

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

PRINTED: 08/04/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G465		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 06/01/2016	
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT				STREET ADDRESS, CITY, STATE, ZIP CODE 6025 BUCKSKIN CT INDIANAPOLIS, IN 46250			
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W 0000 Bldg. 00	<p>This visit was for an annual recertification and state licensure survey. This visit included the investigation of complaint #IN00198281. This visit resulted in an Immediate Jeopardy.</p> <p>Complaint #IN00198281: Substantiated, federal and state deficiencies related to the allegation(s) are cited at: W102, W104, W122, W149 and W157.</p> <p>Dates of Survey: 5/25/16, 5/26/16, 5/27/16, 5/28/16, 5/31/16 and 6/1/16.</p> <p>Facility Number: 000979 Provider Number: 15G465 AIMS Number: 100244860</p> <p>These deficiencies reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 6/8/16.</p>		W 0000				
W 0102 Bldg. 00	<p>483.410 GOVERNING BODY AND MANAGEMENT The facility must ensure that specific governing body and management requirements are met. Based on observation, record review and</p>		W 0102			07/01/2016	

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 that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days 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 disclosable 14 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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	interview, the facility failed to meet the Condition of Participation: Governing Body for 4 of 4 sampled clients (A, B, C and D), plus 4 additional clients (E, F, G and H). The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility implemented its written policy and procedures to prohibit physical, verbal, psychological abuse and intimidation of clients A, B, D, E, F, G and H in their home by client C, to develop and implement effective corrective measures to prevent recurrence of physical, verbal, psychological abuse and intimidation of clients A, B, D, E, F, G and H in their home by client C, to ensure the QIDP (Qualified Intellectual Disabilities Professional) integrated, coordinated and monitored clients A, B, C and D's active treatment programs, to ensure the facility's HRC (Human Rights Committee) ensured clients A, B, and D's restrictive programs were conducted with written informed consent, to ensure the facility's HRC reviewed, monitored and made recommendations regarding clients A, B, C and D's use of behavior controlling medications, to ensure clients A, B and D's ISPs (Individual Support Plans) and BSPs (Behavior Support Plans) addressed clients A, B and D's behavioral needs regarding dental/vision procedure anxiety and to ensure client D		<p>CORRECTION:</p> <p><i>The facility must ensure that specific governing body and management requirements are met. Specifically, the governing body has facilitated the following:</i></p> <p>The interdisciplinary team assessed that Client A would be supported more effectively in an environment that better suited her social, developmental and behavioral needs and she has moved into a Medicaid Waiver setting. Additionally, the team has re-assessed current behavioral needs in the facility and assisted clients with choosing more socially compatible roommates.</p> <p>For Clients A – D, the QIDP will review and revise prioritized learning objectives based on current status. A review of facility support documents indicated this deficient practice also affected Clients E – G and therefore the QIDP will review and revise their prioritized learning objectives as well.</p> <p>The QIDP will obtain written</p>				

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	<p>had a pair of prescription eyeglasses, or training to teach him to use them.</p> <p>The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility met the Condition of Participation: Client Protections for 3 of 4 sampled clients (A, B and D), plus 4 additional clients (E, F, G and H).</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 written policy and procedures to prohibit physical, verbal, psychological abuse and intimidation of clients A, B, D, E, F, G and H in their home by client C, to develop and implement effective corrective measures to prevent recurrence of physical, verbal, psychological abuse and intimidation of clients A, B, D, E, F, G and H in their home by client C, to ensure the QIDP (Qualified Intellectual Disabilities Professional) integrated, coordinated and monitored clients A, B, C and D's active treatment programs, to ensure the facility's HRC (Human Rights Committee) ensured clients A, B, and D's restrictive programs were conducted with written informed consent, to ensure the</p>				<p>informed consent from Client A, B and D's guardians for their restrictive programs. A review of facility documentation indicated this deficient practice also affected one additional client and guardian approval will also be obtained for this individual as well.</p> <p>A review of facility documents indicated that in addition to Clients A, B, C and D, this deficient practice affected three additional clients –E, F and G. The QIDP will obtain Human Rights Committee approval for all current restrictive programs as required.</p> <p>The QIDP will develop desensitization plans that address the use of and reduction and eventual elimination of antianxiety medication prior to dental/visual examinations for Client A, B and D. A review of facility support documents indicated that this deficient practice affected two additional clients and desensitization plans will be developed for these individuals as well.</p>		

