon returning to the home from transporting individuals to RDS (Rescare Day Service), AS heard fire alarm sounding in the home. When Area Supervisor (AS) entered the home, AS observed that [client #1] had dumped hand sanitizer on the floor, knocked over a shelf, and knocked over a snack cabinet. [Client #1] had also pulled the fire alarm during behavior. [Client #1] is presently allowed 6 hours a day alone time in the home. [Client #1] was upset over recent transition and awaiting delivery of personal belongings to the home. AS notified dispatch of the false alarm and reset fire alarm in home. Later in the afternoon, [client #1] continued behavior by knocking over the snack cabinet again causing it to break, pouring spaghetti sauce on the floor knocking dishes onto the floor, knocking over the trash can breaking the lid, pouring soap on the table and floor, and repulling the fire alarm. AS contacted dispatch and advised fire alarm was pulled intentionally and requested police be dispatched to the home due to [client #1] destroying		**QA Manager retrained all trained investigators on 9/5/23 on the facility policies and procedures regarding their responsibilities to ensure that all incidents as defined by the policy are reported and investigated. The QIDP is responsible for initiating and completing initial investigation of Elopement and Client to Client Aggression incidents. The QA Manager maintains an electronic tracking record for compliance with completing investigations in the required timeline. The QIDP Manager is responsible for ensuring that these incidents of Elopement and Client to Client Aggression are thoroughly investigated, and follow-up is completed within the established timelines.** **Administrative observations have been implemented in the home and will remain in place until the team determines it is appropriate to decrease the number of observations. This will ensure all corrections are implemented per ResCare policy and regulations.** **Ongoing weekly and monthly observations and review will continue with the QIDP and Area Supervisor over the location.**	

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	property. Police arrived, spoke with client #1 and AS and left without further incident. [Client #1] calmed down and resumed normal activity." A BDDS report dated 8/19/23 at 10:03 pm indicated "[Client #1] became upset when verbally prompted by staff to lower the volume to the music in her bedroom due to other peers sleeping in the home. [Client #1] began yelling at staff using profanity and threatening to harm staff and staff's property. When staff was attempting to call AS for assistance with behavior, [client #1] smacked staff's phone out of their hand, smashed a cup on the office desk, and poured the liquid from the cup all over staff. [Client #1] continued to yell and threaten staff as she walked out the office and slammed the door. [Client #1] walked back to her bedroom where she called Program Director and spoke with Program Director until she calmed down and resumed normal activity. [Client #1] additionally refused her 9 PM medications of Aripiprazole 20 mg (milligrams), Lithium Carbonate ER 450 mg, and Trazadone (sic) 100 mg (behavior). Nurse notified." Client #1's record was reviewed on 8/30/23 at 12:00 pm. The review indicated there was no Behavior Support Plan (BSP) for client #1. On 8/30/22 at 12:00 pm, the Qualified Intellectual Disabilities Professional (QIDP) stated "I'm working on it, I will bring it to you as I finish it." A neuropsychiatric evaluation dated 7/16/21 indicated "...Neuropsych eval, Intellectual disability, borderline (IQ=70)...currently on probation due to aggravated battery charges. She has served time in juvenile detention, most recently from 3/21-4/21. Released from residential treatments due to behavior concerns."			

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
NORMAL LIFE OF INDIANA	1970 E 45 1/2 CT TERRE HAUTE, IN 47802

(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
	A record titled [Company] Staffing w/Resident, psychiatrist, therapist and nurse dated 2/17/22 indicated, "...Legal hx (history): 1. [County], battery resulting in bodily injury, battery against a public safety official, battery by bodily waste against public safety officer. 2. [County], criminal recklessness, level 6 felony. 3. [County] Juvenile Detention Center, battery against a public safety official, battery resulting in bod injury, intimidation where threat is to commit a forcible felony. On 4/21/21 while in juvenile detention she hit her [school] teacher over the head with a chair several times when he wasn't looking because he asked her to be quiet in class. 4. [County] Battery by bodily waste with bodily injury. 5. [County] battery. 6. [County] leaving home without permission of parent." Client #3 was interviewed on 8/30/23 at 9:45 am at the facility owned day service. Client #3 stated sometimes client #1 "can be mean to us. She picks on [client #4] by taking her baby away and teases her with it. Sometimes she yells at people. She yells names at staff. Staff doesn't do nothing (sic). She won't let [client #2] (client #1's roommate) go in the room (her bedroom). She blares her music every day even while we are trying to sleep. She will bang on the walls because she gets mad. Staff says to just ignore her. [Client #2] sleeps on the couch every night because she won't let her go in the room. She's (client #2) afraid of her (client #1)." Client #2 was interviewed on 8/30/23 at 10:00 am at the facility owned day service. Client #2 stated "I don't like to be there (in the home). I don't like her at all. One day we got into it, she called me a 'One legged b----' and said 'that's why you had cancer			

