STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G486	A. BUILDING 00 B. WING	07/30/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
COMMUNITY ALTERNATIVES-ADEPT	7919 SAN RICARDO DR INDIANAPOLIS, IN 46256

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W 0000 Bldg. 00	This visit was for the investigation of complaint #IN00267750. Complaint #IN00267750: Substantiated, Federal and state deficiencies related to the allegation are cited at W149 and W156. Dates of Survey: July 18, 19, 20, 23 and 30, 2018. Facility Number: 001000 Provider Number: 15G486 AIMS Number: 100245010 These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 8/10/18.	W 0000		
W 0149 Bldg. 00	483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview for 1 of 9 allegations of abuse, neglect and mistreatment reviewed, the facility failed to implement its policy and procedures to prevent the elopement of client A and failed to report the results and recommendations of an investigation regarding the elopement of client A to the administrator within 5 business days. Findings include: The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 7/19/18 at 11:45 AM. The facility	W 0149	**CORRECTION:** *The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.* Specifically: The governing body has added an additional Quality Assurance Coordinator to assist with investigations. Agency Quality Assurance staff have been retrained in their role in the investigative process and the fact	08/29/2018

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

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	provided the surveyor with 2 versions of an investigation regarding client A's elopement on 7/7/18. The first investigation was provided by the facility on 7/19/18 at 10:13 AM. All witness statements on the first investigation were dated 7/18/18. The second investigation regarding client A's elopement on 7/7/18 was provided by the facility on 7/19/18 at 10:35 AM. All witness statements on the second investigation were dated 7/17/18 except staff #2 's statement was dated 7/18/18. A BDDS report dated 7/8/18 indicated on 7/7/18, "... On 7/7/18, at 12:20 PM, staff observed [client A] taking a nap in his bedroom. At 12:55 PM, staff called [client A] for lunch and realized he (client A) was not present in the home. There is an unalarmed fire exit door accessible from his (client A's) bedroom. Staff contacted the Area Supervisor and filed a police report. Staff and supervisors initiated a search of the area. At 2:05 PM, police officers arrived at the home and reported [client A] had broken into a building located at [address] (0.9 miles from his home) and damaged property. The police said they had transported [client A] to the [Name] Hospital Emergency Department for a psychiatric evaluation. Staff met [client A] at the ER (Emergency Room) where he was diagnosed with Non-verbal Autism and At Risk of Elopement... [Client A] had a history of elopement prior to his admission to his current home and it is addressed in his Behavior Support Plan (BSP). It should be noted that [client A] has not eloped from his current home since he moved in on 8/3/17. [Client A] has been placed on one to one observation for 24 hours pending IDT (Interdisciplinary Team) modifications to his BSP...". -A review of the BDDS report dated 7/8/18		that results of investigations must be reported to the Executive Director within five working days of discovery of the allegations The QIDP has modified the reactive strategies in client A's Behavior Support Plan, based on guardian input, to include historically effective methods of redirection. In addition, client A currently received enhanced supervision (15 minute checks) and the facility has installed door alarms to help deter elopement. All staff have been trained toward proper implementation of client A's revised plan. A review of support documents and incident report suggested this deficient practice may have affected one additional client and therefore the clients Behavior Support Plan has also been modified. **PREVENTION:** A tracking spreadsheet for incidents requiring investigation, follow-up and corrective/protective measures will be maintained and distributed daily to facility supervisors and the Operations Team comprised of Program Managers, Nurse Manager, Quality Assurance Manager, QIDP Manager, Quality Assurance Coordinators, Nurse Manager, Operations Managers and Executive Director. The Quality Assurance Manager will meet with	

