

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G814	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/16/2019
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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP COD 8307 CASTLETON BLVD INDIANAPOLIS, IN 46256
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W 0000 Bldg. 00	<p>This visit was for a full annual recertification and state licensure survey. This visit included the investigation of complaint #IN00283510. This visit resulted in an Immediate Jeopardy.</p> <p>Complaint #IN00283510: Substantiated, Federal and state deficiencies related to the allegation(s) are cited at: W102, W104, W122, W149, W154 and W157.</p> <p>Dates of Survey: 1/10/19, 1/11/19, 1/14/19, 1/15/19 and 1/16/19.</p> <p>Facility Number: 010453 Provider Number: 15G814 AIMS Number: 201408320</p> <p>These deficiencies reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 1/23/19.</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 3 of 3 sampled clients (A, B and C), plus 4 additional clients (D, E, F and G).</p> <p>Based on observation, record review and interview for 3 of 3 sampled clients (A, B and C), plus 4 additional clients (D, E, F and G), the governing body failed to exercise general policy,</p>	W 0102	<p>CORRECTION: <i>The facility must ensure that specific governing body and management requirements are met. Specifically:</i></p> <p>All facility investigations will be completed by trained investigators. Investigation focus will include but not be limited to</p>	02/15/2019

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

TITLE

(X6) DATE

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

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	<p>budget and operating direction over the facility to ensure the facility implemented its policy and procedures to develop and implement corrective measures to prevent recurrence of client A's theft of his roommate's cigarette lighter and subsequent burning of his personal belongings in his bedroom at the group home where clients A, B, C, D, E, F and G resided, to investigate two separate incidents of client to client aggression regarding clients A, B, C, E and F and to investigate an incident of elopement with police involvement resulting in significant property destruction and intimidation regarding client B, to ensure the QIDP (Qualified Intellectual Disabilities Professional) integrated, monitored and coordinated client A's active treatment program, to ensure client D had an active treatment schedule, to ensure clients A and E had annual vision examinations and to ensure clients A and E had recommended dental services.</p> <p>The governing body failed to exercise general operating direction over the facility to ensure the facility met the Condition of Participation: Client Protections for 3 of 3 sampled clients (A, B and C), plus 4 additional clients (D, E, 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 ensure the facility implemented its policy and procedures to develop and implement corrective measures to prevent recurrence of client A's theft of his roommate's cigarette lighter and subsequent burning of his personal belongings in his bedroom at the group home where clients A, B, C, D, E, F and G resided, to investigate two separate incidents of client to client aggression regarding clients A, B, C, E and</p>		<p>interviewing all potential witnesses and comparing documentary and testimonial evidence to identify and clarify discrepancies. Copies of all investigations will be maintained by the Quality Assurance Department to be available for review, as required.</p> <p>Client A's Behavior Support Plan has been modified to include potential fire setting as a target behavior and client A has been placed on 15-minute checks.</p> <p>All facility direct support staff have been trained toward implementation of client A's revised plan and other protective measures as described below:</p> <ul style="list-style-type: none"> -All lighters/matches belonging to individuals receiving supports will be secured, at all times, in personal lock boxes, except during smoking routine. The two individuals (who own and use lighters/matches for smoking) and staff will retain keys for the lock boxes. -The contents of the lock boxes and location of keys will be checked no less than once per shift. -Staff will keep personal lighters/matches secured at all times. -Staff will supervise individuals when they smoke to prevent client A from obtaining their lighters/matches and assure 	

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	<p>F and to investigate an incident of elopement with police involvement resulting in significant property destruction and intimidation regarding client B, to ensure the QIDP (Qualified Intellectual Disabilities Professional) integrated, monitored and coordinated client A's active treatment program, to ensure client D had an active treatment schedule, to ensure clients A and E had annual vision examinations and to ensure clients A and E had recommended dental services. Please see W104.</p> <p>2. The governing body failed to exercise general operating direction over the facility to ensure the facility met the Condition of Participation: Client Protections for 3 of 3 sampled clients (A, B and C), plus 4 additional clients (D, E, F and G). Please see W122.</p> <p>This federal tag relates to complaint #IN00283510.</p> <p>9-3-1(a)</p>		<p>lighters/matches are returned to lock boxes.</p> <ul style="list-style-type: none"> -Staff will check client A, for lighters and matches each time he returns from day service and community outings. These checks will be documented on a spreadsheet. -When staff suspect an individual is in possession of a lighter, the Program Manager will be notified immediately to arrange for approval for a room sweep. <p>QIDP will develop an Active Treatment Schedule for client D that reflects current support needs, including but not limited to structured activities on weekdays, during the day. A review of facility support documents indicated this deficient practice did not affect any additional clients.</p> <p>Both client A and client E will receive additional visual evaluations thereafter per optometrist recommendations. An audit of facility medical charts indicated this deficient practice did not affect additional clients.</p> <p>Client A and client E will receive a recommended dental follow-up. A review of facility dental records indicated this deficient practice did not affect additional clients.</p> <p>PREVENTION: The QIDP Manager will maintain a</p>	

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			<p>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 the Quality Assurance Manager, Quality Assurance Coordinators, QIDP Manager Executive Director, Program Director, Program Managers, Nurse Manager and Assistant Nurse Manager. The QA Manager will meet with his/her QA Department investigators as needed but no less than weekly to review the progress made on all investigations, review incidents and assign responsibility for new incidents/issues requiring investigation. QA team members will be required to attend and sign an in-service documentation at these meetings stating that they are aware of which investigations with which they are required to conduct, as well as the specific components of the investigation for which they are responsible, within the five-business day timeframe. The QA Manager will review the results of these weekly meetings with the Executive Director to assure appropriate follow through occurs.</p> <p>The Quality Assurance Team will review each investigation to ensure that they are thorough –meeting regulatory and operational standards, and will not designate</p>	

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			<p>an investigation, as completed, if it does not meet these criteria. Failure to complete thorough investigations within the allowable five business day timeframe may result in progressive corrective action to all applicable team members.</p> <p>When incidents occur, The QIDP Manager will coordinate with the trained investigator through the investigation and corrective measure implementation process, providing follow-up as needed but no less than daily. Additionally, the Quality Assurance Manager and QIDP Manager will follow-up with administrative level program staff (Program Manager and Operations Manager)</p> <p>The QIDP will be trained regarding the need to provide Active Treatment Schedules for all clients that reflect current support needs including but not limited to appropriate training and leisure activities on days that the client(s) are not at work or participating in formal day programming.</p> <p>An Area Supervisor or 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 to assure behavior supports and protective measures</p>	

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			<p>are implemented as written. For the next 30 days, members of the Operations Team (comprised of the Executive Director, Operations Managers, Program Managers, Quality Assurance Manager, QIDP Manager, Quality Assurance Coordinators, Nurse Manger Assistant Nurse Manager) and the QIDP will conduct administrative monitoring during varied shifts/times, no less than three times weekly, to assure interaction with multiple staff, involved in a full range of active treatment scenarios. After 30 days, administrative observations will occur no less than weekly until all staff demonstrate competence. 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.</p> <p>Administrative Monitoring is defined as follows:</p> <ul style="list-style-type: none"> -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. 	

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			<p>-Assuring the health and safety of individuals receiving supports at the time of the observation is the top priority.</p> <p>-Review all relevant documentation, providing documented coaching and training as needed</p> <p>Administrative oversight will include:</p> <p>-Assuring behavior supports and protective measures are implemented as written.</p> <p>-Assuring active treatment schedules are in place and reflect the training and support needs of all clients.</p> <p>Additionally,</p> <p>-The Facility nurse will complete monthly audits of all charts and turn in the audits to the Nurse Manager for review.</p> <p>-The Nurse Manager will review issues revealed in audits with the Executive Director and Department heads weekly for follow-up.</p> <p>-The Executive Director and will follow-up with the Nurse Manager as needed to address issues raised through audits, incident reports or other concerns brought to management attention.</p> <p>Members of the Operations Team (as defined above) and nursing staff will incorporate medical chart reviews into their formal audit</p>	

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W 0104 Bldg. 00	<p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation, record review and interview for 3 of 3 sampled clients (A, B and C), plus 4 additional clients (D, E, F and G), the governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility implemented its policy and procedures to develop and implement corrective measures to prevent recurrence of client A's theft of his roommate's cigarette lighter and subsequent burning of his personal belongings in his bedroom at the group home where clients A, B, C, D, E, F and G resided, to investigate two separate incidents of client to client aggression regarding clients A, B, C, E and F and to investigate an incident of elopement with police involvement resulting in significant property destruction and intimidation regarding client B, to ensure the QIDP (Qualified Intellectual Disabilities Professional) integrated, monitored and coordinated client A's active treatment program, to ensure client D had an active treatment schedule, to ensure clients A and E had annual vision examinations and to</p>	W 0104	<p>process, which will occur no less than monthly to assure that medical follow-along including but not limited to dental and visual examinations take place as required.</p> <p>RESPONSIBLE PARTIES: QIDP, Area Supervisor, Residential Manager, Health Services Team, Direct Support Staff, Operations Team, Regional Director</p> <p><i>The governing body must exercise general policy, budget, and operating direction over the facility. Specifically,</i></p> <p>All facility investigations will be completed by trained investigators. Investigation focus will include but not be limited to interviewing all potential witnesses and comparing documentary and testimonial evidence to identify and clarify discrepancies. Copies of all investigations will be maintained by the Quality Assurance Department to be available for review, as required.</p> <p>Client A's Behavior Support Plan has been modified to include potential fire setting as a target behavior and client A has been</p>	02/15/2019

