

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G127	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 04/06/2023
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NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP COD 1031 WEST ST NEW ALBANY, IN 47150
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W 0000 Bldg. 00	<p>This visit was for the investigation of complaint #IN00404023. This visit resulted in an Immediate Jeopardy.</p> <p>Complaint #IN00404023: Federal and state deficiencies related to the allegation(s) are cited at: W102, W104, W122 and W127.</p> <p>Dates of Survey: 3/30/23, 3/31/23, 4/3/23, 4/4/23, 4/5/23 and 4/6/23.</p> <p>Facility Number: 000664 Provider Number: 15G127 AIMS Number: 100234310</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 5/3/23.</p>	W 0000		
W 0102 Bldg. 00	<p>483.410 GOVERNING BODY AND MANAGEMENT</p> <p>The facility must ensure that specific governing body and management requirements are met.</p> <p>Based on observation, record review and interview, the facility failed to meet the Condition of Participation: Governing Body for 2 of 3 sampled clients (A and B), plus 2 additional clients (F and G).</p> <p>The governing body failed to exercise general policy, budget and operating direction over the facility to address a pattern of aggressive and emotionally intimidating behaviors of client A resulting in an intimidating and emotionally abusive home for clients B, F and G and failed to</p>	W 0102	<p>1. Professional installed security system by Koorsen Fire and Security was completed on 5/15/2023 to provided additional alerts for facility staff on window and doors.</p> <p>2. Facility will retrain staff on all clients Individual Support Plans and Behavioral Support Plans implementation, effective 4/4/2023 and update as needed determined by IDT with paraprofessional input.</p>	06/01/2023

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Patrick O'Heran	QAM	05/15/2023

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>ensure client A's behavior management needs were met to ensure his safety regarding elopement behaviors.</p> <p>The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility met the Condition of Participation: Client Protections for 2 of 3 sampled clients (A and B), plus 2 additional clients (F and G).</p> <p>Findings include:</p> <p>1. The governing body failed to exercise general policy, budget and operating direction over the facility to address a pattern of aggressive and emotionally intimidating behaviors of client A resulting in an intimidating and emotionally abusive home for clients B, F and G and failed to ensure client A's behavior management needs were met to ensure his safety regarding elopement behaviors. Please see W127.</p> <p>2. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility met the Condition of Participation: Client Protections for 2 of 3 sampled clients (A and B), plus 2 additional clients (F and G). Please see W122.</p> <p>This federal tag relates to complaint #IN00404023.</p> <p>9-3-1(a)</p>		<p>3. The management team will meet daily as of 4/3/2023 to review any issues involving the clients and to review the plans in place to ensure overall compliance and will implement any changes as needed. The management team will also develop transition plans for implementation of the CIH waiver during these daily meetings.</p> <p>4. A team of management personnel will meet with clients at the facility to review Client Rights and Grievance procedure.</p> <p>5. Daily observations will be conducted by a member of ResCare administrative team at the ICF and waiver location, issues will be report on and addressed daily.</p> <p>6. Client A was immediately relocated to waiver site, process to obtain waiver service started by the IDT with guardian approval. Client A has updated LOC and transition process underway expected to be complete June 1, 2023</p> <p>7. The Facility retrained staff on the Abuse, Neglect and Exploitation Policy and disciplinary action will be given if the policy is not followed. Area Supervisor and Residential Manager will ensure that the Abuse, Neglect and Exploitation Policy is followed. Monitoring of ANE will done by The Program Manager, Area Supervisor and</p>	

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W 0104 Bldg. 00	483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based on observation, record review and interview for 2 of 3 sampled clients (A and B), plus 2 additional clients (F and G), the governing body failed to exercise general policy, budget and operating direction over the facility to address a pattern of aggressive and emotionally intimidating behaviors of client A resulting in an intimidating and emotionally abusive home for clients B, F and G and failed to ensure client A's behavior	W 0104	Residential Manager to ensure all incidents of possible abuse, neglect and exploitation are reported to the QA department. 8. QIDP trained staff on reporting and documenting client fears of aggressive and emotionally intimidating behaviors, The QIDP met with clients in the facility to ensure clients are comfortable reporting concerns of aggressive and emotionally intimidating behaviors. 9. The QIDP trained Area Supervisor, Program Manager DSL and DSPs on recognizing a pattern of aggressive and emotionally intimidating behaviors. Persons Responsible: Executive Director, Associate Executive Director, Program Manager, Quality Assurance, Area Supervisor, Director of Nursing, Nurse, Behavior Clinician, QIDP, Direct Support Lead, and DSP. 1. Professional installed security system by Koorsen Fire and Security was completed on 5/15/2023 to provided additional alerts for facility staff on window and doors. 2. Facility will retrain staff on all clients Individual Support Plans and Behavioral Support Plans	06/01/2023

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	<p>management needs were met to ensure his safety regarding elopement behaviors.</p> <p>Findings include:</p> <p>The governing body failed to exercise operating direction over the facility to address a pattern of aggressive and emotionally intimidating behaviors of client A resulting in an intimidating and emotionally abusive home for clients B, F and G. The governing body failed to ensure client A's behavior management needs were met to ensure his safety regarding elopement behaviors. Please see W127.</p> <p>This federal tag relates to complaint #IN00404023.</p> <p>9-3-1(a)</p>		<p>implementation, effective 4/4/2023 and update as needed determined by IDT with paraprofessional input.</p> <p>3. The management team will meet daily as of 4/3/2023 to review any issues involving the clients and to review the plans in place to ensure overall compliance and will implement any changes as needed. The management team will also develop transition plans for implementation of the CIH waiver during these daily meetings.</p> <p>4. A team of management personnel will meet with clients at the facility to review Client Rights and Grievance procedure.</p> <p>5. Daily observations will be conducted by a member of ResCare administrative team at the ICF and waiver location, issues will be report on and addressed daily.</p> <p>6. Client A was immediately relocated to waiver site, process to obtain waiver service started by the IDT with guardian approval. Client A has updated LOC and transition process underway expected to be complete June 1, 2023</p> <p>7. The Facility retrained staff on the Abuse, Neglect and Exploitation Policy and disciplinary action will be given if the policy is not followed. Area Supervisor and Residential Manager will ensure that the Abuse, Neglect and Exploitation</p>	

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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 2 of 3 sampled clients (A and B), plus 2 additional clients (F and G), the facility failed to address a pattern of aggressive and emotionally intimidating behaviors of client A resulting in an intimidating and emotionally abusive home for clients B, F and G. The facility failed to ensure	W 0122	Policy is followed. Monitoring of ANE will done by The Program Manager, Area Supervisor and Residential Manager to ensure all incidents of possible abuse, neglect and exploitation are reported to the QA department. 8. QIDP trained staff on reporting and documenting client fears of aggressive and emotionally intimidating behaviors, The QIDP met with clients in the facility to ensure clients are comfortable reporting concerns of aggressive and emotionally intimidating behaviors. 9. The QIDP trained Area Supervisor, Program Manager DSL and DSPs on recognizing a pattern of aggressive and emotionally intimidating behaviors Persons Responsible: Executive Director, Associate Executive Director, Program Manager, Quality Assurance, Area Supervisor, Director of Nursing, Nurse, Behavior Clinician, QIDP, Direct Support Lead, and DSP. 1. Professional installed security system by Koorsen Fire and Security was completed on 5/15/2023 to provided additional alerts for facility staff on window and doors.	06/01/2023