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	<p>facility's HRC reviewed, monitored and made recommendations regarding clients A, B, C and D's use of behavior controlling medications, to ensure clients A, B and D's ISPs (Individual Support Plans) and BSPs (Behavior Support Plans) addressed clients A, B and D's behavioral needs regarding dental/vision procedure anxiety and to ensure client D had a pair of prescription eyeglasses, or training to teach him to use them. Please see W104.</p> <p>2. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility met the Condition of Participation: Client Protections for 3 of 4 sampled clients (A, B and D), plus 4 additional clients (E, F, G and H). Please see W122.</p> <p>This federal tag relates to complaint #IN00198281.</p> <p>9-3-1(a)</p>				<p>The facility will assure Client D has a pair of currently prescribed eyeglasses and the QIDP will develop a training objective to assist Client D with learning to make informed decisions about the use of his eyeglasses. A review of facility documentation indicated that this deficient practice did not affect any additional clients.</p> <p>PREVENTION:</p> <p>The QIDP will be retrained regarding the need to guide the interdisciplinary team in developing and implementing corrective and protective measures when allegations are verified during the course of investigations. The Program Manager will conduct weekly meetings with the QIDP, and will review documentation from the previous week to assure recommended corrective measures have been implemented. The Quality Assurance Team comprised of the Quality Assurance Manager, Quality Assurance Coordinator and Training Coordinator will track completed investigation and follow up to assure that interdisciplinary team action occurs as required. Interdisciplinary Team Notes,</p>		

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				<p>followed by copies of revised plans will be turned in to the Quality Assurance Manager for review upon completion. The QIDP and Residential Manager will turn in documentation of staff training on revised plans to the Quality Assurance Coordinator for tracking and follow-up.</p> <p>The QIDP will turn in copies of monthly summaries for all clients to the Program Manager for review and tracking.</p> <p>The QIDP will be retrained regarding the need to obtain prior written informed consent from guardians, advocates and healthcare representatives for all restrictive programs prior to implementation. Retraining will focus on assuring that the QIDP has a clear understanding of what specifically constitutes a restrictive program and proper preparation for presenting program modifications guardians and other legal representatives. Prior to granting approval to restrictive programs, the Human Rights Committee will obtain confirmation that the facility has received prior written informed consent from guardians or other legal representatives. The agency</p>			

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				<p>has established a quarterly system of internal audits that review all facility systems including, but not limited to due process and prior written informed consent.</p> <p>The QIDP has been retrained regarding the need to assure restrictive measures are implemented only when an assessed need has been identified and informed consent has been obtained. Members of the Operations Team (comprised of the Executive Director, Program Managers, Quality Assurance Manager, Quality Assurance Coordinator, Training Coordinator and Nurse Manager) will review facility support documents no less than monthly.</p> <p>The QIDP has been retrained regarding the need to assure that active treatment programs are in place to support the reduction and eventual elimination of all currently prescribed psychotropic medications and that the use of all behavior controlling medications is incorporated into clients' behavior support plans.</p>			

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				<p>Facility Professional staff have been retrained regarding the need to furnish all necessary adaptive equipment to all clients.</p> <p>Members of the Operations Team (comprised of the Executive Director, Program Managers, Quality Assurance Manager, Quality Assurance Coordinator, Training Coordinator and Nurse Manager) as well as the QIDP will conduct active treatment observations twice weekly for the next 30 days and weekly visits for an additional 60 days. At the conclusion of this period of enhanced administrative monitoring and support, the Executive Director and Director of Operations/General Manager will determine the level of ongoing support needed at the facility. Active treatment sessions defined as...</p> <p>Mornings: Beginning at 6:30 AM and through morning transport and including the following: Medication administration, meal preparation and breakfast, morning hygiene and domestic skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day</p>			