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	indicated client A eloped from the group home on 7/7/18. The review indicated client A had broken into a building and was taken into custody by the police. The review indicated elopement was addressed in client A's BSP. The review did not indicate the amount of time client A was out of staff's line of sight. An IS (Investigative Summary) form dated 7/7/18 to 7/17/18 indicated the following: -"... Summary of Interviews- [Staff #1] ... I (staff #1 worked on the 7th (July)." -"That was the day [client A] walked off." -"[Staff #2] works nights. He (staff #2) was here when it happened." -"[Client A] was taking a nap with everyone." -"We (staff) called everyone for lunch and [client A] was not there. I don't know how long he (client A) was in police custody...". -"[Client A's] room does not have a fire exit door. This door (fire exit door) does not have a chime on it. They just put one (alarm) on the door after he (client A) eloped." -"The fire exit door was in [client F's] and [client H's] room." -"[Client A] left out that door." -"We called everyone for lunch around 11:50 (AM)...". A review of the IS interview statement with staff #1 dated 7/17/18 indicated staff #1 was		his/her team (comprised of the QIDP Manager and Quality Assurance Coordinators), as needed but no less than weekly to review the progress made on all open investigations and to assign responsibility for new investigations. The QA Manager will review each investigation to ensure that they indicate the date and time the administrator was notified of investigation results. The QIDP Manager and QA Coordinators will provide weekly updates to the QA Manager on the status of investigations. The Residential Manager will be present, supervising active treatment during no less than five active treatment sessions per week, on varied shifts to assist with and monitor skills training including but not limited to assuring staff implement behavior supports as written. Members of the Operations Team (comprised of the Executive Director, Operations Managers, Program Managers, Quality Assurance Manager, QIDP Manager, Quality Assurance Coordinators, Nurse Manger and Registered Nurse) will review facility support documents and perform visual assessments of the facility no less than three times weekly for the next 30 days, and after 30 days, will conduct administrative observations no less than weekly until all staff	

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	interviewed 10 days after client A's elopement on 7/7/18. The review indicated the fire exit door was not located in client A's bedroom as stated in the BDDS report dated 7/8/18. The review indicated staff #1 stated client A eloped from the fire exit door located in client F and client H's room. Staff #1 did not indicate the period of time client A was out of the line of sight of staff. The IS interview statement with staff #2 dated 7/18/18 indicated, "... [Staff #2] Where (sic) you working at the home on July 7, 2018 when [client A] left the home without staff's supervision? (Staff #2)- "Yes. Yes." -"What happened?" -"I (staff #2) was in the med room doing my paper work. The girl (staff #1) I was working with was in the kitchen preparing lunch." -"[Client A] was in his room sleeping. When we went to call him for lunch we discovered he was not there." -"It was around 11:50 AM. They (clients) were going to the table to eat lunch." "I think he (client A) went through the door in [client H's] room." A review of the IS interview statement dated 7/18/18 indicated staff #2 was interviewed 11 days after client A's elopement on 7/7/18. The review indicated staff #2 was not aware the exact time client A eloped. The review indicated staff #2 believed client A eloped through the fire exit in client H's room. -"Factual Findings:"		demonstrate competence, as determined by the Executive Director and Regional Director (Area Manager). After this period of enhanced administrative monitoring and support, the Executive Director and Regional Director will determine the level of ongoing support needed at the facility. Active Treatment sessions to be monitored are defined as: Mornings: Beginning at 6:30 AM and through morning transport and including the following: Medication administration, meal preparation and breakfast, morning hygiene and domestic skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day and overnight shifts. Evenings: Beginning at approximately 4:30 PM through the evening meal and including the following: domestic and hygiene skills training, leisure skills training, medication administration, meal preparation and dinner. Evening monitoring will also include unannounced spot checks later in the evening toward bed time. Operations Team members have been trained on monitoring expectations. Specifically, Administrative Monitoring is defined as follows:	

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	-"[Client A] was unable to provide a statement due to limited communication skills." -"[Client H] refused to participate in the investigation...". -"Progress noted (sic) for [client A] dated 7/7/17 8a-8-p states "[client A] had a good day, he took his meds without issue." -"Conclusion:" -"1. The evidence substantiates [staff #1] (DSP (Direct Support Professional)/Target of the investigation) provided support according to [client A's] Behavior Support Plan." -"2. The evidence does not substantiate [staff #1] (DSP/Target of the Investigation) documentation (sic) accurately reflected the events that occurred on July 7, 2018. The progress notes did not detail the events that occurred on July 7, 2018." -"3. The evidence does not substantiate [staff #1] (DSP/Target of the Investigation) violated [Agency] Policies and Procedures." -"4. The evidence substantiates [staff #2] (DSP/Target of the Investigation) provided support according to [client A's] Behavior Support Plan." -"5. The evidence does not substantiate [staff #2] (DSP/Target of the Investigation) documentation (sic) accurately reflected the events that occurred on July 7, 2018. The progress notes did not detail the events that occurred on July 7, 2018." -"6. The evidence substantiates [staff #2]		·The role of the administrative monitor is not simply to observe & Report. ·When opportunities for training are observed, the monitor must step in and provide the training and document it. ·If gaps in active treatment are observed the monitor is expected to step in, and model the appropriate provision of supports. ·Assuring the health and safety of individuals receiving supports at the time of the observation is the top priority. ·Review all relevant documentation, providing documented coaching and training as needed. The Executive Director and Director of Operations/Regional Manager (area manager) will review documentation of administrative level monitoring of the facility –making recommendations as appropriate. As stated above, the Executive Director will participate directly in administrative monitoring of the facility. Administrative support at the home will include assuring staff implement behavior supports as written. **RESPONSIBLE PARTIES:** QIDP, Area Supervisor, Residential Manager, Direct Support Staff, Operations Team, Regional Director	