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	<p>client A's behavior management needs were met to ensure his safety regarding elopement behaviors.</p> <p>This noncompliance resulted in an Immediate Jeopardy. The Immediate Jeopardy was identified on 4/3/23 at 2:28 PM. The AED (Associate Executive Director), PM (Program Manager) and QIDP (Qualified Intellectual Disabilities Professional) were notified of the Immediate Jeopardy on 4/3/23 at 2:28 PM. The Immediate Jeopardy began on 3/24/23 when the facility failed to take immediate action to safeguard clients who expressed fear and intimidation from client A to administrative staff.</p> <p>On 4/3/23 the facility submitted a Provider Plan of Correction to remove the Immediate Jeopardy. The plan was reviewed on 4/4/23 at 10:01 AM and indicated the following:</p> <p>-The provider has implemented the following protective measures for the removal of the Immediate Jeopardy Citations issued under Governing Body and Client Protections:</p> <ol style="list-style-type: none"> 1. The client in question has been removed from the facility effective 4/3/2023. 2. The client in question has been referred to the Bureau of Developmental Disabilities Services (BDDS) for an emergency CIH (Community Integration and Habitation) waiver. <ol style="list-style-type: none"> a. BDDS verbally confirmed with ResCare on 4/3/2023 stating the following: <ol style="list-style-type: none"> i. Approval for a waiver slot is being initiated. ii. BDDS will need a current Confirmation of Diagnosis to proceed with the requested service change. ResCare nursing will obtain the 		<ol style="list-style-type: none"> 2. Facility will retrain staff on all clients Individual Support Plans and Behavioral Support Plans implementation, effective 4/4/2023 and update as needed determined by IDT with paraprofessional input. 3. The management team will meet daily as of 4/3/2023 to review any issues involving the clients and to review the plans in place to ensure overall compliance and will implement any changes as needed. The management team will also develop transition plans for implementation of the CIH waiver during these daily meetings. 4. A team of management personnel will meet with clients at the facility to review Client Rights and Grievance procedure. 5. Daily observations will be conducted by a member of ResCare administrative team at the ICF and waiver location, issues will be report on and addressed daily. 6. Client A was immediately relocated to waiver site, process to obtain waiver service started by the IDT with guardian approval. Client A has updated LOC and transition process underway expected to be complete June 1, 2023 7. The Facility retrained staff on the Abuse, Neglect and Exploitation Policy and disciplinary action will be given if the policy is not followed. Area 	

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	<p>Confirmation of Diagnosis and provide to BDDS.</p> <p>iii. An ICAP assessment will be completed with the names of 5 respondents from ResCare provided to interview for this assessment.</p> <p>3. An interdisciplinary team meeting was held for the client in question on 4/3/2023 and the following was put in place:</p> <p>a. Line of sight staffing is being implemented during all hours.</p> <p>b. Updated Behavioral Support Plan is being created and staff will be trained on implementation by 4/4/2023.</p> <p>c. Psychiatric re-evaluation and counseling are being scheduled by ResCare nursing.</p> <p>d. A member of management team will do unannounced drop in visits daily until the IJ is corrected, effective 4/4/2023.</p> <p>4. Facility staff will receive retraining on all client Behavioral Support Plans implementation, effective 4/4/2023.</p> <p>5. The management team will meet daily as of 4/3/2023 to review any issues involving the client in question and to review the plans in place to ensure overall compliance and will implement any changes as needed. The management team will also develop transition plans for implementation of the CIH waiver during these daily meetings.</p> <p>6. A team of management personnel will meet with clients at the facility to review Client Rights and Grievance procedure. The team will also review with clients who they can speak with regarding (blank) (sic)."</p> <p>The facility provided an updated/revised copy of client A's BSP on 4/5/23 at 11:40 AM. Client A's</p>		<p>Supervisor and Residential Manager will ensure that the Abuse, Neglect and Exploitation Policy is followed. Monitoring of ANE will done by The Program Manager, Area Supervisor and Residential Manager to ensure all incidents of possible abuse, neglect and exploitation are reported to the QA department.</p> <p>8. QIDP trained staff on reporting and documenting client fears of aggressive and emotionally intimidating behaviors, The QIDP met with clients in the facility to ensure clients are comfortable reporting concerns of aggressive and emotionally intimidating behaviors.</p> <p>9. The QIDP trained Area Supervisor, Program Manager DSL and DSPs on recognizing a pattern of aggressive and emotionally intimidating behaviors Persons Responsible: Executive Director, Associate Executive Director, Program Manager, Quality Assurance, Area Supervisor, Director of Nursing, Nurse, Behavior Clinician, QIDP, Direct Support Lead, and DSP.</p>	

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	<p>revised BSP dated 4/3/23 was reviewed on 4/5/23 at 11:40 AM. The BSP updated client A's video game restrictions plan, removed a phone restriction and included additional strategies regarding preventative measures to reduce or eliminate client A's targeted behaviors.</p> <p>Observations were conducted at the group home on 4/4/23 from 4:15 PM through 4:52 PM. Client A was not present in the home. Client B was not in the home at the time of the observation.</p> <p>Client E was interviewed on 4/4/23 at 4:20 PM. Client E indicated client A left the home on 4/3/23 and had not returned. Client E stated, "We are kind of happy about it." Client E indicated the home was quieter with no additional property destruction of the home. Client E stated, "I had problems with [client A] in the past. He hit me in the forehead. I wanted to press charges but decided to turn the other cheek."</p> <p>Client G was interviewed on 4/4/23 at 4:35 PM. Client G stated he "Feels safer now that [client A] is gone." Client G stated the group home was "quieter and better".</p> <p>DSP (Direct Support Professional) #1 was interviewed on 4/4/23 at 4:36 PM. DSP #1 indicated he was working at the home on 4/3/23 when client A was moved out. DSP #1 indicated he assisted client A to move his belongings to the new CIH waiver home. DSP #1 indicated client A was cooperative with the move and did not have targeted behaviors. DSP #1 indicated client A's guardian was present and assisted with the move. DSP #1 indicated client A's guardian was cooperative with the move and did not express concerns or issues with the move. DSP #1 indicated he was at client A's new CIH home with</p>			

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	<p>AS (Area Supervisor) while moving client A and his belongings to the home. DSP #1 indicated AS trained the new staff on client A's updated BSP and other plans while he was at the home with her and the new staff. DSP #1 stated client A "seemed happy" at the CIH home. DSP #1 the CIH home was "a nicer home in a nicer neighborhood" than the group home. DSP #1 indicated the CIH waiver home had 2 other clients and client A would benefit from fewer people in his environment.</p> <p>PM (Program Manager) was interviewed on 4/4/23 at 4:52 PM. PM indicated client A moved to his new home on 4/3/23. PM indicated client A's BSP was updated and client A was on line of sight supervision with an assigned one on one staff. PM stated client A and his guardian "thought the home was nicer and in a nice area". PM indicated staff working with client A at his new home had been trained on his BSP and program plans.</p> <p>DSP #2 was interviewed on 4/4/23 at 5:34 PM. DSP #2 indicated he had worked at the waiver home for 2 years. DSP #2 indicated the waiver home had 2 other clients in addition to client A. DSP #2 indicated he had been trained on client A's BSP.</p> <p>The Immediate Jeopardy was removed on 4/6/23 at 11:51 AM. While the Immediate Jeopardy was removed, the facility remained out of compliance at the Condition Level because the facility needed to demonstrate a sustained system of proactive and risk prevention to clients and sustained implementation behavior management support plans.</p> <p>Findings include:</p> <p>The facility failed to address a pattern of aggressive and emotionally intimidating behaviors</p>			