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				<p>and overnight shifts.</p> <p>Evenings: Beginning at approximately 4:30 PM through the evening meal and including the following: domestic and hygiene skills training, leisure skills training, medication administration, meal preparation and dinner. Evening monitoring will also include unannounced spot checks later in the evening toward bed time.</p> <p>In addition to active treatment observations, Operations Team Members and/or the Residential Manager will perform spot checks at varied times on the overnight shift no less than twice monthly –more frequently if training issues or problems are discovered.</p> <p>The Executive Director and Regional Director (area manager) will review documentation of administrative level monitoring of the facility –making recommendations as appropriate. As stated above, the Executive Director will participate directly in administrative monitoring of the facility.</p>			

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				<p>Administrative monitoring will include:</p> <ol style="list-style-type: none"> 1. Assuring the QIDP routinely monitors all clients' formal training objectives for progression and regression of skills. 2. Assuring due process occurs and informed consent is obtained before restrictive programs are implemented and that the Human Rights Committee monitors informed consent prior to approving restrictive programs. 3. Programs to lead to reduction and eventual elimination of all behavior controlling medications are included in behavior support plans. 4. Reviewing assessment data and comparing it to adaptive equipment available at the facility, making recommendations and expediting the acquisition of new and additional adaptive equipment as appropriate and assuring that training toward the use of adaptive equipment occurs and is incorporated into formal supports when appropriate. 5. Assessing the effectiveness of plan revisions as well as staff 			

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W 0104 Bldg. 00	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based on observation, record review and interview for 4 of 4 sampled clients (A, B, C and D), plus 4 additional clients (E, F, G and H), the governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility implemented its written policy and procedures to prohibit physical, verbal, psychological abuse and intimidation of clients A, B, D, E, F, G and H in their home by client C, to develop and implement effective corrective measures to prevent recurrence of physical, verbal, psychological abuse and intimidation of clients A, B, D, E, F, G and H in their home by client C, to ensure the QIDP (Qualified Intellectual Disabilities Professional) integrated, coordinated and monitored clients A, B, C and D's active treatment programs, to</p>		W 0104	<p>competencies in implementing the plans.</p> <p>RESPONSIBLE PARTIES:</p> <p>QIDP, Residential Manager, Direct Support Staff, Operations Team, Regional Director</p> <p>CORRECTION:</p> <p><i>The Governing body must exercise general policy, budget and operating direction over the facility. Specifically:</i></p> <p>The interdisciplinary team assessed that Client A would be supported more effectively in an environment that better suited her social, developmental and behavioral needs and she has moved into a Medicaid Waiver setting. Additionally, the team has re-assessed current behavioral needs in the facility and assisted clients with choosing more socially compatible roommates.</p>		07/01/2016	

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	<p>ensure the facility's HRC (Human Rights Committee) ensured clients A, B, and D's restrictive programs were conducted with written informed consent, to ensure the facility's HRC reviewed, monitored and made recommendations regarding clients A, B, C and D's use of behavior controlling medications, to ensure clients A, B and D's ISPs (Individual Support Plans) and BSPs (Behavior Support Plans) addressed clients A, B and D's behavioral needs regarding dental/vision procedure anxiety and to ensure client D had a pair of prescription eyeglasses, or training to teach him to use them.</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 written policy and procedures to prohibit physical, verbal, psychological abuse and intimidation of clients A, B, D, E, F, G and H in their home by client C, to develop and implement effective corrective measures to prevent recurrence of physical, verbal, psychological abuse and intimidation of clients A, B, D, E, F, G and H in their home by client C. Please see W149.</p> <p>2. The governing body failed to exercise</p>				<p>For Clients A – D, the QIDP will review and revise prioritized learning objectives based on current status. A review of facility support documents indicated this deficient practice also affected Clients E – G and therefore the QIDP will review and revise their prioritized learning objectives as well.</p> <p>The QIDP will obtain written informed consent from Client A, B and D's guardians for their restrictive programs. A review of facility documentation indicated this deficient practice also affected one additional client and guardian approval will also be obtained for this individual as well.</p> <p>A review of facility documents indicated that in addition to Clients A, B, C and D, this deficient practice affected three additional clients –E, F and G. The QIDP will obtain Human Rights Committee approval for all current restrictive programs as required.</p>		