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	(DSP/Target of the Investigation) provided support according to [client A's] Behavior Support Plan." -"Recommendations:" -"1. Alarm will be installed on Fire Exit Door." -"2. [Client A] level of supervisor (sic) was enhanced: a. 1:1 (supervision) for the overnight following the incident. b. 15 minute checks until the alarm was installed." -"3. Retrain staff on documentation." A review of the IS dated 7/7/18 to 7/17/18 Factual Findings/Conclusions/Recommendations indicated client H refused to be interviewed for the investigation. The review indicated staff #1 and staff #2 failed to accurately document client A's elopement and subsequent evaluation at the hospital in their daily progress notes. The review did not indicate the amount of time client A was out of staff's line of sight. The review did not indicate the IS dated 7/7/18 to 7/17/18 was completed within 5 business days. Client A's record was reviewed on 7/19/18 at 1:30 PM. Client A's PN (Progress Note) dated 7/7/18 and completed by staff #2 indicated, "... 8 am-8 pm [Client A] he had a good day, he (client A) took his med (sic) without any issue." -A review of the PN dated 7/7/18 indicated staff #2 did not complete any documentation regarding client A's elopement on 7/7/18. The review did not indicated staff #1 documented on the PN dated 7/7/18.			

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	A police report dated 7/7/18 indicated, "... Occurred: 7/7/18 at 11:59 (AM) Reported 7/7/18 at 13:47 (1:47 PM). Incident Offense... Immediate Detention... Person 2 Involvement: Arrestee, Name: [Client A]... Median release Narrative: On Saturday, July 7, 2018, officers responded to a burglary in progress, one known suspect was detained...". A review of the police report dated 7/7/18 indicated client A was arrested. The review indicated the police were called due to a report regarding client A had broken into a building. The review indicated client A was out of the line of sight of staff when he was arrested/detained by the police. Client A's BSP (Behavior Support Plan) dated 8/23/17 and revised 7/11/18 indicated, "... Behavioral History: ... [Client A] was transferred to [name of Agency] from [Hospital], where his (client A's) mother took him (client A) after eloping. It should be noted that this is not the first time [client A] eloped... The primary behaviors displayed by [client A] are elopement, unusual/repetitive behavior, socially offence (sic) behavior and runs/wanders away... Target Behaviors and Goals: ... Elopement/Wanders Away: any time [client A] leaves a designated area including the home and/or areas the group may be visiting (defined as: the staff that is with him on a community outing)...". A review of client A's BSP dated 8/23/17 and revised 7/11/18 indicated client A had a history of elopement when he lived at home with his mother. The review indicated client A had a targeted behavior of Elopement/Wanders Away. The review did not indicate client A was on enhanced			

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	supervision at the time of his elopement on 7/7/18. Client A was interviewed on 7/18/18 at 4:39 PM. Client A was not able to answer questions. Client H was interviewed on 7/18/18 at 4:50 PM. Client H did not answer any questions. Client D was interviewed on 7/18/18 at 4:44 PM. Client D was asked if client A had run away from the group home. Client D stated, "Yeah I remember that." Client D was asked if he knew how long client A was away from the group home. Client D stated, "No." Client F was interviewed on 7/18/18 at 4:52 PM. Client F was asked if client A had run away from the group home. Client F stated, "Sometimes. He ran away out the garage." Client A's Mother/Guardian was interviewed on 7/19/18 at 11:31 AM. Client A's Mother was asked what time the facility notified her regarding client A's elopement on 7/7/18. Client A's Mother stated, "Like at 2:00 PM or something. About an hour later [AS (Area Supervisor] #1 called me that they had found him (client A)." Client A's Mother was asked if client A had eloped from the group home previously. Client A's Mother stated, "No." Client A's Mother was asked if she is concerned regarding client A's safety at the group home. Client A's Mother stated, "Alarms won't keep him (client A) from eloping. He (client A) needs staff who are alert to keep him where he (client A) needs to be." Staff #3 was interviewed on 7/18/18 at 3:57 PM. Staff #3 was asked why client A was on 15 minute check supervision. Staff #3 stated, "Because sometimes he's running places." Staff #3 was			