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W 0127 Bldg. 00	<p>of client A resulting in an intimidating and emotionally abusive home for clients B, F and G. The facility failed to ensure client A's behavior management needs were met to ensure his safety regarding elopement behaviors. Please see W127.</p> <p>This federal tag relates to complaint #IN00404023.</p> <p>9-3-2(a)</p> <p>483.420(a)(5) PROTECTION OF CLIENTS RIGHTS</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients are not subjected to physical, verbal, sexual or psychological abuse or punishment.</p> <p>Based on observation, record review and interview for 2 of 3 sampled clients (A and B), plus 2 additional clients (F and G), the facility failed to address a pattern of aggressive and emotionally intimidating behaviors of client A resulting in an intimidating and emotionally abusive home for clients B, F and G. The facility failed to ensure client A's behavior management needs were met to ensure his safety regarding elopement behaviors.</p> <p>Findings include:</p> <p>Client G was interviewed on 3/30/23 at 4:43 PM. Client G stated, "Things are not going so well. [Client A] had a knife. I'm afraid he might hurt someone or kill us. He took off down the street to his friend's house and came back with a knife. He goes to a guy's house; it's a known drug area. Yes, I'm afraid he's going to hurt us. When he's around or having a behavior I go to my room and lock myself in." Client G stated, "It's 50/50 if staff can help or manage him." LDSP (Lead Direct</p>	W 0127	<p>1. Professional installed security system by Koorsen Fire and Security was completed on 5/15/2023 to provide additional alerts for facility staff on window and doors.</p> <p>2. Facility will retrain staff on all clients Individual Support Plans and Behavioral Support Plans implementation, effective 4/4/2023 and update as needed determined by IDT with paraprofessional input.</p> <p>3. The management team will meet daily as of 4/3/2023 to review any issues involving the clients and to review the plans in place to ensure overall compliance and will implement any changes as needed. The management team will also develop transition plans for implementation of the CIH waiver during these daily meetings.</p>	06/01/2023

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	<p>Support Professional) was present during the interview. LDSP stated, "Yes, I got a text about a knife from staff. Found it in his room." LDSP indicated client A was restricted from having knives.</p> <p>Client B was interviewed on 3/30/23 at 4:37 PM. Client B stated he "didn't like living with [client A]. He flips me off. It started out okay when he moved here but it's gotten worse. I'm not comfortable around him. He tried to break my glasses. Don't really feel safe. He's nice one day and next minute not. I am afraid of him."</p> <p>QIDP (Qualified Intellectual Disabilities Professional) was interviewed on 4/3/23 at 12:50 PM.</p> <p>QIDP indicated she became aware of allegations of clients B and G being fearful and intimidated of client A on 3/24/23 before leaving for vacation. QIDP indicated she had conversations with clients B and G and offered them support. QIDP indicated she encouraged clients B and G to stay in other areas of the home and report concerns of safety to staff. QIDP indicated the 3/24/23 allegations were not reported or investigated. QIDP indicated no additional measures were put in place to safeguard or address clients B and G's concerns. QIDP indicated she was aware of an incident regarding client A and a knife. QIDP indicated client A did have a knife in the home. QIDP stated the knife was "a big hunting knife" while gesturing with her hands demonstrating the size to be 6 inches in length.</p> <p>AS (Area Supervisor) was interviewed on 3/30/23 at 3:18 PM. AS indicated clients F and G were afraid of client A. AS indicated both clients F and G had verbally expressed fearfulness of client A. AS indicated client A targeted client F. AS stated,</p>		<p>4. A team of management personnel will meet with clients at the facility to review Client Rights and Grievance procedure.</p> <p>5. Daily observations will be conducted by a member of ResCare administrative team at the ICF and waiver location, issues will be report on and addressed daily.</p> <p>6. Client A was immediately relocated to waiver site, process to obtain waiver service started by the IDT with guardian approval. Client A has updated LOC and transition process underway expected to be complete June 1, 2023</p> <p>7. The Facility retrained staff on the Abuse, Neglect and Exploitation Policy and disciplinary action will be given if the policy is not followed. Area Supervisor and Residential Manager will ensure that the Abuse, Neglect and Exploitation Policy is followed. Monitoring of ANE will done by The Program Manager, Area Supervisor and Residential Manager to ensure all incidents of possible abuse, neglect and exploitation are reported to the QA department.</p> <p>8. QIDP trained staff on reporting and documenting client fears of aggressive and emotionally intimidating behaviors, The QIDP met with clients in the facility to ensure clients are comfortable reporting concerns of aggressive</p>	

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	<p>"[Client A] will walk up to them and just say things." AS indicated client A was verbally aggressive towards clients F and G with threatening words and gestures. AS indicated client A had been physically aggressive towards client F.</p> <p>DSP (Direct Support Professional) #1 was interviewed on 3/30/23 at 3:57 PM. DSP #1 indicated client A's target behaviors included elopement, verbal aggression and physical aggression. DSP #1 indicated client A was aggressive toward both clients and staff. DSP #1 stated client A's behaviors were "unpredictable" and without precursor (known reason). When asked if other clients in the home were intimidated or fearful of client A, DSP #1 stated, "Most" clients were. DSP #1 indicated client A targeted client B. DSP #1 indicated client B avoided client A. DSP #1 stated since "January (2023) behaviors are every day. Elopement is frequent. He will go out the front door and down the street. Will walk to a neighbor that he calls a friend." DSP #1 indicated the agency staff was not familiar with client A's friend or have communication with him.</p> <p>Client F was interviewed on 3/30/23 at 4:14 PM. Client F gave limited answers to direct questions and was reluctant to participate in the interview.</p> <p>LDSP (Lead Direct Support Professional) was interviewed on 3/30/23 at 4:20 PM. LDSP indicated she had worked at the group home for the past 4 years and has been in the LDSP position for the past year. LDSP stated client A "has progressively gotten worse." When asked if any of the clients were fearful or intimidated by client A, LDSP stated, "Yes. [Client F], [client B] and [client G] all are afraid of [client A]. He targets [clients B and F] the most. Doesn't target [client G]</p>		<p>and emotionally intimidating behaviors.</p> <p>9. The QIDP trained Area Supervisor, Program Manager DSL and DSPs on recognizing a pattern of aggressive and emotionally intimidating behaviors Persons Responsible: Executive Director, Associate Executive Director, Program Manager, Quality Assurance, Area Supervisor, Director of Nursing, Nurse, Behavior Clinician, QIDP, Direct Support Lead, and DSP.</p>	

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	<p>as much. [Client G] is afraid of the intensity of [client A's] behaviors." LDSP indicated client A intimidated and threatened clients in the home.</p> <p>QIDP was interviewed on 3/31/23 at 11:00 AM. QIDP indicated client A had a court hearing on 3/22/23 regarding battery charges from October 2022. QIDP indicated client A had become physically aggressive with staff and clients at the home, the police were called and he was arrested on battery charges.</p> <p>QAM (Quality Assurance Manager) was interviewed on 4/3/23 at 12:19 PM. QAM indicated client A was arrested and charged with battery in October 2022. QAM indicated client A had become aggressive with two staff members and clients C and F. QAM indicated the police were called to the house during the incident and client A was taken to jail. QAM indicated client A had an initial hearing in October, a second hearing in December 2022 and then another in March 2023.</p> <p>A BDDS (Bureau of Developmental Disabilities Services) report and investigation was provided on 3/31/23 at 2:20 PM and reviewed upon receipt. The review indicated the following:</p> <p>-BDDS report dated 10/18/22, "Staff reported they were in the living room when [client A] came up behind one of the staff and placed his arm around his neck and wouldn't let go. The second staff was able to assist in getting the other staff out of the hold. [Client A] then began kicking staff in the stomach, kicked [client C] in the groin area, and hit [client B] in the back. Staff contacted police for assistance. Police arrived and spoke with everyone involved and [client A] was placed under arrest for 4 counts of Battery. Initial hearing was held on 10/18/22. [Client A] is being held until</p>			