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	<p>ensure clients A and E had recommended dental services.</p> <p>Findings include:</p> <p>1. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility implemented its policy and procedures to develop and implement corrective measures to prevent recurrence of client A's theft of his roommate's cigarette lighter and subsequent burning of his personal belongings in his bedroom at the group home where clients A, B, C, D, E, F and G resided, to investigate two separate incidents of client to client aggression regarding clients A, B, C, E and F and to investigate an incident of elopement with police involvement resulting in significant property destruction and intimidation regarding client B. Please see W149.</p> <p>2. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility investigated client A's theft of his roommate's cigarette lighter and subsequent burning of his personal belongings in his bedroom at the group home where clients A, B, C, D, E, F and G resided, to investigate two separate incidents of client to client aggression regarding clients A, B, C, E and F and to investigate an incident of elopement with police involvement resulting in significant property destruction and intimidation regarding client B. Please see W154.</p> <p>3. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility developed and implemented corrective measures to prevent recurrence of client A's theft of his roommate's</p>		<p>placed on 15-minute checks.</p> <p>All facility direct support staff have been trained toward implementation of client A's revised plan and other protective measures as described below:</p> <ul style="list-style-type: none"> -All lighters/matches belonging to individuals receiving supports will be secured, at all times, in personal lock boxes, except during smoking routine. The two individuals (who own and use lighters/matches for smoking) and staff will retain keys for the lock boxes. -The contents of the lock boxes and location of keys will be checked no less than once per shift. -Staff will keep personal lighters/matches secured at all times. -Staff will supervise individuals when they smoke to prevent client A from obtaining their lighters/matches and assure lighters/matches are returned to lock boxes. -Staff will check client A, for lighters and matches each time he returns from day service and community outings. These checks will be documented on a spreadsheet. -When staff suspect an individual is in possession of a lighter, the Program Manager will be notified immediately to arrange for approval for a room sweep. 	

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	<p>cigarette lighter and subsequent burning of his personal belongings in his bedroom at the group home where clients A, B, C, D, E, F and G resided. Please see W157.</p> <p>4. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the QIDP (Qualified Intellectual Disabilities Professional) integrated, monitored and coordinated client A's active treatment program by failing to monitor client A's progression/regression of skills regarding his formal training objectives and failed to monitor client D's active treatment program by failing to ensure client D had an active treatment schedule. Please see W159.</p> <p>5. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure client D had an active treatment schedule. Please see W250.</p> <p>6. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure clients A and E had annual vision examinations. Please see W323.</p> <p>7. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure clients A and E had recommended dental services. Please see W356.</p> <p>This federal tag relates to complaint #IN00283510.</p> <p>9-3-1(a)</p>		<p>QIDP will develop an Active Treatment Schedule for client D that reflects current support needs, including but not limited to structured activities on weekdays, during the day. A review of facility support documents indicated this deficient practice did not affect any additional clients.</p> <p>Both client A and client E will receive additional visual evaluations thereafter per optometrist recommendations. An audit of facility medical charts indicated this deficient practice did not affect additional clients.</p> <p>Client A and client E will receive a recommended dental follow-up. A review of facility dental records indicated this deficient practice did not affect additional clients.</p> <p>PREVENTION: The QIDP Manager will maintain 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 the Quality Assurance Manager, Quality Assurance Coordinators, QIDP Manager Executive Director, Program Director, Program Managers, Nurse Manager and Assistant Nurse Manager. The QA Manager will meet with his/her QA</p>	

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			<p>Department investigators as needed but no less than weekly to review the progress made on all investigations, review incidents and assign responsibility for new incidents/issues requiring investigation. QA team members will be required to attend and sign an in-service documentation at these meetings stating that they are aware of which investigations with which they are required to conduct, as well as the specific components of the investigation for which they are responsible, within the five-business day timeframe. The QA Manager will review the results of these weekly meetings with the Executive Director to assure appropriate follow through occurs.</p> <p>The Quality Assurance Team will review each investigation to ensure that they are thorough –meeting regulatory and operational standards, and will not designate an investigation, as completed, if it does not meet these criteria. Failure to complete thorough investigations within the allowable five business day timeframe may result in progressive corrective action to all applicable team members.</p> <p>When incidents occur, The QIDP Manager will coordinate with the trained investigator through the investigation and corrective</p>	

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			<p>measure implementation process, providing follow-up as needed but no less than daily. Additionally, the Quality Assurance Manager and QIDP Manager will follow-up with administrative level program staff (Program Manager and Operations Manager)</p> <p>The QIDP will be trained regarding the need to provide Active Treatment Schedules for all clients that reflect current support needs including but not limited to appropriate training and leisure activities on days that the client(s) are not at work or participating in formal day programming.</p> <p>An Area Supervisor or 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 to assure behavior supports and protective measures are implemented as written. For the next 30 days, members of the Operations Team (comprised of the Executive Director, Operations Managers, Program Managers, Quality Assurance Manager, QIDP Manager, Quality Assurance Coordinators, Nurse Manger Assistant Nurse Manager) and the QIDP will conduct administrative monitoring during varied shifts/times, no less than three times weekly, to assure</p>	

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			<p>interaction with multiple staff, involved in a full range of active treatment scenarios. After 30 days, administrative observations will occur no less than weekly until all staff demonstrate competence. 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.</p> <p>Administrative Monitoring is defined as follows:</p> <ul style="list-style-type: none"> -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 <p>Administrative oversight will include:</p> <ul style="list-style-type: none"> -Assuring behavior supports and protective measures are 	

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			<p>implemented as written.</p> <ul style="list-style-type: none"> -Assuring active treatment schedules are in place and reflect the training and support needs of all clients. <p>Additionally,</p> <ul style="list-style-type: none"> -The Facility nurse will complete monthly audits of all charts and turn in the audits to the Nurse Manager for review. -The Nurse Manager will review issues revealed in audits with the Executive Director and Department heads weekly for follow-up. -The Executive Director and will follow-up with the Nurse Manager as needed to address issues raised through audits, incident reports or other concerns brought to management attention. <p>Members of the Operations Team (as defined above) and nursing staff will incorporate medical chart reviews into their formal audit process, which will occur no less than monthly to assure that medical follow-along including but not limited to dental and visual examinations take place as required.</p> <p>RESPONSIBLE PARTIES: QIDP, Area Supervisor, Residential Manager, Health Services Team, Direct Support Staff, Operations Team, Regional Director</p>	

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W 0122 Bldg. 00	<p>483.420 CLIENT PROTECTIONS</p> <p>The facility must ensure that specific client protections requirements are met. Based on observation, record review and interview, the facility failed to meet the Condition of Participation: Client Protections for 3 of 3 sampled clients (A, B, and C) and 4 additional clients (clients D, E, F and G).</p> <p>The facility neglected to implement its policy and procedures to develop and implement corrective measures to prevent recurrence of client A's theft of his roommate's cigarette lighter and subsequent burning of his personal belongings in his bedroom at the group home where clients A, B, C, D, E, F and G resided, to investigate two separate incidents of client to client aggression regarding clients A, B, C, E and F and to investigate an incident of elopement with police involvement resulting in significant property destruction and intimidation regarding client B.</p> <p>This noncompliance resulted in an Immediate Jeopardy. The Immediate Jeopardy was identified on 1/11/19 at 3:41 PM. The QIDPM (Qualified Intellectual Disabilities Professional Manager) and the Quality Assurance Manager were notified of the Immediate Jeopardy on 1/11/19 at 3:41 PM. The Immediate Jeopardy began on 12/28/18 when the facility neglected to implement its policy and procedures to develop and implement corrective measures to prevent recurrence of client A's theft of his roommate's cigarette lighter and subsequent burning of his personal belongings in his bedroom at the group home where clients A, B, C, D, E, F and G resided.</p> <p>The facility submitted an amended plan to remove the Immediate Jeopardy on 1/15/19 at 1:54 PM.</p>	W 0122	<p>CORRECTION:</p> <p><i>The facility must ensure that specific client protections requirements are met. Specifically, the governing body facilitated the following:</i></p> <p>All facility investigations will be completed by trained investigators. Investigation focus will include but not be limited to interviewing all potential witnesses and comparing documentary and testimonial evidence to identify and clarify discrepancies. Copies of all investigations will be maintained by the Quality Assurance Department to be available for review, as required.</p> <p>Client A's Behavior Support Plan has been modified to include potential fire setting as a target behavior and client A has been placed on 15-minute checks.</p> <p>All facility direct support staff have been trained toward implementation of client A's revised plan and other protective measures as described below:</p> <ul style="list-style-type: none"> -All lighters/matches belonging to individuals receiving supports will be secured, at all times, in personal lock boxes, except during smoking routine. The two 	02/15/2019	