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	asked how many times had client A attempted to elope. Staff #3 stated, "One time since I came here." Staff #3 was asked how long she had worked at the group home. Staff #3 stated, "2 months." Staff #1 was interviewed on 7/18/18 at 3:18 PM. Staff #1 was asked why client A was on 15 minute check supervision. Staff #1 stated, "He (client A) ran away like 2 weeks ago. It was his first time running away." Staff #1 was asked when she had noticed client A was not in the group home. Staff #1 stated, "We were waking them (clients) up for lunch when we noticed [client A] wasn't there. It was a Saturday. I called my supervisor [AS #1]. She (AS #1) contacted the police. Once the police got here (group home) he (Policeman) showed us a picture of [client A] and we said that was him. Then we (staff) went to the hospital and picked him up. He (client A) didn't have any injuries." Staff #1 was asked the amount of time client A was out of her line of sight. Staff #1 stated, "No, the police didn't let us know how long he was gone." Staff #1 was asked where the police had located client A. Staff #1 stated, "I know they said he (client A) broke into someone's company. So they called the police." Staff #1 was interviewed a second time on 7/18/18 at 5:16 PM. Staff #1 was asked if it was common for all of the clients to be sleeping at 12:00 PM on a Saturday. Staff #1 stated, "Normally on a Saturday they (clients) eat their breakfast around 8 AM. After they get done they maybe watch TV. Eventually everyone will venture off into their rooms and go to sleep." Staff #1 was asked which staff had gone into client A's room to wake him for lunch. Staff #1 stated, "It was [staff #2]. He (staff #2) asked me if I had seen [client A]. I told him (staff #2) I had just checked on him (client A) 15			

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	minutes before." Staff #2 was interviewed on 7/19/18 at 2:21 PM. Staff #2 was asked how often he checked on client A. Staff #2 stated, "I think we checked on him often, after 15 minutes." Staff #2 was asked when he noticed client A was not in the group home on 7/7/18. Staff #2 stated, "Like 11:50 AM to 12:00 PM." Staff #2 was asked if he had documented client A's elopement on the progress note. Staff #2 stated, "The other girl (staff #1) was the one that documented everything. That was the one mistake we made. We forgot." QAM (Quality Assurance Manager) #1 was interviewed on 7/19/18 at 2:51 PM. QAM #1 was asked the amount of time client A was out of the facility's line of sight. QAM #1 stated, "I believe it was more like an hour and a half to 2 hours based on the investigations." QAM #1 was asked if client A had alone time in his BSP. QAM #1 stated, "No, he (client A) is not deemed to be safe." QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 7/19/18 at 2:51 PM. QIDP #1 was asked if client A had a history of elopement. QIDP #1 stated, "Yes." QIDP #1 was asked if staff #1 or staff #2 had documented client A's elopement on 7/7/18 in the progress note. QIDP #1 stated, "No." QIDP #1 was asked if client A's elopement should have been documented on his progress note on 7/7/18. QIDP #1 stated, "Yes. Any behavior or activity a client does should be documented accurately on the progress note." QIDP #1 indicated the facility's policy and procedures on the prevention of abuse, neglect and mistreatment should be implemented as written. QIDP #1 indicated all allegations of abuse, neglect and mistreatment			