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	<p>10/21/22 and possibly longer with a \$5000.00 bond."</p> <p>Police Involvement Investigation dated 10/18/22 indicated, "Recommendations: [Client A] is currently in jail and has court on 9/18/22 at 9 am. ResCare will be having a team meeting on 10/21 to discuss his plans."</p> <p>The facility's BDDS reports and Investigations were reviewed on 3/30/23 at 1:15 PM. The review indicated the following:</p> <p>-BDDS report dated 1/24/23 indicated, "It was reported [client B] was taking out trash when [client A] took the trash bag from [client B] and went in the living room with the trash. Staff attempted verbal redirection. [Client B] followed [client A] and took the trash bag from him. [Client A] then hit [client B] in the face. No injuries were reported."</p> <p>And,</p> <p>"Staff will continue to follow plans in place."</p> <p>Client to Client Investigation dated 1/25/23 indicated the following:</p> <p>"5. Is there a pattern of occurrences between these two clients? Yes."</p> <p>"After further review of the incident on 1.23.23 the following can be concluded. [Client A] was 'playing with [client B]' and it got out of hand. Staff will be retrained to shut down horseplay before it gets out of hand."</p> <p>-BDDS report dated 2/5/23 indicated, "It was</p>			

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	<p>reported [client A] had just woke (sic) up from a nap when he went into the living room and hit [client B] in the back and called him names. [Client A] then hit [client F] in the back of the head for no reason."</p> <p>And,</p> <p>"Staff verbally redirected [client A] and he went to his room and began hitting walls. Staff completed skin assessment with [client B] and [client F] and found no injuries."</p> <p>-Client to Client Investigation dated 2/5/23 indicated the following:</p> <p>"4. Do any changes need to be made to prevent future occurrences? Yes."</p> <p>"5. Is there a pattern of occurrences between these two clients? Yes. [Client A] often targets [client B] when he is being physically aggressive."</p> <p>"After further review of the incident on 2-4-23 the following can be concluded. [Client A] came into the room and randomly hit [client B] and [client F]. He was not provoked. [Client A's] behavior is very erratic and unexpected."</p> <p>"Recommendations: A team IDT (Interdisciplinary Team) meeting is set for Feb 10 to discuss a new behavior plan. Nursing was also asked to consult with psych for a possible med change."</p> <p>-BDDS report dated 2/23/23 indicated, "It was reported (2/22/23) [client A] asked [client B] if he could borrow [client B's] charger because [client A's] was broken. [Client B] said [client A] could</p>			

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	<p>not borrow the charger. [Client A] then began to hit and kick the walls and threatened harm to staff and [client B]. [Client A] then pushed [client B] in the back and hit [client B]."</p> <p>And,</p> <p>"Staff got between the two men and verbally redirected [client A] to his bedroom to calm. Staff completed skin assessment and found no injuries."</p> <p>The review did not indicate documentation of an investigation of the 2/23/23 client to client incident.</p> <p>-BDDS report dated 3/7/23 indicated, "It was reported [client A] became agitated when staff told him he wasn't able to give his video games away. [Client A] left the home and staff followed in the van. Staff attempted to verbally redirect [client A] to get in the van and [client A] refused. Staff continue to follow [client A] and after walking two miles, [client A] returned to the group home. [Client A] was out of line of sight of staff for 45 seconds. No injuries were reported."</p> <p>And,</p> <p>"Staff spoke with [client A] and [client A] calmed. Staff will continue to follow plans in place."</p> <p>The review did not indicate documentation of an Elopement Investigation regarding client A's 3/7/23 elopement from the home.</p> <p>-BDDS report dated 3/12/23 indicated on 3/11/23 at 10:25 PM, "[Client A] informed staff he was going to sit outside with a housemate while the housemate smoked. Approximately 5 minutes later</p>			

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	<p>another housemate came to staff stating [client A] wasn't in his room or outside. Staff searched the house and could not locate [client A]. Staff notified the AS (area supervisor) and called 911. The police began looking for [client A] and located him approximately 7 houses down from his home and transported him back home."</p> <p>And.</p> <p>"[Client A] does not have alone time allotted in his plans and was out of staff's sight for approximately 1.5 hours. No injuries were noted on [client A]. Staff will continue to monitor [client A] and notify the nurse of any changes."</p> <p>The review did not indicate documentation of an Elopement Investigation regarding client A's 3/11/23 elopement from the house.</p> <p>-BDDS report dated 3/12/23 at 3:30 PM indicated, "[Client A] had been hitting and banging on the walls stating he was going to kill staff and wants to run away. [Client A] then took off down the street and staff followed. [Client A] came back onto the property at 4:01 PM and punched staff's car windows and went to the front door. No injuries occurred. Five minutes later, [client A] took off again and staff followed him down the street. [Client A] returned to the home and again punched staff's car windows and walked towards the front door. No injuries occurred. At 4:32 PM, [client A] attempted to run again, and staff performed 1-person YSIS (You're Safe, I'm Safe) (physical restraint) escort to his bedroom. [Client A] then punched staff in the face when they got to his bedroom. [Client A] then attempted to punch staff again and staff blocked and placed [client A] in a 1-person YSIS hold for 2 minutes. When [client A] was released, he</p>			

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	<p>punched staff multiple times and tried to bite staff. Staff placed [client A] in a 1-person YSIS hold for 3 minutes. When [client A] was released, he ran outside and took off down the street. Staff followed [client A] in his car. Staff called the police for assistance in calming [client A] down. [Client A] walked back to the house."</p> <p>And,</p> <p>"The police arrived and talked with [client A]. [Client A] calmed down and went inside for dinner and played his game. Staff will continue to monitor [client A], follow his HRC (human rights committee) approved plan which includes the use of YSIS, and notify the team of any changes. No signs of injury were noted from [client A's] punching staff's car windows or from the use of YSIS."</p> <p>The review did not indicate documentation of an Elopement or Police Involvement Investigation.</p> <p>-BDDS report dated 3/14/23 indicated, "It was reported (3/13/23) [client A], [client B] and a housemate were in the kitchen talking. The housemate went to staff and reported [client A] had hit [client B] multiple times. Staff attempted to verbally redirect [client A] and [client A] ran out the door. Staff followed [client A] and [client A] walked back to the group home. [Client A] was verbally aggressive toward his housemates and eventually calmed down. A little while later [client A] began to attempt to hit staff. Staff placed [client A] in one-man YSIS for one second then released [client A]. [Client A] then went to his room. [Client A] was out of line of sight for less than one minute. No injuries were reported to either man."</p>			