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	<p>The facility plan entitled, "Amended Allegation for Removal of Immediate Jeopardy" dated 1/14/19 indicated the following:</p> <p>- "Client Protections: failure to implement safeguards/measures to prevent emerging behavior of [client A] regarding fire setting in group home.</p> <ul style="list-style-type: none"> · A complete sweep of the home for lighters and matches was conducted on 1/11/19. · [Client A 's] Behavior Support Plan has been modified to include potential fire setting as a target behavior and [client A] has been placed on 15-minute checks. <p>All facility direct support staff have been trained toward implementation of [client A 's] revised plan and other protective measures as described below:</p> <ul style="list-style-type: none"> · All lighters/matches belonging to individuals receiving supports will be secured, at all times, in personal lock boxes, except during smoking routine. The two individuals (who own and use lighters/matches for smoking) and staff will retain keys for the lock boxes. · The contents of the lock boxes and location of keys will be checked no less than once per shift. · Staff will keep personal lighters/matches secured at all times. · Staff will supervise individuals when they smoke to prevent [client A] from obtaining their lighters/matches and assure lighters/matches are returned to lock boxes. · Staff will check [client A], for lighters and matches each time he returns from day service and community 		<p>individuals (who own and use lighters/matches for smoking) and staff will retain keys for the lock boxes.</p> <ul style="list-style-type: none"> · The contents of the lock boxes and location of keys will be checked no less than once per shift. · Staff will keep personal lighters/matches secured at all times. · Staff will supervise individuals when they smoke to prevent client A from obtaining their lighters/matches and assure lighters/matches are returned to lock boxes. · Staff will check client A, for lighters and matches each time he returns from day service and community outings. These checks will be documented on a spreadsheet. · When staff suspect an individual is in possession of a lighter, the Program Manager will be notified immediately to arrange for approval for a room sweep. <p>PREVENTION: The QIDP Manager will maintain 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 the Quality Assurance Manager, Quality Assurance Coordinators, QIDP Manager Executive Director,</p>	

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	<p>outings. These checks will be documented on a spreadsheet.</p> <p>When staff suspect an individual is in possession of a lighter, the [Program Manager] will be notified immediately to arrange for approval for a room sweep.</p> <p>A Residential Manager will be in place 24-hours per day and Area Supervisors and administrative staff will be present for no less than two hours on each shift to monitor the effectiveness of the protective measures and provide additional training and coaching as needed.</p> <p>Pursuant to the fact that the interdisciplinary team has developed appropriate protective measures by revising [client A 's] Behavior Support Plan to address potential fire setting, fire-starting materials have been secured in the home and the governing body has established monitoring to evaluate and ensure the effectiveness to the plan, the issues resulting in Immediate Jeopardy at the ResCare/VOCA corporation of Indiana facility on [group home's address] have been resolved. Thank you for your consideration of this allegation for removal of Immediate Jeopardy."</p> <p>Based on observation, record review and interview, it was determined the facility's 1/15/19 Allegation for Removal of Immediate Jeopardy had removed the Immediate Jeopardy. The Immediate Jeopardy was removed on 1/16/19 at 12:58 PM. While the Immediate Jeopardy was removed on 1/16/19, the facility remained out of compliance at the Condition Level in that the facility needed to demonstrably implement, monitor and model the appropriate provision of</p>		<p>Program Director, Program Managers, Nurse Manager and Assistant Nurse Manager. The QA Manager will meet with his/her QA Department investigators as needed but no less than weekly to review the progress made on all investigations, review incidents and assign responsibility for new incidents/issues requiring investigation. QA team members will be required to attend and sign an in-service documentation at these meetings stating that they are aware of which investigations with which they are required to conduct, as well as the specific components of the investigation for which they are responsible, within the five-business day timeframe. The QA Manager will review the results of these weekly meetings with the Executive Director to assure appropriate follow through occurs.</p> <p>The Quality Assurance Team will review each investigation to ensure that they are thorough –meeting regulatory and operational standards, and will not designate an investigation, as completed, if it does not meet these criteria. Failure to complete thorough investigations within the allowable five business day timeframe may result in progressive corrective action to all applicable team members.</p>	

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	<p>client supports to prevent neglect in the home.</p> <p>Observations were conducted at the group home on 1/15/19 from 12:30 PM through 1:30 PM. Clients B and E had lock boxes to store and maintain their personal cigarette lighters in the home. Clients B and E had personal keys to access their cigarette lighters. Client A did not have access to his roommate, client E's, cigarette lighter.</p> <p>RM (Residential Manager) was interviewed on 1/15/19 at 1:06 PM. RM indicated the home had personal lock boxes to maintain and store clients B and F's cigarette lighters. RM indicated she had trained staff on the new procedure regarding lighters in the home and monitoring client A's access to the lighters and updated behavior support plans.</p> <p>Staff #1 was interviewed on 1/15/19 at 1:16 PM. Staff #1 indicated the home had personal lock boxes to maintain and store clients B and F's cigarette lighters. Staff #1 indicated she had been trained on the new procedure regarding lighters in the home and monitoring client A's access to the lighters and updated behavior support plans.</p> <p>Client A was interviewed on 1/15/19 at 12:58 PM. Client A indicated the lighters were maintained in clients B and F's personal lock boxes.</p> <p>Client D was interviewed on 1/15/19 at 1:05 PM. Client D indicated the lighters were maintained in clients B and F's personal lock boxes.</p> <p>QIDPM was interviewed on 1/16/19 at 2:05 PM. QIDPM indicated staff had been trained on the new lighter procedure and client A's updated behavior support plan.</p>		<p>When incidents occur, The QIDP Manager will coordinate with the trained investigator through the investigation and corrective measure implementation process, providing follow-up as needed but no less than daily. Additionally, the Quality Assurance Manager and QIDP Manager will follow-up with administrative level program staff (Program Manager and Operations Manager)</p> <p>An Area Supervisor or 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 to assure behavior supports and protective measures are implemented as written. For the next 30 days, members of the Operations Team (comprised of the Executive Director, Operations Managers, Program Managers, Quality Assurance Manager, QIDP Manager, Quality Assurance Coordinators, Nurse Manger Assistant Nurse Manager) and the QIDP will conduct administrative monitoring during varied shifts/times, no less than three times weekly, to assure interaction with multiple staff, involved in a full range of active treatment scenarios. After 30 days, administrative observations will occur no less than weekly until all staff demonstrate</p>	

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	<p>Client A's revised behavior support plan dated 1/12/19 was provided and reviewed on 1/15/19 at 3:06 PM. The 1/12/19 revised behavior support plan indicated the following:</p> <p>-"Revised 01/12/2019: Enhanced Supervision (15 Minute Checks), 24/7 across environments, was added due to increased potential to start fires. [Client A] will receive checks at all times. A Target behavior for 'Potential to Start Fires' was added to the BSP also."</p> <p>Observations were conducted at the home on 1/14/19 from 4:30 PM through 5:30 PM. Clients B and F's cigarette lighters were maintained and stored in their personal lock boxes.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) was interviewed on 1/14/19 at 4:30 PM. QIDP indicated the new protocol for maintaining clients B and F's cigarette lighters in their own personal lock boxes had been implemented. QIDP indicated staff had been trained on the new protocol. QIDP indicated behavior support plans were being updated and administrative oversight in the home had begun and would continue until the team determined there was not longer a need.</p> <p>Staff #4 was interviewed on 1/14/19 at 4:54 PM. Staff #4 indicated the home had personal lock boxes to maintain and store clients B and F's cigarette lighters. Staff #4 indicated she had been trained on the new procedure regarding lighters in the home and monitoring client A's access to the lighters and updated behavior support plans.</p> <p>PM (Program Manager) was interviewed on 1/14/19 at 5:18 PM. PM indicated clients B and F's</p>		<p>competence. 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.</p> <p>Administrative Monitoring is defined as follows:</p> <ul style="list-style-type: none"> -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 <p>Administrative oversight will include: assuring behavior supports and protective measures are implemented as written.</p> <p>RESPONSIBLE PARTIES: QIDP, Area Supervisor, Residential Manager, Health Services Team, Direct Support Staff, Operations Team, Regional Director</p>	

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	<p>cigarette lighters were being monitored and stored in their personal lock boxes. PM indicated client A's access to lighters was being monitored. PM indicated staff had been trained on the new procedure and the home's QIDP was updating behavior support plans. PM indicated the home was being monitored by administrative level staff on each shift to ensure the new protocols were being implemented.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. The facility neglected to implement its policy and procedures to develop and implement corrective measures to prevent recurrence of client A's theft of his roommate's cigarette lighter and subsequent burning of his personal belongings in his bedroom at the group home where clients A, B, C, D, E, F and G resided, to investigate two separate incidents of client to client aggression regarding clients A, B, C, E and F and to investigate an incident of elopement with police involvement resulting in significant property destruction and intimidation regarding client B. Please see W149. 2. The facility failed to investigate client A's theft of his roommate's cigarette lighter and subsequent burning of his personal belongings in his bedroom at the group home where clients A, B, C, D, E, F and G resided, to investigate two separate incidents of client to client aggression regarding clients A, B, C, E and F and to investigate an incident of elopement with police involvement resulting in significant property destruction and intimidation regarding client B. Please see W154. 3. The facility failed to develop and implement corrective measures to prevent recurrence of client A's theft of his roommate's cigarette lighter 			

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W 0149 Bldg. 00	<p>and subsequent burning of his personal belongings in his bedroom at the group home where clients A, B, C, D, E, F and G resided. Please see W157.</p> <p>This federal tag relates to complaint #IN00283510.</p> <p>9-3-2(a)</p> <p>483.420(d)(1) STAFF TREATMENT OF CLIENTS</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on observation, record review and interview for 3 of 3 sampled clients (A, B and C), plus 4 additional clients (D, E, F and G), the facility neglected to implement its policy and procedures to develop and implement corrective measures to prevent recurrence of client A's theft of his roommate's cigarette lighter and subsequent burning of his personal belongings in his bedroom at the group home where clients A, B, C, D, E, F and G resided, to investigate two separate incidents of client to client aggression regarding clients A, B, C, E and F and to investigate an incident of elopement with police involvement resulting in significant property destruction and intimidation regarding client B.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 1/10/19 at 2:02 PM. The review indicated the following:</p> <p>1. BDDS report dated 12/29/18, "[Client A, age, gender and diagnoses] who resides in a supervised group living home with seven other</p>	W 0149	<p>CORRECTION:</p> <p><i>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Specifically:</i></p> <p>All facility investigations will be completed by trained investigators. Investigation focus will include but not be limited to interviewing all potential witnesses and comparing documentary and testimonial evidence to identify and clarify discrepancies. Copies of all investigations will be maintained by the Quality Assurance Department to be available for review, as required.</p> <p>Client A's Behavior Support Plan has been modified to include potential fire setting as a target behavior and client A has been placed on 15-minute checks.</p>	02/15/2019