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	and lost your leg' and 'your family don't (sic) want you' and she told me to 'get my a-- up and clean'. Client #2 stated "I don't get no sleep. I don't go in my room because she's in there. Staff said I can't move rooms. I sleep on the couch because I don't want to sleep in my room." When asked if she was afraid of client #1, client #2 stated "yeah, I'm afraid she'll beat me up." Client #2 indicated DSP #2 is usually the staff that works in the evening. Client #2 stated she has shared her concerns with DSP #2 and "she just sits there." Client #5 was interviewed on 8/30/23 at 10:20 am at the facility owned day service. Client #5 stated client #1 "yells, chases the cat because she doesn't like cats and plays her music real loud in the middle of the night. Staff asks her to turn it down and she won't do it. The low functioning people in the home have to sleep." Client #5 stated client #1 has "yelled at [client #6] and cussed her out." Client #5 stated client #1 "has attacked and hit staff, [DSP #2] and the overnight staff." Client #5 stated "yes" client #1 has yelled at her and threatened her by stating "I'm gonna punch you". Client #5 stated "I don't feel safe." Client #7 was interviewed on 8/30/23 at 10:38 am at the facility owned day service. Client #7 stated client #1 "was one of those girls that's very hard to get along with. She (client #1) threatened to beat [client #2] and [client #3] up with a broom before, she had them cornered with the broom in [client #3's] room. She likes to be violent. If something don't (sic) go her way, she will get it to go her way. She is violent with staff and had them backed in the office." Client #7 stated "I stay out of her way because I want to go to waiver but [client #2], [client #3] and [client #5] are scared of her. [Client #2] is scared to go in her room. She sleeps on the couch now. She won't go in there to			

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	get her clothes or nothing because she is bullied and tortured by her (client #1)." She (client #2) is bullied and tortured by her (client #1). Client #7 stated client #1 "threatens to hit people, calls us b------, raises her voice." Direct Support Professional (DSP) #1 was interviewed on 8/30/23 at 7:36 am. DSP #1 stated client #1 is "very verbally aggressive, she calls the girls r------- and b------. She has destroyed the house and pulled the fire alarm on more than one occasion. She blares her music at night while others are trying to sleep. She cornered staff in the office and threw pop at them. She has stolen the key to the (medication) office and we had to replace it. She does not go to day program, they let her stay home by herself." DSP #2 was interviewed on 8/30/53 at 5:53 pm. DSP #2 stated client #1 is "always loud and has an attitude with all of us." DSP #2 stated client #1 "normally picks on [clients #4 and #6], she will get in their faces and say 'what if I hit you, let me hit you' and she calls them r------- and she won't stop even when she is redirected." DSP #2 stated client #1 calls her roommate, client #2, "fat, lazy and anything in the book. [Client #1] has threatened to beat up [client #2] in her sleep. [Client #2] is terrified to go into her room." DSP #2 stated client #1 "will come out of her room everyday at supper time and start instigating the other clients by calling them names and threatening to hit them." DSP #2 stated "I feel it's abuse, none of the girls feel safe." DSP #3 was interviewed on 9/5/23 at 7:20 am. DSP #3 stated client #2 "sleeps on [client #3's] bedroom floor or on the couch because [client #1] scared her so bad, she threatened to beat her a--." DSP #3 indicated at 10:30 pm one night she asked			

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	client #1 to turn her music down because the other clients were sleeping. DSP #3 stated client #1 then cornered her and DSP #2 in the staff office and "threatened to dog walk us, she said she knows we can't put our hands on her, she started following us around videotaping us and threatening to beat our a--, calling us nasty c----." DSP #3 stated client #1 yelled "I hope your mom dies, I hope your kids die." DSP #3 stated client #1 "taunts [client #4], she makes fun of the way she walks and talks." DSP #3 stated client #1 teases client #5 by calling her "r------- and stupid." DSP #3 stated client #1 "is not redirectable." DSP #3 stated client #1 "threatened to beat the s--- out of the girls, they are scared of her." The Quality Assurance Manager (QAM) was interviewed on 8/31/23 at 12:30 pm. The QAM indicated the facility had a policy for Abuse, Neglect and Exploitation. The QAM stated the policy "says the clients should be free from abuse, neglect and exploitation." The QAM indicated the clients should be free from client to client abuse. The QAM stated the facility's policy should be followed "at all times." The QIDPM was interviewed on 8/31/23 at 12:30 pm. The QIDPM stated the facility had a policy "prohibiting abuse, neglect and exploitation." The QIDPM stated that policy should be followed "at all times to ensure the health and safety of the clients." The Program Director (PD) was interviewed on 8/31/23 at 12:30 pm. The PD indicated client #1 was an emergency admission. The PD stated, "DCS (Department of Child Services) wasn't real forthcoming with information on [client #1]." The PD stated "I didn't know any of this was going on, usually the clients would tell us." The PD			