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	<p>And,</p> <p>"Staff will continue to follow BSP. HRC approval for the use of YSIS in BSP. Staff have been trained on the use of YSIS. Staff will continue to follow all plans in place."</p> <p>The review did not indicate documentation of an investigation regarding the 3/14/23 client to client aggression incident.</p> <p>-BDDS report dated 3/23/23 indicated on 3/22/23, "It was reported [client A] was banging on his door when staff asked [client A] to stop, [client A] told staff he was going to leave the group home and ran out of the door. Staff followed [client A] in the van and called police for assistance. The police located [client A] and transported [client A] back to the group home. The police spoke with [client A] then left after [client A] calmed. Approximately an hour later, [client A] was kicking his bedroom door when staff attempted to verbally redirect [client A]. [Client A] left the group home and was out of line of sight of staff for 8 minutes when [client A] returned to the group home. No injuries were reported during either elopement."</p> <p>And,</p> <p>"Staff will continue to follow plans in place."</p> <p>The review did not indicate documentation of a Elopement Investigation regarding client A's 3/23/23 elopement from the home.</p> <p>-BDDS report dated 3/24/23 indicated on 3/23/23, "It was reported [client A] went outside and for no apparent reason hit [client B] 6 times on the right upper arm. Staff got between</p>			

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	<p>the two men and [client A] left the property with staff following. Staff was able to verbally redirect [client A] back to the group home. [Client A] was never out of line of sight of staff."</p> <p>And,</p> <p>"Staff completed skin assessment with [client B] and found no injuries. Staff will continue to follow plans in place."</p> <p>The review did not indicate documentation of an investigation regarding the 3/23/23 incident of client A hitting client B.</p> <p>-BDDS report dated 3/24/23 indicated, "It was reported [client A] was calling staff and housemates names. Staff attempted verbal redirection and [client A] began hitting and kicking the walls."</p> <p>And,</p> <p>"Staff initiated one-man YSIS for 15 minutes with breaks every 3 minutes until [client A] calmed. No injuries were reported."</p> <p>-BDDS report dated 3/26/23 at 7:25 PM indicated, "[Client A] refused his med's and got in staff's face stating he would kill staff and himself. Staff attempted to calm [client A] down. [Client A] began hitting walls, slamming doors, and hitting the desk with his skateboard and continued threatening to kill everyone and that he wanted to die. Staff gave [client A] verbal redirection and space to calm down. Staff notified the nurse."</p> <p>And,</p> <p>"No visible injuries were noted. Staff will continue</p>			

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	<p>to monitor [client A] and notify the nurse of any changes. Staff will continue to follow [client A's] plans as written. No further incidents have been reported."</p> <p>The review did not indicate documentation regarding the safety protocol reactive measure to threats of self harm (1:1 staff to client ratio supervision for 4 hours following threats, 15 minute checks for 24 hours, room sweeps) were implemented following the incident as indicated in client A's 1/13/23 BSP (Behavior Support Plan).</p> <p>-BDDS report dated 3/28/23 indicated on 3/27/23 at 11:55 PM, "It was reported staff completed bed check at 11:55 PM and found that [clients E and A] were not on the premises. Both men were in the home at 10:30 PM per staff."</p> <p>And,</p> <p>"Staff contacted the police for assistance. Police officers located the two men and transported them back to the group home at 1:20 AM on 3/28/23. Staff reported no injuries to either man. An elopement investigation will be completed."</p> <p>No additional documentation of an elopement investigation was provided.</p> <p>-BDDS report dated 3/30/23 indicated, "It was reported (3/29/23) [client A] was in his bedroom and told staff he was going to elope and self-harm. [Client A] climbed out his window and staff attempted to verbally redirect [client A], but [client A] ran out into street. A second staff initiated one-man YSIS for less than 2 minutes to escort [client A] from the street and into the group home. [Client A] began throwing household items and staff initiated two man YSIS for approximately</p>			

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	<p>2 minutes for safety of housemates and staff."</p> <p>And,</p> <p>"EMS (emergency medical services) was contacted due to repeatedly saying he was going to self-harm. [Client A] was transported to the ER (Emergency Room) for (a) psych evaluation. [Client A] was evaluated and released with discharge paperwork for Autism Spectrum Disorder and Education. [Client A] is to see his psychiatrist for possible medication adjustments. No injuries were reported. Staff will continue to follow BSP. HRC approval for the use of YSIS in BSP. Staff have been trained in the use of YSIS. Staff will schedule appointment with psychiatrist and PCP for follow up."</p> <p>QAM was interviewed on 3/30/23 at 2:07 PM. QAM indicated allegations should be investigated and reviewed by the administrative peer review process to discuss the investigation and present recommendations to prevent reoccurrence. QAM indicated incidents of client to client aggression should be investigated and reviewed by the administrative peer review. QAM indicated all investigations had been provided for the requested timeframe. QAM indicated the QIDP reviewed incidents for trends and patterns and utilized the IDT process to identify needs and adjustments to BSP. QAM indicated she was aware of a pattern of increased behaviors regarding client A. QAM indicated client A had increased leaving his assigned area and aggression. QAM indicated the QIDP had an IDT the prior week before leaving for vacation. QAM indicated the team reviewed some recent changes with client A's psychotropic medications. QAM indicated client A's guardian requested some</p>			

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	<p>changes to medications. QAM indicated the changes may have resulted in an increase in client A's behaviors. QAM indicated the QIDP completed client A's BSP. QAM indicated she was not aware of allegations of clients in the home expressing fear or intimidation regarding client A.</p> <p>A focused review of client A's BSP dated 1/13/23 was completed on 3/30/23 at 2:05 PM. Client A's BSP dated 1/13/23 indicated the following:</p> <p>"[Client A] comes to [group home] due to continuing physical aggression towards his [guardian], elopement and property destruction. [Client A] is friendly and helpful to others. He is easy going most of the times and pleasant to be around when he is in good humor. He is able to take care of hygiene needs with verbal prompts. He can communicate his wants and needs but may need to repeat his request if someone is not familiar with him. He has good computer skills, likes gaming, he can read some and tinker with tools and machines. He struggles with being able to control his impulses. [Client A] struggles with having appropriate conversations on the phone. He has gotten into trouble by contacting people that can create a situation where he can be exploited."</p> <p>-"Non-compliance: anytime [client A] refuses programmatic requests."</p> <p>"Physical aggression: any instances of hitting, biting, kicking, spitting in the direction of, scratching, punching, slapping, pinching, and shoving others, pulling hair, throwing objects at person, or any attempt to engage in the above-mentioned behaviors. An attempt is the potential to make contact."</p>			

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	<p>"Property destruction: property destruction is defines as repeatedly throwing, slamming, banging, knocking over, turning over, dumping or punching objects/property(walls, doors, etc). Any action toward property that results in damage, breakage or dismantling. Any attempt to engage in the above mentioned behaviors that is not successful."</p> <p>"Verbal disruption: any instance of yelling, cursing or making provoking statements to others, instigating others, name calling, any instances in which the client uses inappropriate hand gestures (i.e., flipping someone off)."</p> <p>"Elopement: any instance of leaving the assigned area/building (home, day program, etc) without staff, stepping off the property without permission, refusing to stay with assigned group/staff. Safety protocol will be followed once is returned to the house."</p> <p>"Threats of self-harm/or suicide ideation: any time that [client A] makes threats of self-harm or makes statements of suicide ideation to get attention and get a desired item or result from staff or others. Safety protocol will be followed any time [client A] makes these threats."</p> <p>"Functional assessment: To be determined from direct observation, reports from staff, data collection and assessments."</p> <p>"Precursor behaviors (behavior that typically occur before target behaviors). [Client A] has been observed to be triggered when told that he cannot have something that he wants but may not have access to when he wants it. [Client A] can also be triggered by not getting attention when he desires it from staff or other clients."</p>			