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	<p>general policy, budget and operating direction over the facility to ensure the facility developed and implemented effective corrective measures to prevent/address client C's aggressive and disruptive behaviors to prevent physical, verbal, psychological abuse and intimidation of clients A, B, D, E, F, G and H in their home by client C. Please see W157.</p> <p>3. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the QIDP integrated, coordinated and monitored clients A, B, C and D's active treatment programs by failing to ensure clients A, B, C and D's formal training objectives were routinely monitored for progression/regression of skills, to ensure clients A, B and D's restrictive programs were conducted with written informed consent, to ensure the facility's HRC (Human Rights Committee) reviewed, monitored and made recommendations regarding clients A, B, C and D's use of behavior controlling medications, to ensure clients A, B and D's ISPs (Individual Support Plans) and BSPs (Behavior Support Plans) addressed clients A, B and D's behavioral needs regarding dental/vision procedure anxiety and to ensure client D had a pair of prescription eyeglasses, or training to</p>		<p>The QIDP will develop desensitization plans that address the use of and reduction and eventual elimination of antianxiety medication prior to dental/visual examinations for Client A, B and D. A review of facility support documents indicated that this deficient practice affected two additional clients and desensitization plans will be developed for these individuals as well.</p> <p>The facility will assure Client D has a pair of currently prescribed eyeglasses and the QIDP will develop a training objective to assist Client D with learning to make informed decisions about the use of his eyeglasses. A review of facility documentation indicated that this deficient practice did not affect any additional clients.</p> <p>PREVENTION:</p> <p>The QIDP will be retrained regarding the need to guide the interdisciplinary team in developing and implementing corrective and protective measures when allegations are verified during the course of investigations. The Program</p>				

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	<p>teach him to use them. Please see W159.</p> <p>4. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility's HRC (Human Rights Committee) ensured clients A, B, and D's restrictive programs were conducted with written informed consent. Please see W263.</p> <p>5. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility's HRC reviewed, monitored and made recommendations regarding clients A, B, C and D's use of behavior controlling medications. Please see W264.</p> <p>6. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure clients A, B and D's ISPs and BSPs addressed clients A, B and D's behavioral needs regarding dental/vision procedure anxiety. Please see W312.</p> <p>7. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure client D had a pair of prescription eyeglasses, or training to teach him to use them. Please see W436.</p>			<p>Manager will conduct weekly meetings with the QIDP, and will review documentation from the previous week to assure recommended corrective measures have been implemented. The Quality Assurance Team comprised of the Quality Assurance Manager, Quality Assurance Coordinator and Training Coordinator will track completed investigation and follow up to assure that interdisciplinary team action occurs as required. Interdisciplinary Team Notes, followed by copies of revised plans will be turned in to the Quality Assurance Manager for review upon completion. The QIDP and Residential Manager will turn in documentation of staff training on revised plans to the Quality Assurance Coordinator for tracking and follow-up.</p> <p>The QIDP will turn in copies of monthly summaries for all clients to the Program Manager for review and tracking.</p> <p>The QIDP will be retrained regarding the need to obtain prior written informed consent from guardians, advocates and healthcare representatives for all</p>			

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	<p>This federal tag relates to complaint #IN00198281.</p> <p>9-3-1(a)</p>			<p>restrictive programs prior to implementation. Retraining will focus on assuring that the QIDP has a clear understanding of what specifically constitutes a restrictive program and proper preparation for presenting program modifications guardians and other legal representatives. Prior to granting approval to restrictive programs, the Human Rights Committee will obtain confirmation that the facility has received prior written informed consent from guardians or other legal representatives. The agency has established a quarterly system of internal audits that review all facility systems including, but not limited to due process and prior written informed consent.</p> <p>The QIDP has been retrained regarding the need to assure restrictive measures are implemented only when an assessed need has been identified and informed consent has been obtained. Members of the Operations Team (comprised of the Executive Director, Program Managers, Quality Assurance Manager, Quality Assurance Coordinator, Training Coordinator and Nurse Manager) will review facility support documents no less than monthly.</p>			