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	<p>males (clients B, C, D, E, F, G) (sic). On 12/28/18, staff found [client A] had used his roommate's, [client E's] lighter to burn pages from his coloring book and noted a hole burned in his blanket as well. [Client A] said he used water to put it out. Staff counseled [client A] about the dangers of inappropriate use of a cigarette lighter.</p> <p>[Client A] was not injured and staff provided him with emotional support. Staff will monitor [client A] closely and limit his access to lighters to when he smokes. The Interdisciplinary Team (IDT) will meet to develop revisions to [client A's] plan to address this emerging behavior. The administrative team is aware of the incident."</p> <p>-The review did not indicate documentation of an investigation or IDT review of client A's 12/28/18 incident of starting a fire.</p> <p>QIDPM (Qualified Intellectual Disabilities Professional Manager) was interviewed on 1/10/19 at 3:34 PM. QIDPM indicated there was not any documentation available for review regarding an investigation for client A's 12/28/18 fire incident. QIDPM indicated there was not documentation available for review regarding an IDT meeting to review and make recommendations regarding client A's 12/28/18 incident.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) was interviewed on 1/10/19 at 4:30 PM. QIDP indicated she had assumed the QIDP duties at the home in December 2018. When asked if she knew which clients were roommates, QIDP stated, "No, I don't know. I've met the guys and been here (home) a few times." QIDP indicated there were IDT meetings on 1/7/19 regarding clients B, D and E. QIDP indicated there was not any documentation available for review regarding</p>		<p>All facility direct support staff have been trained toward implementation of client A's revised plan and other protective measures as described below:</p> <ul style="list-style-type: none"> -All lighters/matches belonging to individuals receiving supports will be secured, at all times, in personal lock boxes, except during smoking routine. The two individuals (who own and use lighters/matches for smoking) and staff will retain keys for the lock boxes. -The contents of the lock boxes and location of keys will be checked no less than once per shift. -Staff will keep personal lighters/matches secured at all times. -Staff will supervise individuals when they smoke to prevent client A from obtaining their lighters/matches and assure lighters/matches are returned to lock boxes. -Staff will check client A, for lighters and matches each time he returns from day service and community outings. These checks will be documented on a spreadsheet. -When staff suspect an individual is in possession of a lighter, the Program Manager will be notified immediately to arrange for approval for a room sweep. <p>PREVENTION:</p>	

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	<p>an IDT for client A. When asked if there had been any recent behavioral concerns or incidents regarding client A, QIDP indicated she was not aware of any.</p> <p>RM (Residential Manager) was interviewed on 1/10/19 at 4:41 PM. RM indicated she had worked at the group home since May 2018. RM indicated clients A and E were roommates. When asked if client A had any recent behaviors (December 2018 through January 2019), RM indicated client A had made some inappropriate sexual remarks. RM indicated she was not aware of any other behavioral incidents regarding client A. RM indicated client A was not a smoker. RM indicated client E was a smoker and maintained/carried his personal cigarette lighter on him.</p> <p>Client A was interviewed on 1/10/19 at 5:11 PM. Client A indicated he was not a smoker. Client A indicated his roommate was client E. Client A declined to talk about the 12/28/18 incident. Client A stated, "[Client E's] lighter is kept locked in the office."</p> <p>Client E was interviewed on 1/10/19 at 5:16 PM. Client E indicated he was roommates with client A. When asked how he got along with his roommate/client A, client E stated, "He got into my lighter (sic). They said he burned some paper and his bed." When asked if he still had his personal lighter, client E stated, "Yes, I've got it in my pocket. Want to see it (gestures to his pocket and brings lighter out of his pants pocket)?" Client E stated, "I hide it so he, [client A], doesn't steal it (lighter)."</p> <p>Staff #1 was interviewed on 1/10/19 at 5:19 PM. Staff #1 indicated she worked at the home for one year. Staff #1 indicated she was not aware of</p>		<p>The QIDP Manager will maintain 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 the Quality Assurance Manager, Quality Assurance Coordinators, QIDP Manager Executive Director, Program Director, Program Managers, Nurse Manager and Assistant Nurse Manager. The QA Manager will meet with his/her QA Department investigators as needed but no less than weekly to review the progress made on all investigations, review incidents and assign responsibility for new incidents/issues requiring investigation. QA team members will be required to attend and sign an in-service documentation at these meetings stating that they are aware of which investigations with which they are required to conduct, as well as the specific components of the investigation for which they are responsible, within the five-business day timeframe. The QA Manager will review the results of these weekly meetings with the Executive Director to assure appropriate follow through occurs.</p> <p>The Quality Assurance Team will review each investigation to ensure that they are thorough –meeting regulatory and operational</p>	

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	<p>client A's 12/28/18 incident. Staff #1 indicated she was not aware of any supervision or monitoring needs regarding client A's access/use of lighters.</p> <p>Staff #2 was interviewed on 1/10/19 at 5:24 PM. Staff #2 stated, "[Client A] had taken [client E's] lighter." Staff #2 indicated client E kept his lighter on him. Staff #2 indicated client A did not smoke cigarettes but did go outside with client E and others when they smoked cigarettes to socialize.</p> <p>AS (Area Supervisor) was interviewed on 1/10/19 at 5:27 PM. AS indicated she had been the AS over the home since October 2018. When asked if client A had any recent behavioral incidents, AS stated, "Hasn't had anything recently. Had some medication adjustments." When asked specifically about client A's 12/28/18 fire incident, AS stated, "I do know about an incident with a lighter. He burned a coloring book and a blanket." AS indicated clients A and E were roommates. AS indicated client E kept his lighter on him.</p> <p>Staff #3 was interviewed on 1/10/19 at 5:33 PM. Staff #3 indicated she was aware of the 12/28/18 incident regarding client A's theft of client E's lighter. Staff #3 indicated client E kept his lighter on him. Staff #3 indicated she had not had any additional training or direction to monitor or supervise client A regarding theft of his roommate's/client E's lighter or setting items on fire.</p> <p>Observations were conducted at the group home on 1/10/19 from 4:30 PM through 5:45 PM. Clients A and E shared a bedroom. Client E had his personal cigarette lighter with him in his pocket.</p> <p>Client A's record was reviewed on 1/11/19 at 11:15 AM. Client A's BSP (Behavior Support Plan)</p>		<p>standards, and will not designate an investigation, as completed, if it does not meet these criteria. Failure to complete thorough investigations within the allowable five business day timeframe may result in progressive corrective action to all applicable team members.</p> <p>When incidents occur, The QIDP Manager will coordinate with the trained investigator through the investigation and corrective measure implementation process, providing follow-up as needed but no less than daily. Additionally, the Quality Assurance Manager and QIDP Manager will follow-up with administrative level program staff (Program Manager and Operations Manager)</p> <p>An Area Supervisor or 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 to assure behavior supports and protective measures are implemented as written. For the next 30 days, members of the Operations Team (comprised of the Executive Director, Operations Managers, Program Managers, Quality Assurance Manager, QIDP Manager, Quality Assurance Coordinators, Nurse Manger Assistant Nurse Manager) and the</p>	

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	<p>dated 10/8/18 indicated, "Threats to Harm Others: any time [client A] makes a statement that he will harm staff and/or peers (kill them in their sleep, burn the house down, break their knee) or refers to events in his past when he has harmed others."</p> <p>Client A's ISP (Individual Support Plan) dated 7/9/18 indicated client A had a guardian.</p> <p>Client A's Daily Progress Notes dated 11/1/18 through the 1/11/19 date of review did not indicate documentation of client A's 12/28/18 incident, other behavioral incidents or monitoring/supervision regarding client A's access to and/or use of lighters in the group home.</p> <p>Client A's ABC (Antecedent Behavior Consequence) (behavior tracking) forms dated 11/1/18 through the 1/11/19 date of review did not indicate documentation of client A's 12/28/18 incident, other behavioral incidents or monitoring/supervision regarding client A's access to and/or use of lighters in the group home.</p> <p>Client A's record did not indicate documentation of IDT review or recommendations regarding client A's 12/28/18 incident.</p> <p>QIDPM and PM (Program Manager) were interviewed on 1/11/19 at 12:46 PM. QIDPM indicated there was not additional documentation available for review regarding client A's 12/28/18 incident (had indicated they would look for an investigation-unable to locate). QIDPM indicated the 12/28/18 incident should have been investigated. QIDPM indicated safeguards and measures should be developed and implemented to prevent recurrence of incidents of abuse and</p>		<p>QIDP will conduct administrative monitoring during varied shifts/times, no less than three times weekly, to assure interaction with multiple staff, involved in a full range of active treatment scenarios. After 30 days, administrative observations will occur no less than weekly until all staff demonstrate competence. 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.</p> <p>Administrative Monitoring is defined as follows:</p> <ul style="list-style-type: none"> -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 	