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	indicated clients should be free from abuse and neglect. The PD stated the Abuse, Neglect and Exploitation policy should be followed "always." B.) The facility's Bureau of Developmental Disabilities Services (BDDS) reports and investigations were reviewed on 8/30/23 at 2:00 pm and indicated the following: A BDDS report dated 4/4/23 at 8:35 pm indicated "...[client #2] exited the home and started walking down the street. [Client #2] does not currently have any alone time allotted in her plan. Staff was unable to follow [client #2] due to assisting other peers in the home, so staff called 911 and the house DSL (direct support lead). [Client #2] was out of line of sight approximately 15 minutes...." A BDDS report dated 6/3/23 at 1:54 pm indicated "...[Client #2] exited the home walking down the road. Staff attempted to speak with and verbally prompted her to return inside but [client #2] refused redirection. Staff could not follow [client #2] due to supervising other peers in the home and lost line of sight. [Client #2] does not presently have any alone time allotted in her plan. Area Supervisor and 911 contacted. Police located [client #2] and returned her to the home after approximately 42 minutes...." A BDDS report dated 7/12/23 at 4:43 pm indicated "...[Client #1] exited the home stating she did not want to live at the group home any longer. Staff could not follow [client #1] due to supervising other peers in the home and lost line of sight for 30 minutes...." A BDDS report dated 7/31/23 at 2:35 pm indicated "...[client #6] began yelling at staff and exited the home walking down the road. [Client #6] does not			

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	presently have any alone time allotted in her plan...Staff could not follow [client #6] due to supervising other peers in the home...." A BDDS report dated 8/23/23 at 12:00 pm indicated "...[Client #6] does not currently have any alone time allotted in her plan. [Client #6] was walking in the road in front of the day service building...[Client #6] was out of line of sight for approximately 5 minutes...." The review indicated there were no investigations for these incidents of elopement for clients #1, #2 and #6. The facility's Bureau of Developmental Disabilities Services (BDDS) reports and investigations were reviewed on 8/30/23 at 2:00 pm and indicated the following: A BDDS report dated 5/14/23 at 4:40 pm indicated, "...[Client #6] threw an empty jar at [client #2] and [client #2] threw it back at [client #6] hitting her in the head resulting in a three inch open wound. Staff transported [client #6] to [hospital] where she was evaluated and four staples were applied to the laceration...." A BDDS report dated 5/23/23 at 5:30 pm indicated, "...[Client #6] became agitation when staff did not get ketchup quick enough. [Client #6] threw her food at [client #3], hitting her lower leg..." A BDDS report dated 6/4/23 at 6:00 pm indicated, "...[client #6] began grabbing and bending [client #5's] fingers at which time [client #2] pushed [client #6] to the floor...." A BDDS report dated 7/10/23 at 8:15 am indicated, "...[client #8] hit and pinched peer [client #6] on			

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	the arm...." A BDDS report dated 7/12/23 at 8:30 am indicated, "...[client #6] grabbed a hold of peer [client #2's] wrist. [Client #2] then hit [client #6] twice in the chest...." A BDDS report dated 7/30/23 at 11:00 am indicated, "...[client #6] threw utensils at peer [client #1] and hit [client #1]...." A BDDS report dated 7/28/23 at 8:15 am indicated, "...[client #6] then slapped [client #8] on her right lower side of her face...." A BDDS report dated 8/8/23 at 6:08 pm indicated, "...[client #6] pulled [client #3's] hair...." A BDDS report dated 8/16/23 at 9:00 am indicated, "...[client #8] became agitated for unknown reason and scratched peer [RDS client's] left ring finger...." A BDDS report dated 8/25/23 at 8:30 am indicated, "...[client #6] became agitated by everyone talking in the van and [Clint #6] pulled peer [client #3's] hair...pinched peer [client #8's] right hand causing [client #8] to cry...." The review indicated there were no investigations for these incidents of client to client aggression for clients #1, #2, #3, #5, #6 and #8. The Qualified Intellectual Disabilities Professional Manager (QIDPM) was interviewed on 9/7/23 at 9:00 am. The QIDPM stated, "elopements where the clients are out of line of sight and client to client aggression" should be investigated. The QIDPM indicated they had no investigations for the elopements and client to client incidents. The			

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	QIDPM stated they "should have been done." The Quality Assurance Manager (QA) was interviewed on 9/7/23 at 9:00 am. The The QA stated, "elopements and client to client aggression" should be investigated. The QA indicated they had no investigations for the elopements and client to client incidents. The QA stated "you have all the investigations I have." The QA stated investigations "should have been completed." The facility's policy and procedures were reviewed on 8/31/23 at 12:00 PM. The review indicated the following. A Rescare Bill of Rights dated 3/2014 indicated "The rights of persons with mental retardation and developmental disabilities include, but are not limited to: ...The right to be treated at all times with courtesy and respect and with full recognition of their dignity and individuality...The right to an appropriate, safe and sanitary living environment...The right to be free from emotional, psychological and physical abuse..." An Abuse, Neglect and Exploitation policy dated 11/14/2018 indicated "...ResCare will Ensure all persons served are treated with dignity and respect. Ensure that all persons served are free from abuse, neglect, or exploitation. Establish a protocol for reporting all incidents of abuse, neglect and exploitation to the ResCare Critical Incident Database. Ensure all incidents of abuse, neglect, and exploitation are reported to the appropriate authority as defined by state and local regulations...The policy applies to all persons served by ResCare. ResCare does not tolerate abuse, neglect, or exploitation of any persons served. All employees are required to report			