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

PRINTED: 08/04/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G465		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 06/01/2016	
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				<p>The QIDP has been retrained regarding the need to assure that active treatment programs are in place to support the reduction and eventual elimination of all currently prescribed psychotropic medications and that the use of all behavior controlling medications is incorporated into clients' behavior support plans.</p> <p>Facility Professional staff have been retrained regarding the need to furnish all necessary adaptive equipment to all clients.</p> <p>Members of the Operations Team (comprised of the Executive Director, Program Managers, Quality Assurance Manager, Quality Assurance Coordinator, Training Coordinator and Nurse Manager) as well as the QIDP will conduct active treatment observations twice weekly for the next 30 days and weekly visits for an additional 60 days. At the conclusion of this period of enhanced administrative monitoring and support, the Executive Director and Director of Operations/General Manager will determine the level of ongoing</p>			

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				<p>support needed at the facility. Active treatment sessions defined as...</p> <p>Mornings: Beginning at 6:30 AM and through morning transport and including the following: Medication administration, meal preparation and breakfast, morning hygiene and domestic skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day and overnight shifts.</p> <p>Evenings: Beginning at approximately 4:30 PM through the evening meal and including the following: domestic and hygiene skills training, leisure skills training, medication administration, meal preparation and dinner. Evening monitoring will also include unannounced spot checks later in the evening toward bed time.</p> <p>In addition to active treatment observations, Operations Team Members and/or the Residential Manager will perform spot checks at varied times on the overnight shift no less than twice monthly</p>			

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				<p>–more frequently if training issues or problems are discovered.</p> <p>The Executive Director and Regional Director (area manager) will review documentation of administrative level monitoring of the facility –making recommendations as appropriate. As stated above, the Executive Director will participate directly in administrative monitoring of the facility.</p> <p>Administrative monitoring will include:</p> <ol style="list-style-type: none"> 1. Assuring the QIDP routinely monitors all clients' formal training objectives for progression and regression of skills. 2. Assuring due process occurs and informed consent is obtained before restrictive programs are implemented and that the Human Rights Committee monitors informed consent prior to approving restrictive programs. 3. Programs to lead to reduction and eventual elimination of all behavior controlling medications are included in behavior support 			

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W 0122 Bldg. 00	483.420 CLIENT PROTECTIONS 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 4 sampled clients (A, B and D), plus 4 additional clients (E, F, G and H). The facility failed to		W 0122	<p>plans.</p> <p>4. Reviewing assessment data and comparing it to adaptive equipment available at the facility, making recommendations and expediting the acquisition of new and additional adaptive equipment as appropriate and assuring that training toward the use of adaptive equipment occurs and is incorporated into formal supports when appropriate.</p> <p>5. Assessing the effectiveness of plan revisions as well as staff competencies in implementing the plans.</p> <p>RESPONSIBLE PARTIES:</p> <p>QIDP, Residential Manager, Direct Support Staff, Operations Team, Regional Director</p> <p>CORRECTION: <i>The facility must ensure that specific client protections requirements are met. Specifically, the interdisciplinary team assessed that Client A would be supported more effectively in an environment that better suited her social,</i></p>		07/01/2016	

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	<p>implement its written policy and procedures to prohibit physical, verbal and psychological abuse and intimidation of clients A, B, D, E, F, G and H in their home and to develop and implement corrective effective corrective measures to prevent recurrence of physical, verbal, psychological abuse and intimidation of clients A, B, D, E, F, G and H in their home by client C.</p> <p>This noncompliance resulted in an Immediate Jeopardy. The Immediate Jeopardy began on 4/16/16. The Immediate Jeopardy was identified on 5/26/16 at 2:27 PM. The agency's QIDP (Qualified Intellectual Disabilities Professional) and HM (Home Manager) were notified of the Immediate Jeopardy on 5/26/16 at 2:27 PM regarding the facility's failure to ensure clients A, B, D, E, F, G and H were not fearful of or intimidated by client C in their home and to ensure clients A, B, D, E, F, G and H's safety in their home. The facility's Program Manager and Executive Director were unavailable at the time of notification. The facility's Program Manager was provided a copy of the Immediate Jeopardy Notification form on 5/26/16 at 2:40 PM. Surveyor Supervisor and surveyor communicated with the facility's Executive Director regarding the Immediate Jeopardy Notification and</p>		<p>developmental and behavioral needs and she has moved into a Medicaid Waiver setting. Additionally, the team has re-assessed current behavioral needs in the facility and assisted clients with choosing more socially compatible roommates.</p> <p>PREVENTION: The QIDP will be retrained regarding the need to guide the interdisciplinary team in developing and implementing corrective and protective measures when allegations are verified during the course of investigations. The Program Manager will conduct weekly meetings with the QIDP, and will review documentation from the previous week to assure recommended corrective measures have been implemented. The Quality Assurance Team comprised of the Quality Assurance Manager, Quality Assurance Coordinator and Training Coordinator will track completed investigation and follow up to assure that interdisciplinary team action occurs as required. Interdisciplinary Team Notes, followed by copies of revised plans will be turned in to the Quality Assurance Manager for review upon completion. The QIDP and Residential Manager will turn in documentation of staff training on revised plans to the Quality Assurance Coordinator for tracking and follow-up. Members of the Operations Team</p>				