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	should be thoroughly investigated and the results and recommendations made to the administrator within 5 business days. The facility's policy and procedures were reviewed on 7/20/18 at 11:45 AM. QIDP #1 was interviewed on 7/19/18 at 2:51 PM. QIDP #1 indicated the facility's Abuse, Neglect, Exploitation policy revised on 2/26/18 was the most current policy. The facility's Abuse, Neglect, Exploitation policy revised on 2/26/18 indicated, "Policy: Adept staff actively advocate for the rights and safety of all individuals. All allegations or occurrences of abuse, neglect and exploitation shall be reported to the appropriate authorities through the appropriate supervisory channels and will be thoroughly investigated under the policies of ADEPT, Rescare and local, state and federal guidelines..."Emotional/physical neglect: failure to provide goods and/or services necessary for the individual to avoid physical harm. Failure to provide the support necessary to an individual's psychological and social well being. Failure to meet the basic need requirements such as food, shelter, clothing and to provide a safe environment." "Program intervention neglect: ...Failure to implement a support plan, inappropriate application of intervention with out (sic) a qualified person notification/review...". This federal tag relates to complaint #IN00267750. 9-3-2(a)			
W 0156 Bldg. 00	483.420(d)(4) STAFF TREATMENT OF CLIENTS The results of all investigations must be reported to the administrator or designated			

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	representative or to other officials in accordance with State law within five working days of the incident. Based on record review and interview for 1 of 9 allegations of abuse, neglect and mistreatment reviewed, the facility failed to report the results and recommendations of an investigation regarding the elopement of client A to the administrator within 5 business days. Findings include: The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 7/19/18 at 11:45 AM. The facility provided the surveyor with 2 versions of an investigation regarding client A's elopement on 7/7/18. The first investigation was provided by the facility on 7/19/18 at 10:13 AM. All witness statements on the first investigation were dated 7/18/18. The second investigation regarding client A's elopement on 7/7/18 was provided by the facility on 7/19/18 at 10:35 AM. All witness statements on the second investigation were dated 7/17/18 except staff #2 's statement was dated 7/18/18. A BDDS report dated 7/8/18 indicated on 7/7/18, "... On 7/7/18, at 12:20 PM, staff observed [client A] taking a nap in his bedroom. At 12:55 PM, staff called [client A] for lunch and realized he (client A) was not present in the home. There is an unalarmed fire exit door accessible from his (client A's) bedroom. Staff contacted the Area Supervisor and filed a police report. Staff and supervisors initiated a search of the area. At 2:05 PM, police officers arrived at the home and reported [client A] had broken into a building located at [address] (0.9 miles from his home) and damaged property. The police said they had	W 0156	**CORRECTION:** *The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law within five working days of the incident.* Specifically, the governing body has added an additional Quality Assurance Coordinator to assist with investigations. Agency Quality Assurance staff have been retrained in their role in the investigative process and the fact that results of investigations must be reported to the Executive Director within five working days of discovery of the allegations. **PREVENTION:** A tracking spreadsheet for incidents requiring investigation, follow-up and corrective/protective measures will be maintained and distributed daily to facility supervisors and the Operations Team comprised of Program Managers, Nurse Manager, Quality Assurance Manager, QIDP Manager, Quality Assurance Coordinators, Nurse Manager, Operations Managers and Executive Director. The Quality Assurance Manager will meet with his/her team (comprised of the QIDP Manager and Quality Assurance Coordinators), as	08/29/2018

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	15G486	A. BUILDING 00 B. WING	07/30/2018

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	transported [client A] to the [Name] Hospital Emergency Department for a psychiatric evaluation. Staff met [client A] at the ER (Emergency Room) where he was diagnosed with Non-verbal Autism and At Risk of Elopement... [Client A] had a history of elopement prior to his admission to his current home and it is addressed in his Behavior Support Plan (BSP). It should be noted that [client A] has not eloped from his current home since he moved in on 8/3/17. [Client A] has been placed on one to one observation for 24 hours pending IDT (Interdisciplinary Team) modifications to his BSP...". -A review of the BDDS report dated 7/8/18 indicated client A eloped from the group home on 7/7/18. The review indicated client A had broken into a building and was taken into custody by the police. The review indicated elopement was addressed in client A's BSP. The review did not indicate the amount of time client A was out of staff's line of sight. An IS (Investigative Summary) form dated 7/7/18 to 7/17/18 indicated the following: -"... Summary of Interviews- [Staff #1] ... I (staff #1 worked on the 7th (July)." -"That was the day [client A] walked off." -"[Staff #2] works night. He (staff #2) was here when it happened." -"[Client A] was taking a nap with everyone." -"We (staff) called everyone for lunch and [client A] was not there. I don't know how long he (client A) was in police custody...".		needed but no less than weekly to review the progress made on all open investigations and to assign responsibility for new investigations. The QA Manager will review each investigation to ensure that they indicate the date and time the administrator was notified of investigation results. The QIDP Manager and QA Coordinators will provide weekly updates to the QA Manager on the status of investigations.	