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	allegations or suspected incidents of abuse, neglect, and exploitation. Supervisors, managers, or employees are not permitted to, engage in retaliation, retribution, or any form of harassment directed against any employee who, in good faith, reports allegations or suspected incidents or abuse, neglect or exploitation. All alleged or suspected abuse, neglect, and/or exploitation will be immediately investigated. Appropriate corrective action will be taken to ensure prevention of any further occurrence...'Abuse' means the infliction of physical or psychological harm, unreasonable confinement, intimidation, punishment with resulting physical pain or mental anguish or deprivation of goods or services that are necessary to meet essential needs or to avoid physical or psychological harm." The facility's Reporting and Investigating Abuse, Neglect, Exploitation, Mistreatment or a Violation of Individual's Rights revised date 7/10/19 indicated the following-"ResCare staff actively advocate for the rights and safety of all individuals. All allegations or occurrences of abuse, neglect, exploitation, mistreatment or violation of an Individual's rights shall be reported to the appropriate authorities through the appropriate supervisory channels and will be thoroughly investigated under the policies of ResCare, local, state and federal guidelines. ResCare strictly prohibits abuse, neglect, exploitation, mistreatment, or violation of an Individual's rights." 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.			

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	Based on record review and interview for 3 of 3 sampled clients (clients #1, #2 and #6) plus three additional clients (clients #3, #5 and #8), the facility failed to investigate incidents of elopement for clients #1, #2 and #6 and incidents of peer to peer aggression for clients #1, #2, #3, #5, #6 and #8. Findings include: The facility's Bureau of Developmental Disabilities Services (BDDS) reports and investigations were reviewed on 8/30/23 at 2:00 pm and indicated the following: 1. A BDDS reported dated 4/4/23 at 8:35 pm indicated "...[client #2] exited the home and started walking down the street. [Client #2] does not currently have any alone time allotted in her plan. Staff was unable to follow [client #2] due to assisting other peers in the home, so staff called 911 and the house DSL (direct support lead). [Client #2] was out of line of sight approximately 15 minutes...." 2. A BDDS report dated 6/3/23 at 1:54 pm indicated "...[Client #2] exited the home walking down the road. Staff attempted to speak with and verbally prompted her to return inside but [client #2] refused redirection. Staff could not follow [client #2] due to supervising other peers in the home and lost line of sight. [Client #2] does not presently have any alone time allotted in her plan. Area Supervisor and 911 contacted. Police located [client #2] and returned her to the home after approximately 42 minutes...." 3. A BDDS report dated 7/12/23 at 4:43 pm indicated "...[Client #1] exited the home stating she did not want to live at the group home any	W 0154	Timeliness and thoroughness of Investigations remains an ongoing issue. All trained investigators will be trained on the operations revised investigative process so as to ensure five day completion for investigations. **The facility will have evidence that all Elopement and Client to Client Aggression incidents are thoroughly investigated and reported to BDDS per reporting guidelines.** **QA Manager retrained all trained investigators on 9/5/23 on the facility policies and procedures regarding their responsibilities to ensure that all incidents as defined by the policy are reported and investigated. The QIDP is responsible for initiating and completing initial investigation of Elopement and Client to Client Aggression incidents.** **The QA Manager maintains an electronic tracking record for compliance with completing investigations in the required timeline. The QIDP Manager is responsible for ensuring that these incidents of Elopement and Client to Client Aggression are thoroughly investigated, and follow-up is completed within the established timelines.**	10/07/2023

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	longer. Staff could not follow [client #1] due to supervising other peers in the home and lost line of sight for 30 minutes...." 4. A BDDS report dated 7/31/23 at 2:35 pm indicated "...[client #6] began yelling at staff and exited the home walking down the road. [Client #6] does not presently have any alone time allotted in her plan...Staff could not follow [client #6] due to supervising other peers in the home...." 5. A BDDS report dated 8/23/23 at 12:00 pm indicated "...[Client #6] does not currently have any alone time allotted in her plan. [Client #6] was walking in the road in front of the day service building...[Client #6] was out of line of sight for approximately 5 minutes...." The review indicated there were no investigations for these incidents of elopement for clients #1, #2 and #6. 6. A BDDS report dated 5/14/23 at 4:40 pm indicated, "...[Client #6] threw an empty jar at [client #2] and [client #2] threw it back at [client #6] hitting her in the head resulting in a three inch open wound. Staff transported [client #6] to [hospital] where she was evaluated and four staples were applied to the laceration...." 7. A BDDS report dated 5/23/23 at 5:30 pm indicated, "...[Client #6] became agitation when staff did not get ketchup quick enough. [Client #6] threw her food at [client #3], hitting her lower leg...." 8. A BDDS report dated 6/4/23 at 6:00 pm indicated, "...[client #6] began grabbing and bending [client #5's] fingers at which time [client #2] pushed [client #6] to the floor...."			