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	<p>"Alarms: Due to excessive elopement/leaving assigned area in the home, alarms will be placed on all windows and exterior doors."</p> <p>"Sharps: all knives, scissors and other items that can be used to puncture the skin of the consumer or of the staff will be locked in a sharps box."</p> <p>"Movement: Due to history of elopements of [client A] and housemates. Individual will be restricted to the building and grounds of the home being supervised by staff. Individual will be supervised in the community."</p> <p>"[Client A] will have access to house phone only. [Client A] will make calls from house phone and they will be on speaker phone in the presence of staff. Staff will monitor what is being said and document in ABC (Antecedent Behavior Consequence) tracking any conversations that might appear to be inappropriate (asking girls that are underage of 18 for information, talking in a sexual manner to girls that are underage of 18, calling people that [guardian] has identified as inappropriate (posted for staff in house) and when [client A] is being exploited for money. Staff will be asked to end conversation if any of the described situation occur. [Client A] will be able to call his 'girlfriend' for up to 15 minutes two times daily. Staff will monitor calls for appropriate conversations. [Client A] will have phone privileges suspended for the remainder of that day, when client is demonstrating target behaviors or having inappropriate conversations with 'girlfriend'. He would still be able to speak to his guardian and family."</p> <p>"Physical Aggression: If he becomes physically aggressive as defined under target behaviors:</p>			

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	<p>Ensure the safety of others and staff by removing any additional persons from the area. Attempt verbal de-escalation when precursors begin (stomping, threatening, slamming, etc.). Use a firm calm voice to ask him to calm, let him know that his type of behavior is not appropriate. Once he becomes physically aggressive, use YSIS procedures in the following order: one person YSIS, Two person YSIS. Document on ABC tracker. If he is dangerous to others, as a last resort, call the police,"</p> <p>"Verbal Disruption: In a firm calm voice ask him to calm, let him know that that type of language is not appropriate. Ask him if he would like to go to an area away from the source of what is upsetting him. Provide him praise if he says yes. If he says no, let him know that you will problem solve with him as soon as he is calm and is no longer being verbally aggressive or threatening. Once he is calm for at least 1 minute ask if there is anything that he would like to talk about to to problem solve. Help him work through what may be upsetting him."</p> <p>"Elopement/Leaving Assigned Area: If he is attempting to leave an area when it is not his alone time, request that he go for a walk with staff and/or go to an area away from the source of what may be frustrating/bothering him. If he continues to attempt to leave or does leave, immediately follow him and continue to redirect him back to the assigned area or an area where you can problem solve with him. If he complies, provide abundant praise and work with him on what is bothering him. If while at the home, he is attempting to leave and [client A] reaches the end of the driveway or off the property use the YSIS procedures in the following order: one persons YSIS. Two person YSIS. Document on ABC</p>			

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	<p>tracker. Client will be placed on safety protocol."</p> <p>"Property destruction: If he attempts or is successful at damaging any property that does not belong to him or his own property. In a calm neutral voice ask that he stop destroying property and let him know that it is inappropriate to destroy things that do not belong to him. Attempt to engage him in a conversation about the reason he is upset. If he continues to destroy property and is a danger to himself or others use the YSIS procedures in the following order: one person YSIS, two person YSIS."</p> <p>"Threats of self-harm: If he makes statements of self-harm in order to escape responsibility or to get an item or a request fulfilled by staff. At the first sign of suicidal ideation staff will ask [client A] what is wrong? Continue to talk with him about what is bothering him if he is willing. In a calm neutral voice request that he calm down and realize that we take this seriously. If [client A] calms and is no longer threatening harm to himself staff should implement 15 minutes checks for the next 24 hours. If [client A] appears to be a danger to himself, staff will implement the ResCare suicide policy. Place him on safety protocol."</p> <p>"Safety Protocol: His room will be emptied completely except for a pillow, sheet and blanket. 1:1 (staff to client ratio) defined as within eyesight for 4 hours. That staff will not have any other responsibilities to any other consumer unless there is imminent risk of harm to self or others (i.e. if no assistance is given immediately then the act of not assisting will result in injury to a consumer or to the one to one staff.) His door will remain open with staff in the doorway. If he goes to the restroom, staff will be in the doorway to ensure he is displaying safe behavior. During the time that</p>			

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	<p>he is on 1:1, his 1:1 staff is there for is safety only and should limit the amount of attention he is receiving from being on 1:1. Being on 1:1 is not supposed to be rewarding and we do not want him enjoying the 1:1 so much that he has behaviors in order to be 1:1. Room sweeps will be conducted in each of the areas where he has access to each shift. During the room sweeps a staff who is not the 1:1 will search each area and all furnishings in the areas for any item(s) that he could use to cause self-injury (any item he could use to puncture his skin with, and any item he could break and use to puncture his skin with). When walking into a room he access to the 1:1 staff will visually scan the area for any of the above-mentioned items and seek assistance from others to remove anything that is found. He will be restricted from having item(s) (including all personal possessions) in his possession as well as items that he could break and use to self-injure. He will have the above listed rights restriction in place for health and safety reasons for 4 hours of 1:1 and then 15 minute checks for 24 hours from time of the end of the behavior without any display of verbal aggression, physical aggression, property destruction, leaving assigned are/elopement or SIB (self-injurious behavior)/SI (suicidal ideation)."</p> <p>The BSP was completed by QIDP on 10/31/22.</p> <p>Observations were conducted at the group home on 3/30/23 from 3:15 PM through 5:15 PM. The group home was located on a busy two lane street in the downtown location of the city. From the home's backyard a 4 lane divided interstate is visible and within walking distance from the home. Upon entering the home through the side entry door; there was no audible alarm. Client A paced the home and the home's front yard throughout</p>			

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	<p>the observation period. Client A utilized a personal cell phone which he maintained with him as he walked around the area.</p> <p>AS (Area Supervisor) was interviewed on 3/30/23 at 3:18 PM. AS indicated the home was staffed with 2 DSPs (Direct Support Professionals) from 7 am- 7 pm and 1 staff during the overnight shift. AS indicated the home could have 2 staff during the overnight hours if there were behaviors. AS indicated the home's entry doors should have functioning audible alarms. AS indicated the door alarm on the side entry door was not working. AS indicated she had not communicated with or had training with a behavior clinician regarding client A. AS indicated she did not recall receiving recent retraining regarding client A's BSP. AS indicated she was not able to describe or explain client A's BSP safety protocol. AS indicated staff should utilize YSIS (You're Safe, I'm Safe) physical behavior management techniques as a reactive measure to client A's PA (physical aggression). AS did not indicate awareness of YSIS utilization regarding client A's other targeted behaviors of elopement and self injurious behavior. AS indicated staff should contact and utilize outside law enforcement to assist manage client A's behavior.</p> <p>LPN (Licensed Practical Nurse) was interviewed on 3/30/23 at 3:43 PM. LPN indicated client A's most recent psychiatric review was 1/24/23. LPN indicated client A's Depakote (behavior management) was discontinued and he was started on Lamotrigine (mood and behavior). LPN indicated client A's guardian was using Internet based research to make decisions and changes regarding client A's medications. LPN indicated client A's guardian was non-cooperative in allowing medication changes to occur within</p>			