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	<p>neglect. QIDPM indicated the agency's Abuse and Neglect policy had been updated on 2/26/18 and should be implemented. QIDPM indicated he had directed the home's QIDP to convene the IDT to document measures implemented by the IDT to prevent and address client A's 12/28/18 incident. QIDPM indicated the IDT was not aware of client A's theft of client E's lighter. QIDPM indicated the IDT was initially informed by the RM client A's behavior was borrowing client E's lighter for his own, client A's, smoking needs. QIDPM indicated there was not documentation of interviews or follow up regarding client A's 12/28/18 incident to reconcile interviews with clients A and E regarding alleged theft of client E's lighter by client A versus the IDT's identification of borrowing client E's lighter by client A.</p> <p>QIDPM provided an IDT meeting form dated 1/11/19 regarding client A's 12/28/18 incident on 1/11/19 at 12:46 PM.</p> <p>Client A's IDT (Interdisciplinary Team) meeting form dated 1/11/19 indicated the following:</p> <p>-Subject: Plan for monitoring [client A's] smoking and smoking personal possessions.</p> <p>-Team discussed the lighter incident that happened on 12/28/18.</p> <p>-The incident occurred after an order from doctor was discontinued Olanzapine tablet 26 milligrams (anti-psychotic) at 5 PM to help [client A] sleep. So [client A] started to display unusual behavior and saying things he normally would not say. [RM] checked the MAR to discover his medication was discontinued.</p> <p>-[Client A] stated that he took the lighter out of</p>		<p>Administrative oversight will include: assuring behavior supports and protective measures are implemented as written.</p> <p>RESPONSIBLE PARTIES: QIDP, Area Supervisor, Residential Manager, Direct Support Staff, Operations Team, BDDS Generalist, Regional Director</p>	

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	<p>spite because he wasn't feeling himself. [RM] got the medication re-instated.</p> <p>-Team set up procedures for smoking and tools for smoking as follows (1.) Clients will keep lighters in their possession from now on; (2.) Smoking will occur outside; (3.) If a client is in need of a lighter they will ask staff for assistance; (4.) Staff will settle any disputes fairly and quickly so the clients will feel heard and accepted."</p> <p>The 1/11/19 IDT did not indicate documentation regarding team review or discussion of client A's specific behavior regarding the theft of client E's lighter and subsequent setting his items on fire.</p> <p>Attempts to interview client A's guardian were completed on 1/11/19 at 12:40 PM and on 1/14/19 at 1:18 PM. These attempts were unsuccessful.</p> <p>2. BDDS report dated 12/1/18 indicated, "[Client B, age and diagnosis] and [Client F, age and diagnosis].... They live together in a supervised group living home with six other men. On the night of 11/30/18, staff heard the individuals arguing in their bedroom. They told staff that they were arguing about [client B] wanting privacy during a phone conversation and that they had hit each other. Staff spoke to them and encouraged them to use their coping skills and the calmed and went to bed. Staff remained outside their bedroom door until they appeared to be asleep and there were no further problems through the night.</p> <p>Neither individual was injured during the incident and staff provided them with emotional support. Both [clients B and F] have histories of physical aggression addressed in their Behavior Support Plans. Staff will continue to follow the proactive and reactive strategies in their plans to help</p>			

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	<p>reduce and prevent further occurrences. The administrative team is aware of the incident."</p> <p>-The review did not indicate documentation of an investigation regarding the 12/1/18 allegation of client to client aggression between clients B and F.</p> <p>3. BDDS report dated 11/26/18 indicated, "[Client B, age and diagnosis] who lives in a supervised group living residence with seven other males (sic). On 11/25/18, [client B] told staff he wanted to see holiday decorations in Downtown [city]. When staff offered to take him, he became angry and walked out of the house with staff following. The [AS (Area Supervisor) and RM (Residential Manager) followed in the van and another car. The supervisors attempted to redirect him verbally at intervals without success and [client B] began throwing objects, causing damage to both vehicles. [Client B] continued walking until he reached another home operated by ResCare located at [address] (route was unspecified. 3 route options reviewed indicated the distance between the homes was between 7 and 8 miles). Staff continued to attempt to redirect him verbally without success and [client B] ran through the back yard and began throwing bricks at the house. [Client B] began breaking windows and kicking doors and staff called 911 for assistance. When he broke through the back door, staff took the eight individuals to the van for safety (incident to be reported separately). Police arrived and spoke to [client B] and staff and he was able to calm himself. [Client B] agreed to return home with his supervisors and the police left without taking further action.</p> <p>[Client B] sustained a 2 centimeter Scratch on the</p>			

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	<p>top of his right hand. Staff performed first aid and will track the injury's healing process on an injury follow-up flow sheet. ResCare Environmental Services came to the [other agency home] and cleaned up the damages from the four broken windows and completed temporary repairs. Replacement glass has been ordered and it should be noted that no health or safety risks are present. The administrative team was notified of the incident and administrative staff were present to assist in resolving the situation. [Client B] has a history of elopement and property destruction addressed in his Behavior Support Plan, which staff followed. The interdisciplinary team will meet to review the circumstances of the incident to attempt to determine the precursors for this significant escalation in target behaviors."</p> <p>-The review did not indicate documentation of an investigation regarding client B's 11/26/18 elopement incident.</p> <p>4. BDDS report dated 12/3/18 indicated, "[Client C, age, gender and diagnosis], [client B, age, gender and diagnosis], [client A, age, gender and diagnosis] and [client E, age, gender and diagnosis]....</p> <p>They live together in a supervised group living residence with four other males. On 12/02/2018, [client C] became upset because he had run out of drawing paper. A housemate offered him paper, but he indicated he didn't want it. [Client C] got up from his seat and ran through the house. Before staff could intervene successfully, [client B] hit [clients B, A and E] in quick succession. Staff separated [client C] from his housemates, spoke to him one to one and assisted him with calming himself. It should be noted that none of [client C's] housemates retaliated. The supervisor and</p>			

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	<p>nurse were notified.</p> <p>No one was injured during the incident and all four individuals received emotional support from staff. The administrative team is aware of the incident. [Client C] has a history of physical aggression addressed in his Behavior Support Plan. Staff will continue to implement the proactive and reactive strategies in [client C's] plan to help reduce and prevent further occurrences."</p> <p>-The review did not indicate documentation of an investigation regarding the 12/3/18 allegation of client to client aggression between clients A, B, C and E.</p> <p>QIDPM and PM (Program Manager) were interviewed on 1/11/19 at 12:46 PM. QIDPM indicated there was not additional documentation available for review regarding the 11/26/18, 12/1/18 and 12/3/18 allegations.</p> <p>The facility's policy and procedures were reviewed on 1/14/19 at 1:08 PM. The facility's Abuse, Neglect, Exploitation and Mistreatment Policy dated 2/26/18 indicated the following:</p> <p>"ResCare staff actively advocate for the rights and safety of all individuals. All allegations or occurrences of abuse, neglect, exploitation, or mistreatment shall be reported to the appropriate authorities through the appropriate supervisory channels and will be thoroughly investigated under the policies of ... Rescare, and local, state and federal guidelines."</p> <p>"Program intervention neglect: failure to provide goods and/or services necessary for the individual to avoid physical harm. Failure to</p>			

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W 0154 Bldg. 00	<p>implement a support plan, inappropriate application of intervention with out a qualified person notification/review."</p> <p>"-A full investigation will be conducted by ResCare personnel for incidents occurring residentially."</p> <p>This federal tag relates to complaint #IN00283510.</p> <p>9-3-2(a)</p> <p>483.420(d)(3)</p> <p>STAFF TREATMENT OF CLIENTS</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated. Based on observation, record review and interview for 3 of 3 sampled clients (A, B and C), plus 4 additional clients (D, E, F and G), the facility failed to investigate client A's theft of his roommate's cigarette lighter and subsequent burning of his personal belongings in his bedroom at the group home where clients A, B, C, D, E, F and G resided, to investigate two separate incidents of client to client aggression regarding clients A, B, C, E and F and to investigate an incident of elopement with police involvement resulting in significant property destruction and intimidation regarding client B.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 1/10/19 at 2:02 PM. The review indicated the following:</p> <p>1. BDDS report dated 12/29/18, "[Client A, age, gender and diagnoses] who resides in a supervised group living home with seven other</p>	W 0154	<p>CORRECTION:</p> <p><i>The facility must have evidence that all alleged violations are thoroughly investigated.</i></p> <p>Specifically:</p> <p>All facility investigations will be completed by trained investigators. Investigation focus will include but not be limited to interviewing all potential witnesses and comparing documentary and testimonial evidence to identify and clarify discrepancies. Copies of all investigations will be maintained by the Quality Assurance Department to be available for review, as required.</p> <p>PREVENTION:</p> <p>The QIDP Manager will maintain a tracking spreadsheet for incidents requiring investigation, follow-up and corrective/protective measures</p>	02/15/2019	