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9. A BDDS report dated 7/10/23 at 8:15 am indicated, "...[client #8] hit and pinched peer [client #6] on the arm...."

10. A BDDS report dated 7/12/23 at 8:30 am indicated, "...[client #6] grabbed a hold of peer [client #2's] wrist. [Client #2] then hit [client #6] twice in the chest...."

11. A BDDS report dated 7/30/23 at 11:00 am indicated, "...[client #6] threw utensils at peer [client #1] and hit [client #1]...."

12. A BDDS report dated 7/28/23 at 8:15 am indicated, "...[client #6] then slapped [client #8] on her right lower side of her face...."

13. A BDDS report dated 8/8/23 at 6:08 pm indicated, "...[client #6] pulled [client #3's] hair...."

14. A BDDS report dated 8/16/23 at 9:00 am indicated, "...[client #8] became agitated for unknown reason and scratched peer [RDS client's] left ring finger...."

15. A BDDS report dated 8/25/23 at 8:30 am indicated, "...[client #6] became agitated by everyone talking in the van and [Clint #6] pulled peer [client #3's] hair...pinched peer [client #8's] right hand causing [client #8] to cry...".

The review indicated there were no investigations for these incidents of client to client aggression for clients #1, #2, #3, #5, #6 and #8.

The Qualified Intellectual Disabilities Professional Manager (QIDPM) was interviewed on 9/7/23 at 9:00 am. The QIDPM stated, "elopements where the clients are out of line of sight and client to

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
NORMAL LIFE OF INDIANA	1970 E 45 1/2 CT TERRE HAUTE, IN 47802

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	client aggression" should be investigated. The QIDPM indicated they had no investigations for the elopements and client to client incidents. The QIDPM stated they "should have been done." The Quality Assurance Manager (QA) was interviewed on 9/7/23 at 9:00 am. The QA stated, "elopements and client to client aggression" should be investigated. The QA indicated they had no investigations for the elopements and client to client incidents. The QA stated "you have all the investigations I have." The QA stated investigations "should have been completed." 9-3-2(a)			
W 0186 Bldg. 00	483.430(d)(1-2) DIRECT CARE STAFF The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans. Direct care staff are defined as the present on-duty staff calculated over all shifts in a 24-hour period for each defined residential living unit. Based on record review and interview for 3 of 3 sampled clients (#1, #2 and #6), the facility failed to ensure the home had sufficient direct care staff to effectively implement client #1, #2 and #6's plans. Findings include: The facility's Bureau of Developmental Disabilities Services (BDDS) reports and investigations were reviewed on 8/30/23 at 2:00 pm and indicated the following:	W 0186	**The facility will provide sufficient staff to manage and supervise clients in accordance with their individualized plan. The home has recently experienced turnover that has initiated extra recruiting and training efforts to meet the needs of the individuals in the home.** **All staff in the home received retraining on 8/30/23 on**	10/07/2023

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	1. A BDDS report dated 4/4/23 at 8:35 pm indicated "...[client #2] exited the home and started walking down the street. [Client #2] does not currently have any alone time allotted in her plan. Staff was unable to follow [client #2] due to assisting other peers in the home, so staff called 911 and the house DSL (direct support lead). [Client #2] was out of line of sight approximately 15 minutes...." 2. A BDDS report dated 6/3/23 at 1:54 pm indicated "...[Client #2] exited the home walking down the road. Staff attempted to speak with and verbally prompted her to return inside but [client #2] refused redirection. Staff could not follow [client #2] due to supervising other peers in the home and lost line of sight. [Client #2] does not presently have any alone time allotted in her plan. Area Supervisor and 911 contacted. Police located [client #2] and returned her to the home after approximately 42 minutes...." 3. A BDDS report dated 7/12/23 at 4:43 pm indicated "...[Client #1] exited the home stating she did not want to live at the group home any longer. Staff could not follow [client #1] due to supervising other peers in the home and lost line of sight for 30 minutes...." 4. A BDDS report dated 7/31/23 at 2:35 pm indicated "...[client #6] began yelling at staff and exited the home walking down the road. [Client #6] does not presently have any alone time allotted in her plan...Staff could not follow [client #6] due to supervising other peers in the home...." 5. A BDDS report dated 8/23/23 at 12:00 pm indicated "...[Client #6] does not currently have any alone time allotted in her plan. [Client #6] was		**contacting their chain of command upon noting staffing levels in the home to not be sufficient.** **Program Manager will review all schedules to ensure adequate staffing is in place at all locations and work with Human Resources to recruit to fill staff vacancies in impacted homes.** **The Area Supervisor and Residential Manager are responsible for ensuring that there is sufficient staff in the home at all times. The Area Supervisor is responsible to review and approve the staffing schedule weekly to ensure that adequate staffing is assigned. The staffing schedule has been reviewed for the home and the Area Supervisor will monitor that adequate staff are assigned daily.** **Program Manager will train the Area Supervisor and Residential Manager on Job Responsibilities ensuring adequate staffing in the home.** **Administrative observations have been implemented in the home and will remain in place until the team determines it is appropriate to decrease the number of observations. This will ensure all corrections are implemented per ResCare policy and regulations.** **Ongoing weekly and monthly**	