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	<p>concerns regarding the facility's failure to ensure clients A, B, D, E, F, G and H being fearful of and intimidated by client C in their home and ensuring clients A, B, D, E, F, G and H's safety in their home via phone conference on 5/26/16 at 3:36 PM.</p> <p>On May 27, 2016, the facility submitted the following plan of action to remove the Immediate Jeopardy:</p> <p>- "1. The governing body discharged [client C] from the facility on 5/26/16. A copy of the Indiana Division of Disability and Rehabilitative Services Notice of Discharged form for [client C] was provided to [surveyor] on 5/27/16."</p> <p>- "2. Former client, [client C], is residing with her sister while arrangements for her previously approved Medicaid Waiver residence are finalized."</p> <p>- "3. The team is providing the facility's remaining clients with ongoing and consistent emotional support to assure their comfort in the aftermath of recent episodes of aggression in their home."</p> <p>- "Pursuant to the fact that the IDT (Interdisciplinary Team) has developed appropriate protective measures by permanently removing [client C] from</p>			<p>(comprised of the Executive Director, Program Managers, Quality Assurance Manager, Quality Assurance Coordinator, Training Coordinator and Nurse Manager) as well as the QIDP will conduct active treatment observations twice weekly for the next 30 days and weekly visits for an additional 60 days. At the conclusion of this period of enhanced administrative monitoring and support, the Executive Director and Director of Operations/General Manager will determine the level of ongoing support needed at the facility. Active treatment sessions defined as... Mornings: Beginning at 6:30 AM and through morning transport and including the following: Medication administration, meal preparation and breakfast, morning hygiene and domestic skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day and overnight shifts. Evenings: Beginning at approximately 4:30 PM through the evening meal and including the following: domestic and hygiene skills training, leisure skills training, medication administration, meal preparation and dinner. Evening monitoring will also include unannounced spot checks later in the evening toward bed time. In addition to active treatment observations, Operations Team Members</p>			

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	<p>the facility, and is providing remaining clients with ongoing emotional support, the issues resulting in Immediate Jeopardy at the ResCare Community Alternatives-Adept facility on [address] have been resolved. Thank you for your consideration of this allegation for removal of Immediate Jeopardy."</p> <p>The facility implemented the plan of action. Through monitoring observations conducted on 5/27/16 from 7:40 AM through 8:30 AM and on 5/31/16 from 9:37 AM through 10:30 AM, client C was not present in the group home or her former day services. Client C's personal belongings were not present in the home.</p> <p>HM #1 was interviewed on 5/27/16 at 7:40 AM. HM #1 indicated client C was moved out of the house on 5/26/16. HM #1 indicated client C's personal belongings had been packed and moved with client C. HM #1 indicated client C was staying with her sister while awaiting her Medicaid Waiver residence.</p> <p>Client C's Discharge Summary form dated 5/26/16 was reviewed on 5/27/16 at 8:25 AM. The form indicated client C had been discharged from the facility on 5/26/16.</p> <p>QAM (Quality Assurance Manager) #1</p>		<p>and/or the Residential Manager will perform spot checks at varied times on the overnight shift no less than twice monthly –more frequently if training issues or problems are discovered. The Executive Director and Regional Director (area manager) will review documentation of administrative level monitoring of the facility –making recommendations as appropriate. As stated above, the Executive Director will participate directly in administrative monitoring of the facility. Administrative monitoring will focus on assessing the effectiveness of plan revisions as well as staff competencies in implementing the plans.</p> <p>RESPONSIBLE PARTIES:QIDP, Residential Manager, Direct Support Staff, Operations Team, Regional Director</p>				