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	<p>recommended timeframes for titration or therapeutic levels based upon his review of Internet sources (Google). LPN indicated client A's guardian was non-cooperative with the prescribing NP (Nurse Practitioner's) recommendations and guidance regarding client A's medications. LPN indicated client A's guardian was requesting client A be taken off of the Lamotrigine. LPN indicated client A's IDT had discussed client A's guardian's involvement with regard to client A's medications. LPN indicated the team agreed client A should have sufficient time on prescribed medications for monitoring of efficacy or adjustments in dosages. LPN indicated client A had a DNA (genetic test) medication test to determine which medications would be best for his specific body chemistry. LPN indicated client A had been on Adderall (attention deficit disorder) which was discontinued as a result of the DNA test result recommendations. LPN indicated client A was seen by a NP for his psych medication reviews. LPN indicated client A had not seen a psychiatrist or specialist to evaluate and address client A's medication needs. LPN indicated client A had some counseling sessions that were not ongoing on routine. LPN indicated client A had a behavior incident the night of 3/29/23 and returned to the group home at 5:30 AM on 3/30/23 (date of interview). LPN indicated client A had been taken to a local hospital for a psychiatric evaluation. LPN indicated the 3/29/23 psychiatric hospital evaluation recommended client A be seen by a psychiatrist for a medication review and receive counseling for coping skills. A focused review of client A's Medical Consult Record dated 3/30/23 was</p>			

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	<p>completed on 3/31/23 at 9:00 AM. Client A's Medical Consult Record dated 3/30/23 indicated the following:-"Reason for visit: Aggressive and violent behaviors."-"Results/findings of examination: Behaviors related to his neuro development diagnosis; poor coping skills and poor frustration tolerance."-"Physician/consultant orders: Needs to connect with outpatient adult psychiatrist for medication adjustment and optimization. Needs to see outpatient therapist minimum weekly to address coping deficits."DSP #1 was interviewed on 3/30/23 at 3:57 PM. DSP #1 indicated the home's doors should have audible alarms. DSP #1 indicated the audible alarm on the side entry door was not working and was not functioning the past 2 days. DSP #1 indicated YSIS should be used when client A was going to elope or leave his assigned area at the end of the home's driveway. DSP #1 indicated YSIS was also used to react to client A's physical aggression. DSP #1 indicated client A did not have alone time. DSP #1 was able to describe client A's supervision levels while on his safety protocol but did not describe aspects regarding room sweeps, items restrictions or implementation for behaviors other than self-harm. DSP #1 indicated he did not recall client A's BSP being updated since 1/13/23. DSP #1 indicated he did recall an</p>			

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	<p>in-service regarding client A's BSP but did not recall specifics of the training. DSP #1 indicated he had not been trained by a BC (Behavior Clinician) regarding strategies to address client A's behaviors. LDSP was interviewed on 3/30/23 at 4:20 PM. LDSP indicated the QIDP did the training and in-services on client A's BSP. LDSP indicated she was not aware of a BC assisting with plan development or at the home training staff regarding client A. LDSP indicated the homes front and side doors should have audible alarms. LDSP indicated the side entry door alarms had not been working the past 3 days. LDSP indicated client A did not have alone time in his BSP. LDSP indicated she did not know client A's safety protocol. LDSP indicated (later in interview) if client A had suicidal ideation or threats of self harm staff should sweep his room and take items used for harm. LDSP indicated client A's guardian wanted staff to remove client A's video game controller from him at 10 pm but client A was not cooperative with this restriction. A focused review of client A's Psych Review dated 1/24/23 was completed on 3/31/23 at 9:15 AM. Client A's Psych Review form dated 1/24/23 indicated the following: "[Client A] is still having an increase in behaviors and is impacting the rest of the household. Staff reports that he sleeping during the day and</p>			

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	<p>up all night. [Guardian] reported that his schedule use (sic) to be bed by 8 pm and up at 430 am. Suggested a similar schedule in the group home. Staff reports that [client A] got mad and destroyed his room breaking his gaming system. He called and got angry that [guardian] would not come immediately and fix. He punched another client in frustration. Staff has obtained a [gym] membership in an effort to find him more physical activity to engage in. Concerned that Qelbree (behavior) may be contributing to anger however would like to start Lamictal and discuss weaning off Qelbree and trying a different route for ADHD (attention deficit hyper activity disorder). [QIDP, LPN and Guardian] present for today's visit."The review indicated client A's psych review was completed by a NP. QIDP was interviewed on 3/31/23 at 11:00 AM. QIDP indicated she had a bachelor level education in child and family studies and 25 years experience in the field. QIDP indicated she was not a certified behavior clinician. QIDP indicated she received internal ResCare training regarding the development of behavior support plans. QIDP indicated she had completed client A's behavior support plan. QIDP indicated there was a BC available at the agency for her to consult with, however, she had not consulted with the BC regarding client A's</p>			

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	<p>behaviors. QIDP indicated there had been turnover in the BC position and she had consulted with a previous BC. QIDP stated client A had "non-traditional responses to behavior techniques". QIDP indicated she was unsure if a functional behavioral assessment had been completed regarding client A. QIDP indicated she would follow-up and provide a behavior assessment if one was available. QIDP indicated she completed routine observations in the home and trains staff on client A's BSP. QIDP indicated she reviewed client A's behavior strategies at the home's monthly meetings. QIDP indicated she would follow up and provide documentation of staff training's regarding client A's BSP. QIDP indicated client A's medications had changed since January 2023. When asked if the IDT had addressed client A's 1/24/23 Psych review recommendations regarding sleep hygiene/schedule, gym membership and psych med changes, QIDP stated, "I know we had a meeting about removing video game controller at 10 pm or 11 pm per his [guardian] and that has worked. Sometimes he won't cooperate." QIDP indicated client A's guardian reintroduced a cell phone and the IDT did not agree with client A's use. QIDP indicated client A's phone use was being used at night time and was disruptive</p>			

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	<p>to the other clients in the home. QIDP indicated client A's cell phone use was within the past weeks and not updated in his BSP. QIDP indicated client A's plan did not include parameters for the use of the cell phone or video game controllers. QIDP indicated client A did not respond to incentive plans and needed more immediate reinforcement. QIDP indicated the team recommended a gym membership for activity and secured a membership for him. QIDP indicated staff should document his participation at the gym in his progress notes. QIDP indicated the team had recommendations for client A to participate in Special Olympics for increased activity and a job to keep him busy to reduce behaviors. QIDP indicated client A's medications were adjusted during the 1/24/23 psych review. QIDP indicated client A had not seen a psychiatrist or specialist for evaluation and medication optimization. QIDP indicated client A's guardian had discussed wanting a psychiatrist review but was not cooperative in follow-up. QIDP indicated the 2/4/23 Investigation recommendations included an IDT meeting scheduled for 2/10/23 to review and update his BSP and consult with psych for a medication review. QIDP indicated the BSP was not updated. QIDP indicated LPN consulted with psych and this was when</p>			

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	<p>client A was taken off of his Depakote and put on Qelbree and discontinued his Depakote (this is incorrect). QIDP indicated staff should use YSIS to manage client A's PA (physical aggression) and elopement behaviors. QIDP indicated client A did not have alone time in his plan. QIDP indicated client A's BSP did not include parameters regarding when staff should contact the police for assistance (this is incorrect). QIDP indicated staff should call her or the AS when they need police assistance unless a clear and obvious immediate need for assistance. QIDP indicated client A's safety protocol should be implemented when he makes threats of self-injurious behavior or first sign of suicidal ideation. QIDP indicated client A's protocol included 1:1 staffing and 15 minute checks. When asked if the safety protocol was utilized for any other behaviors in addition to self harm, QIDP stated, "No, if he elopes we have line of sight that follows him." QIDP indicated staff should be knowledgeable regarding client A's BSP strategies and protocols. QIDP indicated she was a trained investigator and completed the fall, elopement, client to client aggression, police involvement, choking, self-injurious behavior and incidents regarding motor vehicle investigations within a 5 business day timeframe. QIDP provided an email on 3/31/23 at 3:02 PM. The email</p>			