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	walking in the road in front of the day service building...[Client #6] was out of line of sight for approximately 5 minutes...." A review of client #1's record was completed on 8/30/23 at 12:00 pm. The review indicated client #1 had a Behavior Support Plan (BSP) for elopement. The BSP indicated "if [client #1] leaves the premises, follow [client #1] and encourage her to return." A review of client #2's record was completed on 9/6/23 at 3:00 pm. A BSP dated 3/28/23 indicated client #2 had a plan for elopement. The BSP indicated "if [client #2] leaves the premises, follow [client #2] and encourage her to return." A review of client #6's record was completed on 9/6/23 at 4:00 pm. A BSP dated 9/16/22 indicated client #6 had a plan for elopement. The BSP indicated "if [client #6] leaves the premises, follow [client #6] and encourage her to return." Direct Support Professional (DSP) #1 was interviewed on 8/30/23 at 7:36 am. DSP #1 stated "I'm the only DSP here right now." DSP #1 indicated one staff is not sufficient to safely supervise the clients and implement their plans. Direct Support Professional (DSP) #2 was interviewed on 8/30/23 at 5:53 pm. DSP stated "I don't normally have another staff. I needed one when [clients #7, #3 and #5] got into an argument and [client #6] was trying to attack them and then she eloped. I had to call the police for them to get her." DSP #2 indicated 1 staff was not enough to manage the clients' behaviors and follow their plans. The Qualified Intellectual Disabilities Professional		**observations and review will continue with the QIDP and Area Supervisor over the location.**	

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	Manager (QIDPM) was interviewed on 9/7/23 at 9:00 am. The QIDPM indicated the home had 8 clients. The QIDPM stated the home is supposed to have "2 staff during waking hours." The QIDPM indicated 1 staff is not sufficient to manage the clients' behaviors and follow their plans. 9-3-3(a)			
W 0189 Bldg. 00	483.430(e)(1) STAFF TRAINING PROGRAM The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. Based on observation, record review and interview for 3 of 3 sampled clients (#1, #2 and #6) plus 5 additional clients (#3, #4, #5, #7 and #8), the facility failed to ensure staff were trained regarding clients' plans. Findings include: The facility's Bureau of Developmental Disabilities Services (BDDS) reports and investigations were reviewed on 8/30/23 at 2:00 pm and indicated the following: A BDDS report dated 8/3/23 at 9:15 am indicated "Upon returning to the home from transporting individuals to RDS (Rescare Day Service), AS heard fire alarm sounding in the home. When Area Supervisor (AS) entered the home, AS observed that [client #1] had dumped hand sanitizer on the floor, knocked over a shelf, and knocked over a snack cabinet. [Client #1] had also pulled the fire alarm during behavior. [Client #1] is presently allowed 6 hours a day alone time in the home. [Client #1] was upset over recent transition and	W 0189	**All Program Managers and Area Supervisors received retraining on 10/4/23 on ensuring all staff working in the home have received Consumer Specific Training prior to their shift.** **All staff working in the home received retraining on 8/30/23 on Consumer Specific Training on ISPs, BSPs, and HRPs.** **Administrative observations have been implemented in the home and will remain in place until the team determines it is appropriate to decrease the number of observations. This will ensure all corrections are implemented per ResCare policy and regulations.** **Ongoing weekly and monthly observations and review will continue with the QIDP and Area Supervisor over the**	10/07/2023

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	awaiting delivery of personal belongings to the home. AS notified dispatch of the false alarm and reset fire alarm in home. Later in the afternoon, [client #1] continued behavior by knocking over the snack cabinet again causing it to break, pouring spaghetti sauce on the floor knocking dishes onto the floor, knocking over the trash can breaking the lid, pouring soap on the table and floor, and repulling the fire alarm. AS contacted dispatch and advised fire alarm was pulled intentionally and requested police be dispatched to the home due to [client #1] destroying property. Police arrived, spoke with client #1 and AS and left without further incident. [Client #1] calmed down and resumed normal activity." A BDDS report dated 8/19/23 at 10:03 pm indicated "[Client #1] became upset when verbally prompted by staff to lower the volume to the music in her bedroom due to other peers sleeping in the home. [Client #1] began yelling at staff using profanity and threatening to harm staff and staff's property. When staff was attempting to call AS for assistance with behavior, [client #1] smacked staff's phone out of their hand, smashed a cup on the office desk, and poured the liquid from the cup all over staff. [Client #1] continued to yell and threaten staff as she walked out the office and slammed the door. [Client #1] walked back to her bedroom where she called Program Director and spoke with Program Director until she calmed down and resumed normal activity. [Client #1] additionally refused her 9 PM medications of Aripiprazole 20 mg (milligrams), Lithium Carbonate ER 450 mg, and Trazadone (sic) 100 mg (behavior). Nurse notified." Observations were completed in the home on 8/30/23 from 6:00 am through 8:20 am and from 4:15 pm through 7:00 pm. At 7:23 am client #2 was		**location.**	