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	<p>males (clients B, C, D, E, F, G) (sic). On 12/28/18, staff found [client A] had used his roommate's, [client E's] lighter to burn pages from his coloring book and noted a hole burned in his blanket as well. [Client A] said he used water to put it out. Staff counseled [client A] about the dangers of inappropriate use of a cigarette lighter.</p> <p>[Client A] was not injured and staff provided him with emotional support. Staff will monitor [client A] closely and limit his access to lighters to when he smokes. The Interdisciplinary Team (IDT) will meet to develop revisions to [client A's] plan to address this emerging behavior. The administrative team is aware of the incident."</p> <p>-The review did not indicate documentation of an investigation or IDT review of client A's 12/28/18 incident of starting a fire.</p> <p>2. BDDS report dated 12/1/18 indicated, "[Client B, age and diagnosis] and [Client F, age and diagnosis].... They live together in a supervised group living home with six other men. On the night of 11/30/18, staff heard the individuals arguing in their bedroom. They told staff that they were arguing about [client B] wanting privacy during a phone conversation and that they had hit each other. Staff spoke to them and encouraged them to use their coping skills and they calmed and went to bed. Staff remained outside their bedroom door until they appeared to be asleep and there were no further problems through the night.</p> <p>Neither individual was injured during the incident and staff provided them with emotional support. Both [clients B and F] have histories of physical aggression addressed in their Behavior Support Plans. Staff will continue to follow the proactive</p>		<p>will be maintained and distributed daily to facility supervisors and the Operations Team, comprised of the Quality Assurance Manager, Quality Assurance Coordinators, QIDP Manager Executive Director, Program Director, Program Managers, Nurse Manager and Assistant Nurse Manager. The QA Manager will meet with his/her QA Department investigators as needed but no less than weekly to review the progress made on all investigations, review incidents and assign responsibility for new incidents/issues requiring investigation. QA team members will be required to attend and sign an in-service documentation at these meetings stating that they are aware of which investigations with which they are required to conduct, as well as the specific components of the investigation for which they are responsible, within the five-business day timeframe. The QA Manager will review the results of these weekly meetings with the Executive Director to assure appropriate follow through occurs.</p> <p>The Quality Assurance Team will review each investigation to ensure that they are thorough –meeting regulatory and operational standards, and will not designate an investigation, as completed, if it does not meet these criteria. Failure to complete thorough</p>	

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	<p>and reactive strategies in their plans to help reduce and prevent further occurrences. The administrative team is aware of the incident."</p> <p>-The review did not indicate documentation of an investigation regarding the 12/1/18 allegation of client to client aggression between clients B and F.</p> <p>3. BDDS report dated 11/26/18 indicated, "[Client B, age and diagnosis]... who lives in a supervised group living residence with seven other males. On 11/25/18, [client B] told staff he wanted to see holiday decorations in Downtown [city]. When staff offered to take him, he became angry and walked out of the house with staff following. The [AS (Area Supervisor) and RM (Residential Manager) followed in the van and another car. The supervisors attempted to redirect him verbally at intervals without success and [client B] began throwing objects, causing damage to both vehicles. [Client B] continued walking until he reached another home operated by ResCare located at [address] (route was unspecified. 3 route options reviewed indicated the distance between the homes was between 7 and 8 miles). Staff continued to attempt to redirect him verbally without success and [client B] ran through the back yard and began throwing bricks at the house. [Client B] began breaking windows and kicking doors and staff called 911 for assistance. When he broke through the back door, staff took the eight individuals to the van for safety (incident to be reported separately). Police arrived and spoke to [client B] and staff and he was able to calm himself. [Client B] agreed to return home with his supervisors and the police left without taking further action.</p>		<p>investigations within the allowable five business day timeframe may result in progressive corrective action to all applicable team members.</p> <p>RESPONSIBLE PARTIES: QIDP, Area Supervisor, Residential Manager, Direct Support Staff, Operations Team, Regional Director</p>	

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	<p>[Client B] sustained a 2 centimeter Scratch on the top of his right hand. Staff performed first aid and will track the injury's healing process on an injury follow-up flow sheet. ResCare Environmental Services came to the [other agency home] and cleaned up the damages from the four broken windows and completed temporary repairs. Replacement glass has been ordered and it should be noted that no health or safety risks are present. The administrative team was notified of the incident and administrative staff were present to assist in resolving the situation. [Client B] has a history of elopement and property destruction addressed in his Behavior Support Plan, which staff followed. The interdisciplinary team will meet to review the circumstances of the incident to attempt to determine the precursors for this significant escalation in target behaviors."</p> <p>-The review did not indicate documentation of an investigation regarding client B's 11/26/18 elopement incident.</p> <p>4. BDDS report dated 12/3/18 indicated, "[Client C, age, gender and diagnosis], [client B, age, gender and diagnosis], [client A, age, gender and diagnosis] and [client E, age, gender and diagnosis]....</p> <p>They live together in a supervised group living residence with four other males. On 12/02/2018, [client C] became upset because he had run out of drawing paper. A housemate offered him paper, but he indicated he didn't want it. [Client C] got up from his seat and ran through the house. Before staff could intervene successfully, [client B] hit [clients B, A and E] in quick succession. Staff separated [client C] from his housemates, spoke to him one to one and assisted him with calming himself. It should be noted that none of [client</p>			

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W 0157 Bldg. 00	<p>C's] housemates retaliated. The supervisor and nurse were notified.</p> <p>No one was injured during the incident and all four individuals received emotional support from staff. The administrative team is aware of the incident. [Client C] has a history of physical aggression addressed in his Behavior Support Plan. Staff will continue to implement the proactive and reactive strategies in [client C's] plan to help reduce and prevent further occurrences."</p> <p>-The review did not indicate documentation of an investigation regarding the 12/3/18 allegation of client to client aggression between clients A, B, C and E.</p> <p>QIDPM and PM (Program Manager) were interviewed on 1/11/19 at 12:46 PM. QIDPM indicated there was not additional documentation available for review regarding client A's 12/28/18 incident (had indicated they would look for an investigation-unable to locate). QIDPM indicated the 12/28/18 incident should have been investigated. QIDPM indicated all allegations of abuse, neglect and mistreatment should be investigated.</p> <p>This federal tag relates to complaint #IN00283510.</p> <p>9-3-2(a)</p> <p>483.420(d)(4)</p> <p>STAFF TREATMENT OF CLIENTS</p> <p>If the alleged violation is verified, appropriate corrective action must be taken.</p> <p>Based on observation, record review and interview for 3 of 3 sampled clients (A, B and C), plus 4 additional clients (D, E, F and G), the facility</p>	W 0157	<p>CORRECTION:</p> <p><i>If the alleged violation is verified, appropriate corrective action must</i></p>	02/15/2019

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	<p>failed to develop and implement corrective measures to prevent recurrence of client A's theft of his roommate's cigarette lighter and subsequent burning of his personal belongings in his bedroom at the group home where clients A, B, C, D, E, F and G resided.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 1/10/19 at 2:02 PM. The review indicated the following:</p> <p>BDDS report dated 12/29/18, "[Client A, age, gender and diagnoses] who resides in a supervised group living home with seven other males (clients B, C, D, E, F, G) (sic). On 12/28/18, staff found [client A] had used his roommate's, [client E's] lighter to burn pages from his coloring book and noted a hole burned in his blanket as well. [Client A] said he used water to put it out. Staff counseled [client A] about the dangers of inappropriate use of a cigarette lighter.</p> <p>[Client A] was not injured and staff provided him with emotional support. Staff will monitor [client A] closely and limit his access to lighters to when he smokes. The Interdisciplinary Team (IDT) will meet to develop revisions to [client A's] plan to address this emerging behavior. The administrative team is aware of the incident."</p> <p>-The review did not indicate documentation of an investigation or IDT review of client A's 12/28/18 incident of starting a fire.</p> <p>QIDPM (Qualified Intellectual Disabilities Professional Manager) was interviewed on 1/10/19 at 3:34 PM. QIDPM indicated there was not any</p>		<p><i>be taken.</i> Specifically, the following protective measures are in place:</p> <ul style="list-style-type: none"> -Client A's Behavior Support Plan has been modified to include potential fire setting as a target behavior and client A has been placed on 15-minute checks. <p>All facility direct support staff have been trained toward implementation of client A's revised plan and other protective measures as described below:</p> <ul style="list-style-type: none"> -All lighters/matches belonging to individuals receiving supports will be secured, at all times, in personal lock boxes, except during smoking routine. The two individuals (who own and use lighters/matches for smoking) and staff will retain keys for the lock boxes. -The contents of the lock boxes and location of keys will be checked no less than once per shift. -Staff will keep personal lighters/matches secured at all times. -Staff will supervise individuals when they smoke to prevent client A from obtaining their lighters/matches and assure lighters/matches are returned to lock boxes. -Staff will check client A, for lighters and matches each time he returns from day service and 	

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	<p>documentation available for review regarding an investigation for client A's 12/28/18 fire incident. QIDPM indicated there was not documentation available for review regarding an IDT meeting to review and make recommendations regarding client A's 12/28/18 incident.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) was interviewed on 1/10/19 at 4:30 PM. QIDP indicated she had assumed the QIDP duties at the home in December 2018. When asked if she knew which clients were roommates, QIDP stated, "No, I don't know. I've met the guys and been here (home) a few times." QIDP indicated there were IDT meetings on 1/7/19 regarding clients B, D and E. QIDP indicated there was not any documentation available for review regarding an IDT for client A. When asked if there had been any recent behavioral concerns or incidents regarding client A, QIDP indicated she was not aware of any.</p> <p>RM (Residential Manager) was interviewed on 1/10/19 at 4:41 PM. RM indicated she had worked at the group home since May 2018. RM indicated clients A and E were roommates. When asked if client A had any recent behaviors (December 2018 through January 2019), RM indicated client A had made some inappropriate sexual remarks. RM indicated she was not aware of any other behavioral incidents regarding client A. RM indicated client A was not a smoker. RM indicated client E was a smoker and maintained/carried his personal cigarette lighter on him.</p> <p>Client A was interviewed on 1/10/19 at 5:11 PM. Client A indicated he was not a smoker. Client A indicated his roommate was client E. Client A declined to talk about the 12/28/18 incident. Client A stated, "[Client E's] lighter is kept locked in the</p>		<p>community outings. These checks will be documented on a spreadsheet.</p> <p>·When staff suspect an individual is in possession of a lighter, the Program Manager will be notified immediately to arrange for approval for a room sweep.</p> <p>PREVENTION: When incidents occur, The QIDP Manager will coordinate with the trained investigator through the investigation and corrective measure implementation process, providing follow-up as needed but no less than daily. Additionally, the Quality Assurance Manager and QIDP Manager will follow-up with administrative level program staff (Program Manager and Operations Manager)</p> <p>An Area Supervisor or 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 to assure behavior supports and protective measures are implemented as written. For the next 30 days, members of the Operations Team (comprised of the Executive Director, Operations Managers, Program Managers, Quality Assurance Manager, QIDP Manager, Quality Assurance Coordinators, Nurse Manger Assistant Nurse Manager) and the</p>	