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	<p>was reviewed upon receipt and indicated, "The FBA (functional behavioral assessment) is not available unfortunately." A focused review of client A's IDT notes and Progress notes was completed on 3/31/23 at 3 PM. Client A's daily staff progress notes dated from 1/1/23 through 3/29/23 did not indicate documentation of gym participation. A 3/7/23 Progress Note indicated client A requested to go to the gym but was not taken due to behavior. Client A's IDT notes indicated the following:-IDT dated 1/9/23, "MEETING MINUTES: [Client A] became upset and began to punch walls, slamming doors, and calling people names. Staff planned ignored him and he was able to deescalate himself and went to his room.PLAN OF ACTION: This information was added to ABC tracking to keep track of behaviors." IDT note dated 1/5/23,"Meeting Minutes: We discussed recent behaviors. We gave other ways to deal with anger. He wants to vape but not until 21. He has had a phone and loves it. [Guardian] had staff remove parental control. He also had a concern about his phone being turned off by staff. [Client A] has not had any med changes or concerns. He is still having bouts of aggression towards staff and clients. Plan of Action: Government phone. Get app of (unknown) (sic). [Guardian] is ok with gun videos."The IDT</p>			

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	<p>was attended by QIDP, client A and client A's guardian. Gym membership document dated 12/12/22 indicated a membership at the gym. In-service form dated 1/10/23 indicated, "The staff undersigned have reviewed and understand BSPs. We are to understand and follow all BSP plans. We are to use all strategies. Documenting completely the events of the shift." The in-service was presented by QIDP and did not document modeling of strategies or training in addition to the documented discussion/lecture. In-service form dated 1/13/23 indicated client A's BSP had been updated with new medications. The 1/13/23 In-service indicated staff should read the new BSP and sign the in-service document. IDT dated 1/24/23 indicated the following: "Behavioral concerns: increased agitation/physical. Nights and days mixed up. -"Plan of action: add Lamictal 25 mg daily- mood disorder return in one month." The team did not make specific recommendations for strategies to address increased agitation and physical aggression. The team did not make recommendations to address client A's sleep patterns. IDT note dated 1/24/23 indicated the team met to discuss client A's discontinuation of Depakote. There were no recommendations. IDT meeting dated 10/19/22 indicated the following: "Meeting</p>			

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	<p>Minutes: Court is Friday (at) 9 AM. Geno (DNA) testing- Adderall needs to be changing. He has been having hallucinations. Parental controls on x-box games he plays. Moving rooms. Phone- No or turn it at night. Line of sight scheduled at night."Plan of action: In-service- don't be friends."The form has notes in the margins and across the top of the page with the following notations: -"HRC phone (and) controllers turned in."-"Moving down stairs."-"No med's. No controller."-"Vocational Rehab."-"PRN or sleep aid."-"Depakote level start change."-"If he's asleep 15 minute checks."The plan's margin notations did not indicate or document actionable recommendations or team discussion of the items. There was not documentation of plans being updated or training or follow up for the implementation of the discussion items.IDT note dated 11/9/22 indicated the following:"Behavioral concerns: Sleeping."-"Plan of action: add Qelbree 400 milligrams . Discontinue Methylphenidate."IDT meeting note dated 1/23/23 indicated the following:"The team met to discuss [client A's] recent increased behaviors. He continues to hit others, do property damage, threaten others. He is non-compliant with daily expectations and goals. He has (a) psych appointment 1/24/23. He needs to be more busy. He likes to be moving. Ideas: email therapist,</p>			

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	<p>Big Bros/Sis, best buddies, work with [unknown], call vocational rehab (and) [gym].Plan of action: Communications- talk things out. Emailed [unknown] 1/23/23."The review did not indicate documentation of a BC's participation in the IDT meetings provided/reviewed. AED (Associate Executive Director) was interviewed on 4/3/23 at 12:17 PM. QAM participated in the interview via phone at 12:19 PM. PM (Program Manager) joined the interview at 12:38 PM and QIDP joined the interview at 12:50 PM. AED indicated emotional abuse and intimidation were prohibited. QAM indicated examples of emotional abuse or intimidation included peer to peer aggression incidents, any form of threats, saying things to intimidate, causing fearfulness. QAM stated, "Anything that makes them scared." AED stated, "Prohibited and (should be) followed up with an investigation." AED indicated the facility's system to prevent emotional abuse and intimidation included oversight at the home by the AS and PM. AED indicated administrative staff completed random monthly administrative visits. AED indicated the QIDP has a presence in the home, administration has an open door policy for staff to report concerns and the agency has a hotline number staff can submit concerns to. AED indicated he was aware of allegations of 2 clients</p>			

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	<p>reporting being fearful in the group home on Friday 3/31/23. AED indicated he initiated a team discussion regarding placement. AED indicated the team discussed educating clients they could go to their rooms if fearful or express concerns with staff. AED indicated he had a discussion with the BDDS generalist regarding concerns of clients being fearful in the home with client A. PM indicated he was aware of the allegations made as a result of the survey visit on 3/30/23. PM indicated 2 clients were fearful of client A and had involvement in the discussion with BDDS. AED and PM indicated the agency communicated with BDDS concerns with the ability to manage client A's behavioral needs with medications or if he was appropriately placed in the home. PM indicated additional staffing was added to the home 2 weeks prior to the allegations due to ongoing behavioral concerns. PM stated he was "not sure" if the additional staffing measures were effective in preventing recurring emotional abuse and intimidation. PM stated he manages one of the agency's ESN (Extensive Support Needs) and client A "would be a better fit. The structure of the ESN and [client A] would be better suited. Staff are more able to manage, smaller group and more support from a BC than at the 8 bed group home." AED, PM and QIDP indicated the staff</p>			

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	<p>team at the home was stable with long term staff. AED, PM and QIDP indicated the staff should know behavior support plans. QIDP indicated she would consult with the BC. QIDP indicated client A's guardian was non-cooperative and added challenges to managing client A's behaviors. QIDP indicated the team had discussed seeking ombudsman involvement. QIDP indicated client A's non-guardian relative was involved and would encourage client A to refuse medications, call staff derogatory racial names and use derogatory words with the female staff. QIDP indicated the team has attempted to have client A's guardian address the relative or limit communications between the relative and client A. QIDP stated, "Behavior has gotten worse. With court, med's and behaviors- concerned we can't meet needs at group home. [Client A] came from home with [guardian] in the country on a farm. [Client A] could run free, drive vehicles on the farm." QIDP indicated client A became aggressive with his guardian and was placed in the group home (3/2022). QIDP stated, "Didn't get accurate information at admission on needs and behaviors." QIDP indicated client A had been on Amphetamine based psych medications that were changed after having a geno/DNA test. QIDP indicated client A's medications have been changed with his</p>			

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

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	guardian making frequent requests based on Internet searches and not medical staff recommendations. QIDP indicated client A's attention span was low and attempts at behavior management and reinforcement techniques had been unsuccessful. QIDP indicated client A needed immediate reinforcement or there was no effective incentive.This federal tag relates to complaint #IN00404023.9-3-2(a)			