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	asleep on the couch. Direct Support Professional (DSP) #1 prompted client #2 to wake up. At 7:50 am client #2 stated to the Qualified Intellectual Disabilities Professional (QIDP) "I don't want to wear shoes (to day services), I didn't wear any yesterday." The QIDP encouraged her to wear something on her feet. Client #2 stated "I don't have any socks in my dresser and I'm not going to my room, I don't like my roommate, she's rude to me. I sleep fine on the couch." Client #2 stated "that's my roommate, she's listening to my radio. Client #2 stated "she listens to music loud and she yells. That's all she does." Client #2 left the home bare footed and without shoes for the day program. Client #1 did not come out of her room throughout the morning observation. Client #1 did not answer her door. When staff knocked on client #1's door she did not answer. The QIDP Manager (QIDPM) stated "she's ignoring". At 4:40 pm client #1 came out of her room yelling "I'm f------- sick as a dog, I've been trying to call y'all all day and no one has answered. I'm going to the ER (emergency room)." Client #1 then called 911. At 4:50 pm, emergency medical services (EMS) arrived at the home. EMS asked client #1 about her her issues, and she loudly stated "I"m f------- sick as a dog, I've been f------- sick all day and none of these m------ f------- were answering my calls. I need to go to the ER. I have to work." EMS took client #1 in her bedroom and assessed her. EMS then came out of client #1's bedroom and walked with her to the ambulance. At 4:58 pm EMS left the home to take client #1 to the ER. At 6:30 pm client #1 returned to the home with the Area Supervisor (AS). Client #1 yelled "I have a virus. I told you m------- f------- I was sick. I'm contagious, you people need to stay away from me." Direct Support Professional (DSP) #1 was			

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	interviewed on 8/30/23 at 7:36 am. DSP #1 stated "I'm the only DSP here right now." DSP #1 indicated she was not trained on client #1's plans. DSP #1 stated "we just try to keep her separated from the girls, and try to keep her calm." Direct Support Professional (DSP) #2 was interviewed on 8/30/23 at 5:53 pm. DSP #2 stated "I didn't get 16 hours in the house training that staff is supposed to get when they start in a home. I didn't even know [client #5] had a stop/go card until today." DSP #2 stated "the day she came here (client #1) nobody told me anything about her except she's super high functioning, she gets alone time and she did whatever she wanted. I think they told me she had PTSD (post traumatic stress disorder) and lots of triggers and they're trying to get her to a waiver asap." The Qualified Intellectual Disabilities Professional Manager (QIDPM) was interviewed on 9/7/23 at 9:00 am. The QIDPM indicated all staff should be trained on clients' plans. The QIDPM stated staff should be trained "to effectively implement the plans as written." The Quality Assurance Manager (QA) was interviewed on 9/7/23 at 9:00 am. The QA indicated all staff should be trained on the clients' plans. The QA stated staff should be trained "upon hire and as changes occur." 9-3-3(a)			
W 0210 Bldg. 00	483.440(c)(3) INDIVIDUAL PROGRAM PLAN Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation			

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	conducted prior to admission. Based on record review and interview for 2 of 3 sampled clients (#1 and #2), the facility failed to ensure a Comprehensive Functional Assessment (CFA) was completed within 30 days after admission for clients #1 and #2. Findings include: Client #1's record was reviewed on 8/30/23 at 12:00 pm. An Individual Support Plan for client #1 dated 8/28/23 indicated her admission date was 7/11/23 and there was no CFA present in her record. Client #2's record was reviewed on 9/6/23 at 3:00 pm. An Individual Support Plan dated 3/29/23 indicated client #2 was admitted on 2/28/23. A review of her CFA indicated her functional assessment was completed on 5/22/23. The Qualified Intellectual Disabilities Professional (QIDP) was interviewed on 9/7/23 at 9:00 am. The QIDP stated functional assessments were to be completed "within 30 days of admission and then annually." The QIDP stated "[Client #1] refused her assessment." The QIDP indicated the CFA could have been completed by other means. The Qualified Intellectual Disabilities Professional Manager (QIDPM) was interviewed on 9/7/23 at 9:00 am. The QIDPM stated CFAs should be completed "within 30 days of admission and updated annually." The QIDPM indicated the clients' CFAs weren't completed within the 30 day timeframe. 9-3-4(a)	W 0210	**All QIDPs received retraining on 9/29/23 on completion of CFAs within 30 days of admission.** **Ongoing, QIDP Manager will conduct a quarterly audit of all client charts to ensure CFAs are completed within 30 days of admissions and client plans and supports are developed and implemented as appropriate.**	10/07/2023