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	<p>was interviewed on 5/27/16 at 8:20 AM. QAM #1 indicated client C was discharged from the facility on 5/26/16.</p> <p>Day Services Manager #1 was interviewed on 5/31/16 at 9:50 AM. Day Services Manager #1 indicated client C had been discharged from the facility on 5/26/16 and had not returned to day services.</p> <p>The Immediate Jeopardy was removed on 5/31/16 at 10:20 AM. While the Immediate Jeopardy was removed, the facility remained out of compliance at the Condition Level because the facility needed to demonstrate continued operation of the home in a manner which ensured the physical and psychological well-being of clients A, B, D, E, F and G.</p> <p>Findings include:</p> <p>1. The facility failed to implement its written policy and procedures to prohibit physical, verbal and psychological abuse and intimidation of clients A, B, D, E, F, G and H in their home and to develop and implement corrective effective corrective measures to prevent recurrence of physical, verbal, psychological abuse and intimidation of clients A, B, D, E, F, G and H in their home by client C. Please see W149.</p>						

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W 0149 Bldg. 00	<p>2. The facility failed to develop and implement effective corrective measures to prevent recurrence of psychological abuse and intimidation of clients A, B, D, E, F, G and H in their home by client C. Please see W157.</p> <p>This federal tag relates to complaint #IN00198281.</p> <p>9-3-2(a)</p> <p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on observation, record review and interview for 3 of 4 sampled clients (A, B and D), plus 4 additional clients (E, F, G and H), the facility failed to implement its written policy and procedures to prohibit physical, verbal and psychological abuse and intimidation of clients A, B, D, E, F, G and H in their home by client C and to develop and implement corrective effective corrective measures to prevent recurrence of physical, verbal, psychological abuse and intimidation of clients A, B, D, E, F, G and H in their home by client C.</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, the interdisciplinary team assessed that Client A would be supported more effectively in an environment that better suited her social, developmental and behavioral needs and she has moved into a Medicaid Waiver setting. Additionally, the team</i></p>		07/01/2016	

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	<p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 5/25/16 at 3:08 PM. The review indicated the following:</p> <p>1. Investigation Final Report (IFR) dated 8/27/15 indicated client C pushed client F down to the floor.</p> <p>2. IFR dated 9/30/15 indicated, "[Client E] became upset with [client C] over (van) seating arrangements. [Client E] called [client C] a [expletive] and [client C] pushed [client E]."</p> <p>3. BDDS report dated 11/6/15 indicated, "[Client C] pushed [client F] to the floor in her bedroom. Staff heard the altercation and immediately went to assist. When staff arrived they noticed a small lump on [client F's] head and notified (the) facility nurse as well as administrative team and health care representatives. Staff was instructed by the facility nurse to go to [medical clinic]."</p> <p>-IFR dated 11/9/15 indicated the following:</p>				<p>has re-assessed current behavioral needs in the facility and assisted clients with choosing more socially compatible roommates.</p> <p>PREVENTION:</p> <p>The QIDP will be retrained regarding the need to guide the interdisciplinary team in developing and implementing corrective and protective measures when allegations are verified during the course of investigations. The Program Manager will conduct weekly meetings with the QIDP, and will review documentation from the previous week to assure recommended corrective measures have been implemented. The Quality Assurance Team comprised of the Quality Assurance Manager, Quality Assurance Coordinator and Training Coordinator will track completed investigation and follow up to assure that interdisciplinary team action occurs as required. Interdisciplinary Team Notes, followed by copies of revised plans will be turned in to the Quality Assurance Manager for review upon completion. The QIDP and Residential Manager will turn in documentation of staff</p>		