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	-"[Client A's] room does not have a fire exit door. This door (fire exit door) does not have a chime on it. They just put one (alarm) on the door after he (client A) eloped." -"The fire exit door was in [client F's] and [client H's] room." -"[Client A] left out that door." -"We called everyone for lunch around 11:50 (AM)...". A review of the IS interview statement with staff #1 dated 7/17/18 indicated staff #1 was interviewed 10 days after client A's elopement on 7/7/18. The review indicated the fire exit door was not located in client A's bedroom as stated in the BDDS report dated 7/8/18. The review indicated staff #1 stated client A eloped from the fire exit door located in client F and client H's room. Staff #1 did not indicate the period of time client A was out of the line of sight of staff. The IS interview statement with staff #2 dated 7/18/18 indicated, "... [Staff #2] Where (sic) you working at the home on July 7, 2018 when [client A] left the home without staff's supervision? (Staff #2)- "Yes. Yes." -"What happened?" -"I (staff #2) was in the med room doing my paper work. The girl (staff #1) I was working with was in the kitchen preparing lunch." -"[Client A] was in his room sleeping. When we went to call him for lunch we discovered he was not there."			

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	-"It was around 11:50 AM. They (clients) were going to the table to eat lunch." "I think he (client A) went through the door in [client H's] room." A review of the IS interview statement dated 7/18/18 indicated staff #2 was interviewed 11 days after client A's elopement on 7/7/18. The review indicated staff #2 was not aware the exact time client A eloped. The review indicated staff #2 believed client A eloped through the fire exit in client H's room. -"Factual Findings:" -"[Client A] was unable to provide a statement due to limited communication skills." -"[Client H] refused to participate in the investigation...". -"Progress noted (sic) for [client A] dated 7/7/17 8a-8-p states "[client A] had a good day, he took his meds without issue." -"Conclusion:" -"1. The evidence substantiates [staff #1] (DSP (Direct Support Professional)/Target of the investigation) provided support according to [client A's] Behavior Support Plan." -"2. The evidence does not substantiate [staff #1] (DSP/Target of the Investigation) documentation (sic) accurately reflected the events that occurred on July 7, 2018. The progress notes did not detail the events that occurred on July 7, 2018." -"3. The evidence does not substantiate [staff #1]			

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	(DSP/Target of the Investigation) violated [Agency] Policies and Procedures." -"4. The evidence substantiates [staff #2] (DSP/Target of the Investigation) provided support according to [client A's] Behavior Support Plan." -"5. The evidence does not substantiate [staff #2] (DSP/Target of the Investigation) documentation (sic) accurately reflected the events that occurred on July 7, 2018. The progress notes did not detail the events that occurred on July 7, 2018." -"6. The evidence substantiates [staff #2] (DSP/Target of the Investigation) provided support according to [client A's] Behavior Support Plan." -"Recommendations:" -"1. Alarm will be installed on Fire Exit Door." -"2. [Client A] level of supervisor (sic) was enhanced: a. 1:1 (supervision) for the overnight following the incident. b. 15 minute checks until the alarm was installed." -"3. Retrain staff on documentation." A review of the IS dated 7/7/18 to 7/17/18 Factual Findings/Conclusions/Recommendations indicated client H refused to be interviewed for the investigation. The review indicated staff #1 and staff #2 failed to accurately document client A's elopement and subsequent evaluation at the hospital in their daily progress notes. The review did not indicate the amount of time client A was out of staff's line of sight. The review did not indicate the IS dated 7/7/18 to 7/17/18 was			

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	completed within 5 business days. QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 7/19/18 at 2:51 PM. QIDP #1 was asked if client A had a history of elopement. QIDP #1 stated, "Yes." QIDP #1 was asked if staff #1 or staff #2 had documented client A's elopement on 7/7/18 in the progress note. QIDP #1 stated, "No." QIDP #1 was asked if client A's elopement should have been documented on his progress note on 7/7/18. QIDP #1 stated, "Yes. Any behavior or activity a client does should be documented accurately on the progress note." QIDP #1 indicated all allegations of abuse, neglect and mistreatment should be thoroughly investigated and the results and recommendations made to the administrator within 5 business days. This federal tag relates to complaint #IN00267750. 9-3-2(a)			