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	<p>office."</p> <p>Client E was interviewed on 1/10/19 at 5:16 PM. Client E indicated he was roommates with client A. When asked how he got along with his roommate/client A, client E stated, "He got into my lighter (sic). They said he burned some paper and his bed." When asked if he still had his personal lighter, client E stated, "Yes, I've got it in my pocket. Want to see it (gestures to his pocket and brings lighter out of his pants pocket)?" Client E stated, "I hide it so he, [client A], doesn't steal it (lighter)."</p> <p>Staff #1 was interviewed on 1/10/19 at 5:19 PM. Staff #1 indicated she worked at the home for one year. Staff #1 indicated she was not aware of client A's 12/28/18 incident. Staff #1 indicated she was not aware of any supervision or monitoring needs regarding client A's access/use of lighters.</p> <p>Staff #2 was interviewed on 1/10/19 at 5:24 PM. Staff #2 stated, "[Client A] had taken [client E's] lighter." Staff #2 indicated client E kept his lighter on him. Staff #2 indicated client A did not smoke cigarettes but did go outside with client E and others when they smoked cigarettes to socialize.</p> <p>AS (Area Supervisor) was interviewed on 1/10/19 at 5:27 PM. AS indicated she had been the AS over the home since October 2018. When asked if client A had any recent behavioral incidents, AS stated, "Hasn't had anything recently. Had some medication adjustments." When asked specifically about client A's 12/28/18 fire incident, AS stated, "I do know about an incident with a lighter. He burned a coloring book and a blanket." AS indicated clients A and E were roommates. AS indicated client E kept his lighter on him.</p>		<p>QIDP will conduct administrative monitoring during varied shifts/times, no less than three times weekly, to assure interaction with multiple staff, involved in a full range of active treatment scenarios. After 30 days, administrative observations will occur no less than weekly until all staff demonstrate competence. 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.</p> <p>Administrative Monitoring is defined as follows:</p> <ul style="list-style-type: none"> -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 	

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	<p>Staff #3 was interviewed on 1/10/19 at 5:33 PM. Staff #3 indicated she was aware of the 12/28/18 incident regarding client A's theft of client E's lighter. Staff #3 indicated client E kept his lighter on him. Staff #3 indicated she had not had any additional training or direction to monitor or supervise client A regarding theft of his roommate's/client E's lighter or setting items on fire.</p> <p>Observations were conducted at the group home on 1/10/19 from 4:30 PM through 5:45 PM. Clients A and E shared a bedroom. Client E had his personal cigarette lighter with him in his pocket.</p> <p>Client A's record was reviewed on 1/11/19 at 11:15 AM. Client A's BSP (Behavior Support Plan) dated 10/8/18 indicated, "Threats to Harm Others: any time [client A] makes a statement that he will harm staff and/or peers (kill them in their sleep, burn the house down, break their knee) or refers to events in his past when he has harmed others."</p> <p>Client A's ISP (Individual Support Plan) dated 7/9/18 indicated client A had a guardian.</p> <p>Client A's Daily Progress Notes dated 11/1/18 through the 1/11/19 date of review did not indicate documentation of client A's 12/28/18 incident, other behavioral incidents or monitoring/supervision regarding client A's access to and/or use of lighters in the group home.</p> <p>Client A's ABC (Antecedent Behavior Consequence) (behavior tracking) forms dated 11/1/18 through the 1/11/19 date of review did not indicate documentation of client A's 12/28/18 incident, other behavioral incidents or monitoring/supervision regarding client A's</p>		<p>Administrative oversight will include: assuring behavior supports and protective measures are implemented as written.</p> <p>RESPONSIBLE PARTIES: QIDP, Area Supervisor, Residential Manager, Direct Support Staff, Operations Team, Regional Director</p>	

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	<p>access to and/or use of lighters in the group home.</p> <p>Client A's record did not indicate documentation of IDT review or recommendations regarding client A's 12/28/18 incident.</p> <p>QIDPM and PM (Program Manager) were interviewed on 1/11/19 at 12:46 PM. QIDPM indicated there was not additional documentation available for review regarding client A's 12/28/18 incident (had indicated they would look for an investigation-unable to locate). QIDPM indicated the 12/28/18 incident should have been investigated. QIDPM indicated safeguards and measures should be developed and implemented to prevent recurrence of incidents of abuse and neglect. QIDPM indicated he had directed the home's QIDP to convene the IDT to document measures implemented by the IDT to prevent and address client A's 12/28/18 incident. QIDPM indicated the IDT was not aware of client A's theft of client E's lighter. QIDPM indicated the IDT was initially informed by the RM client A's behavior was borrowing client E's lighter for his own, client A's, smoking needs. QIDPM indicated there was not documentation of interviews or follow up regarding client A's 12/28/18 incident to reconcile interviews with clients A and E regarding alleged theft of client E's lighter by client A versus the IDT's identification of borrowing client E's lighter by client A.</p> <p>QIDPM provided an IDT meeting form dated 1/11/19 regarding client A's 12/28/18 incident on 1/11/19 at 12:46 PM.</p> <p>Client A's IDT (Interdisciplinary Team) meeting form dated 1/11/19 indicated the following:</p>			

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	<p>-"Subject: Plan for monitoring [client A's] smoking and smoking personal possessions.</p> <p>-Team discussed the lighter incident that happened on 12/28/18.</p> <p>-The incident occurred after an order from doctor was discontinued Olanzapine tablet 26 milligrams (anti-psychotic) at 5 PM to help [client A] sleep. So [client A] started to display unusual behavior and saying things he normally would not say. [RM] checked the MAR to discover his medication was discontinued.</p> <p>-[Client A] stated that he took the lighter out of spite because he wasn't feeling himself. [RM] got the medication re-instated.</p> <p>-Team set up procedures for smoking and tools for smoking as follows (1.) Clients will keep lighters in their possession from now on; (2.) Smoking will occur outside; (3.) If a client is in need of a lighter they will ask staff for assistance; (4.) Staff will settle any disputes fairly and quickly so the clients will feel heard and accepted."</p> <p>The 1/11/19 IDT did not indicate documentation regarding team review or discussion of client A's specific behavior regarding the theft of client E's lighter and subsequent setting his items on fire.</p> <p>Attempts to interview client A's guardian were completed on 1/11/19 at 12:40 PM and on 1/14/19 at 1:18 PM. These attempts were unsuccessful.</p> <p>This federal tag relates to complaint #IN00283510.</p> <p>9-3-2(a)</p>			

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W 0159 Bldg. 00	<p>483.430(a) QIDP</p> <p>Each client's active treatment program must be integrated, coordinated and monitored by a qualified intellectual disability professional. Based on observation, record review and interview for 1 of 3 sampled clients (A), plus 1 additional client (D), the QIDP (Qualified Intellectual Disabilities Professional) failed to integrate, monitor and coordinate client A's active treatment program by failing to monitor client A's progression/regression of skills regarding his formal training objectives and failed to monitor client D's active treatment program by failing to ensure client D had an active treatment schedule.</p> <p>Findings include:</p> <p>1. Client A's record was reviewed on 1/11/19 at 11:15 AM. Client A's ISP (Individual Support Plan) dated 7/9/18 indicated the following:</p> <p>-"[Client A] will sort his laundry without verbal prompts 50% of the time for 3 CMs (Consecutive Months)."</p> <p>-"[Client A] will choose the most affordable item on his own when grocery shopping 50% of the time for 3 CMs."</p> <p>-"[Client A] will shower and was (sic) his hair on his own without verbal prompts 50% of the time for 3 CMs."</p> <p>-"Given skills training and one verbal prompt [client A], will identify the time he takes each of his prescribed medications 50% of the time for 3 CMs."</p> <p>Client A's record did not indicate documentation</p>	W 0159	<p>CORRECTION:</p> <p><i>Each client's active treatment program must be integrated, coordinated and monitored by a qualified intellectual disability professional. Specifically:</i></p> <p>The QIDP has been retrained regarding the need to monitor clients' progression/regression of skills regarding formal training objectives and to modify them accordingly. A review of facility documentation indicated this deficient practice affected all clients who reside at the facility. The QIDP, with assistance from the QIDP manager will review current progress on each clients' prioritized learning objectives and make modifications based on current skill levels.</p> <p>QIDP will develop an Active Treatment Schedule for client D that reflects current support needs, including but not limited to structured activities on weekdays, during the day. A review of facility support documents indicated this deficient practice did not affect any additional clients.</p> <p>The QIDP will be trained regarding the need to provide Active</p>	02/15/2019
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	<p>of QIDP review or monitoring of client A's formal ISP training objectives for progression/regression of his skills.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) was interviewed on 1/15/19 at 3:30 PM. QIDP indicated there was not documentation available for review regarding the monitoring of client A's formal training objectives for progression/regression of skills.</p> <p>2. The QIDP failed to integrate, coordinate and monitor client D's active treatment program by failing to ensure client D had an active treatment schedule. Please see W250.</p> <p>9-3-3(a)</p>		<p>Treatment Schedules for all clients that reflect current support needs including but not limited to appropriate training and leisure activities on days that the client(s) are not at work or participating in formal day programming.</p> <p>PREVENTION: For the next 30 days, members of the Operations Team (comprised of the Executive Director, Operations Managers, Program Managers, Quality Assurance Manager, QIDP Manager, Quality Assurance Coordinators, Nurse Manger Assistant Nurse Manager) and the QIDP will conduct administrative monitoring during varied shifts/times, no less than three times weekly, to assure interaction with multiple staff, involved in a full range of active treatment scenarios. After 30 days, administrative observations will occur no less than weekly until all staff demonstrate competence. 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.</p> <p>Administrative Monitoring is defined as follows: -The role of the administrative monitor is not simply to observe & Report.</p>	