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W 0259 Bldg. 00	483.440(f)(2) PROGRAM MONITORING & CHANGE At least annually, the comprehensive functional assessment of each client must be reviewed by the interdisciplinary team for relevancy and updated as needed. Based on record review and interview for 1 of 3 sampled clients (client #6), the facility failed to ensure client #6's Comprehensive Functional Assessment (CFA) was reviewed annually. Findings include: Client #6's record was reviewed on 9/6/23 at 4:00 pm. A CFA indicated an assessment was completed on 8/9/22. The review indicated there was no assessment completed in 2023. The Qualified Intellectual Disabilities Professional (QIDP) was interviewed on 9/7/23 at 9:00 am. The QIDP stated functional assessments were to be completed "within 30 days of admission and then annually." The QIDP stated "[Client #6's] assessment should have been updated." The Qualified Intellectual Disabilities Professional Manager (QIDPM) was interviewed on 9/7/23 at 9:00 am. The QIDPM stated CFAs should be completed "within 30 days of admission and updated annually." The QIDPM stated client #6's CFA "should have been updated." 9-3-4(a)	W 0259	**The QIDP who updated Client #6 CFA in 2022 used the signature section for 2023. As a result, when the QIDP updated Client #6 CFA in 2023, QIDP had to use the signature section for 2022. A copy of the relevant signature sections will be uploaded with this POC.**	10/07/2023
W 0440 Bldg. 00	483.470(i)(1) EVACUATION DRILLS at least quarterly for each shift of personnel. Based on record review and interview for 3 of 3 sampled clients (#1, #2 and #6), plus 5 additional	W 0440	**The agency has implemented electronic scheduling and tracking of drills through Task**	10/07/2023

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	clients (#3, #4, #5, #7 and #8), the facility failed to conduct quarterly evacuation drills for each shift of personnel for clients #1, #2, #3, #4, #5, #6, #7 and #8. Findings include: The facility's fire drill records were reviewed on 9/6/23 at 11:00 am. The review indicated the facility completed fire drills on the following dates, times and shifts: 10/20/22 at 2:07 am, night shift. 11/5/22 at 6:34 pm, evening shift. 12/1/22 at 6:21 am, day shift. 1/2023 no night shift drill available for review. 2/17/23 at 7:05 am, day shift. 3/15/23 at 8:19 pm, evening shift. 4/17/23 at 6:14 am, day shift. 6/2/23 at 11:30 am, day shift. 6/9/23 at 5:00 pm, evening shift. 6/22/23 at 6:00 am, day shift. No night shift drill available for review. 7/5/23 at 4:03 am, night shift. 8/4/23 at 7:48 am, day shift. 9/2/23 at 2:07 am, night shift. No evening shift drill available for review. The review indicated there was no night shift drill documented the 1st quarter of 2023, there was no evening shift drill documented for the 2nd quarter of 2023 and there was no evening shift drill documented for the 3rd quarter of 2023. This affected clients #1, #2, #3, #4, #5, #6, #7 and #8. Direct Support Professional (DSP) #1 was interviewed on 8/30/23 at 6:30 am. DSP #1 was		**Master Pro to ensure drills are scheduled and conducted at appropriate dates and times. At least one drill is conducted on each shift at least every three months. All staff have been trained to enter drills into Task Master Pro. Unless there is inclement weather during the drill, all residents are evacuated from the home during each drill conducted at the home on all shifts.** **The Area Supervisor will receive training on their responsibilities for ensuring that drills are completed by the direct care staff as identified in Task Master Pro. The Program Manager will be responsible for conducting this training.** **The Area Supervisor also reviews and signs the Drill Reports indicating that any issues identified during the drill are followed-up appropriately. The Area Supervisor is responsible for assuring drills are properly entered into Task Master Pro.** **The Area Supervisor will monitor that quarterly drills are completed as scheduled. Any drills not conducted as scheduled will be followed up with the Area Supervisor. The Area Supervisor will submit completed drills to the Quality Assurance Manager for review by the Safety Committee on a**	

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	asked when the group home completes fire drills, DSP #1 stated, "It's supposed to be one per shift every quarter." An interview was conducted with the Qualified Intellectual Disabilities Professional Manager (QIDPM) on 9/7/23 at 9:00 am. The QIDPM indicated drills were not completed per the facility policy. The QIDPM stated, "Drills should be one per shift, per quarter of each type of drill, storm and fire." An interview was conducted with the Quality Assurance Manager (QA) on 9/7/23 at 9:00 am. QA indicated the area supervisor and home staff are responsible for completing fire drills. QA stated, "I have only had so many turned in to me. I don't believe we complete the drills every month like they are supposed to be executed." 9-3-7(a)		**quarterly basis.**	