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			<p>-When opportunities for training are observed, the monitor must step in and provide the training and document it.</p> <p>-If gaps in active treatment are observed the monitor is expected to step in and model the appropriate provision of supports.</p> <p>-Assuring the health and safety of individuals receiving supports at the time of the observation is the top priority.</p> <p>-Review all relevant documentation, providing documented coaching and training as needed</p> <p>Administrative support at the home will include assuring staff provide continuous active treatment during formal and informal opportunities, including but not limited assuring active treatment schedules are in place and reflect the training and support needs of all clients.</p> <p>Administrative support at the home will include</p> <p>-Assuring the QIDP monitors clients' progression/regression of skills regarding formal training objectives and to modifies them accordingly.</p> <p>-Assuring active treatment schedules are in place and reflect the training and support needs of all clients.</p> <p>PARTIES: QIDP, Area</p>	

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W 0250 Bldg. 00	<p>483.440(d)(2) PROGRAM IMPLEMENTATION</p> <p>The facility must develop an active treatment schedule that outlines the current active treatment program and that is readily available for review by relevant staff. Based on observation, record review and interview for 1 additional client (D), the facility failed to ensure client D had an active treatment schedule.</p> <p>Findings include:</p> <p>Observations were conducted at the home on 1/15/19 from 12:30 PM through 1:30 PM. Client D was present in the home and did not attend a day program/vocational training, school or community based employment.</p> <p>Client D was interviewed on 1/15/19 at 1:05 PM. Client D indicated he did not have a community based job, attend a day/vocational training program or attend school. Client D indicated he stayed at the home throughout the day. Client D indicated he participated in the home's transport to and from day services with his housemates, attended medical appointments and went out in the community during the day.</p> <p>RM (Residential Manager) was interviewed on 1/15/19 at 1:06 PM. RM indicated client D stayed at the group home during the day time hours. RM indicated client D had obtained community based employment but had lost the job and was currently seeking a new job.</p>	W 0250	<p>Supervisor, Residential Manager, Direct Support Staff, Operations Team, BDDS Generalist, Regional Director</p> <p>CORRECTION: <i>The facility must develop an active treatment schedule that outlines the current active treatment program and that is readily available for review by relevant staff. Specifically, the QIDP will develop an Active Treatment Schedule for client D that reflects current support needs, including but not limited to structured activities on weekdays, during the day. A review of facility support documents indicated this deficient practice did not affect any additional clients.</i></p> <p>PREVENTION: Professional staff will be trained regarding the need to provide Active Treatment Schedules for all clients that reflect current support needs including but not limited to appropriate training and leisure activities on days that the client(s) are not at work or participating in formal day programming. For the next 30 days, members of the Operations Team (comprised of</p>	02/15/2019

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	<p>Client D's record was reviewed on 1/10/19 at 3:10 PM. Client D's record did not indicate documentation of an active treatment schedule.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) was interviewed on 1/15/19 at 3:30 PM. QIDP indicated there was not documentation available for review regarding an active treatment schedule for client D.</p> <p>9-3-4(a)</p>		<p>the Executive Director, Operations Managers, Program Managers, Quality Assurance Manager, QIDP Manager, Quality Assurance Coordinators, Nurse Manger Assistant Nurse Manager) and the QIDP will conduct administrative monitoring during varied shifts/times, no less than three times weekly, to assure interaction with multiple staff, involved in a full range of active treatment scenarios. After 30 days, administrative observations will occur no less than weekly until all staff demonstrate competence. 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.</p> <p>Administrative Monitoring is defined as follows:</p> <ul style="list-style-type: none"> -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 	

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W 0323 Bldg. 00	<p>483.460(a)(3)(i) PHYSICIAN SERVICES</p> <p>The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing.</p> <p>Based on record review and interview for 1 of 3 sampled clients (A), plus 1 additional client (E), the facility failed to ensure clients A and E had annual vision examinations.</p> <p>Findings include:</p> <ol style="list-style-type: none"> Client A's record was reviewed on 1/11/19 at 11:15 AM. Client A's record did not indicate documentation of an annual vision examination. Client E's record was reviewed on 1/11/19 at 2:04 PM. Client E's record did not indicate documentation of an annual vision examination. <p>Nurse was interviewed on 1/15/19 at 1:45 PM. The</p>	W 0323	<p>top priority.</p> <ul style="list-style-type: none"> Review all relevant documentation, providing documented coaching and training as needed <p>Administrative support at the home will include but not be limited to assuring active treatment schedules are in place and reflect the training and support needs of all clients.</p> <p>RESPONSIBLE PARTIES: QIDP, Residential Manager, Direct Support Staff, Operations Team, Regional Director</p> <p>CORRECTION: <i>The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing. Specifically, client A has received a visual examination and client E will receive a visual evaluation. Both client A and client E will receive additional visual evaluations thereafter per optometrist recommendations. An audit of facility medical charts indicated this deficient practice did not affect additional clients.</i></p>	02/15/2019

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	<p>Nurse indicated client A's annual vision examination was scheduled and completed on 1/15/19 with recommendations for eyeglasses. The Nurse indicated vision examinations should be completed annually for clients A and E.</p> <p>9-3-6(a)</p>		<p>PREVENTION:</p> <ul style="list-style-type: none"> -The Facility nurse will complete monthly audits of all charts and turn in the audits to the Nurse Manager for review. -The Nurse Manager will review issues revealed in audits with the Executive Director and Department heads weekly for follow-up. -The Executive Director and will follow-up with the Nurse Manager as needed to address issues raised through audits, incident reports or other concerns brought to management attention. <p>Members of the Operations Team (comprised of the Executive Director, Operations Directors, Program Managers, Quality Assurance Manager, QIDP Manager, Quality Assurance Coordinators, Nurse Manager and Assistant Nurse Manager) and nursing staff will incorporate medical chart reviews into their formal audit process, which will occur no less than monthly to assure that medical follow-along including but not limited to visual examinations take place as required.</p> <p>RESPONSIBLE PARTIES: QIDP, Area Supervisor, Residential Manager, Heath Services Team, Direct Support Staff, Operations Team, Regional Director</p>	

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W 0356 Bldg. 00	<p>483.460(g)(2) COMPREHENSIVE DENTAL TREATMENT</p> <p>The facility must ensure comprehensive dental treatment services that include dental care needed for relief of pain and infections, restoration of teeth, and maintenance of dental health.</p> <p>Based on record review and interview for 1 of 3 sampled clients (A), plus 1 additional client (E), the facility failed to ensure clients A and E had recommended dental services.</p> <p>Findings include:</p> <p>1. Client A's record was reviewed on 1/11/19 at 11:15 AM. Client A's Dental Examination form dated 7/11/18 indicated recommendations to return on 8/5/18 for follow up services. Client A's record did not indicate documentation of additional follow up dental services since 7/11/18.</p> <p>2. Client E's record was reviewed on 1/11/19 at 2:04 PM. Client E's Dental Examination form dated 5/9/18 indicated the recommendation to return for a 6 month recall. Client E's record did not indicate documentation of additional follow up dental services since 5/9/18.</p> <p>Nurse was interviewed on 1/15/19 at 1:45 PM. The Nurse indicated documentation of follow up dental services for clients A and E was not available for review. The Nurse indicated clients A and F's follow up dental appointments had since been scheduled.</p> <p>9-3-6(a)</p>	W 0356	<p>CORRECTION:</p> <p><i>The facility must ensure comprehensive dental treatment services that include dental care needed for relief of pain and infections, restoration of teeth, and maintenance of dental health. Specifically, client A and client E will receive a recommended dental follow-up. A review of facility dental records indicated this deficient practice did not affect additional clients.</i></p> <p>PREVENTION:</p> <ul style="list-style-type: none"> ·The Facility nurse will complete monthly audits of all charts and turn in the audits to the Nurse Manager for review. ·The Nurse Manager will review issues revealed in audits with the Executive Director and Department heads weekly for follow-up. ·The Executive Director and will follow-up with the Nurse Manager as needed to address issues raised through audits, incident reports or other concerns brought to management attention. <p>Members of the Operations Team</p>	02/15/2019
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/13/2019
FORM APPROVED
OMB NO. 0938-039

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