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	<p>-"[Client F] was pushed down by [client C], she fell by her (sic) back and it led to (a) head injury/scalp hematoma (bruise larger than 10 millimeters)."</p> <p>-[Client E's] witness statement form dated 11/6/15 indicated, "Did you see any individuals hit [client F] within the past 24 hours? Who? [Client C] did." Client E's witness statement form dated 11/6/15 indicated, "[Client C] is mean."</p> <p>-"[Client F's] witness statement form dated 11/6/15 indicated, "It happened in the evening. In the door way to my room. I told a staff." Client F's witness statement form dated 11/6/15 indicated, "[Client C] is my problem. I don't like her. She hurts everyone in the house."</p> <p>Client F's record was reviewed on 5/27/16 at 12:40 PM. Client F's Record of Visit form dated 11/5/15 indicated, "Emergency Department: Pushed down-hit head. Head injury (with) scalp hematoma."</p> <p>4. BDDS report dated 11/19/15 indicated on 11/18/15 "[Client C] pushed [client E] out of her way to get into the med room."</p> <p>-Incident Report (IR) dated 11/18/15 indicated, "[Client E] was preparing to enter (the) medication room. [Client C]</p>		<p>training on revised plans to the Quality Assurance Coordinator for tracking and follow-up.</p> <p>Members of the Operations Team (comprised of the Executive Director, Program Managers, Quality Assurance Manager, Quality Assurance Coordinator, Training Coordinator and Nurse Manager) as well as the QIDP will conduct active treatment observations twice weekly for the next 30 days and weekly visits for an additional 60 days. At the conclusion of this period of enhanced administrative monitoring and support, the Executive Director and Director of Operations/General Manager will determine the level of ongoing support needed at the facility. Active treatment sessions defined as...</p> <p>Mornings: Beginning at 6:30 AM and through morning transport and including the following: Medication administration, meal preparation and breakfast, morning hygiene and domestic skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day and overnight shifts.</p>				

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	<p>pushed him because he did not get out of her way. [Client E] responded with verbal aggression and [client C] became more verbally aggressive and physically aggressive. [Client C] threw trash all over (the) living room and kicked (the) medication room door repeatedly."</p> <p>-IFR dated 11/23/15 indicated the following:</p> <p>-"[Client E] was pushed by another consumer [client C] because he was in the hallway wanting to go to the med room. And the other consumer, [client C], was coming out of the med room."</p> <p>-Client H's witness statement form dated 11/23/15 indicated, "[Client C] pushed [client E]. [Client C] (is) fighting with everyone in the house." Client H's witness statement form dated 11/23/15 indicated, "She, [client C] doesn't make me comfortable in the room. I don't like her."</p> <p>-Client F's witness statement form dated 11/23/15 indicated, "[Client C] pushed me too, my head was hurt."</p> <p>-Client B's witness statement form dated 11/20/15 indicated, "Yes, [client C] pushed [client E]." Client B's witness statement form dated 11/20/15 indicated,</p>		<p>Evenings: Beginning at approximately 4:30 PM through the evening meal and including the following: domestic and hygiene skills training, leisure skills training, medication administration, meal preparation and dinner. Evening monitoring will also include unannounced spot checks later in the evening toward bed time.</p> <p>In addition to active treatment observations, Operations Team Members and/or the Residential Manager will perform spot checks at varied times on the overnight shift no less than twice monthly –more frequently if training issues or problems are discovered.</p> <p>The Executive Director and Regional Director (area manager) will review documentation of administrative level monitoring of the facility –making recommendations as appropriate. As stated above, the Executive Director will participate directly in administrative monitoring of the facility. Administrative monitoring will focus on assessing the</p>				

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	<p>"I am not happy living in this house with [client C]." Client B's 11/20/15 witness statement form indicated, "[Client C] was the one who pushed [client E] and everyone in the house too. Everybody is angry because of [client C]. I am not happy in the house."</p> <p>5. BDDS report dated 2/16/16 indicated, "[Client C] became upset after asking her housemates to be quiet during the van ride. [Client C] got up from the back of the van and struck [client H] 2 or 3 times in the shoulder and chest area. When they arrived back to the group home everyone got off the van except for [client H] who was still upset and had thrown her glasses at [client C]. [Client H] would not get off the van, staff was trying to get [client H] off the van and [client C] kept taunting her from the doorway. Staff got on the van to assist [client H] with finding her eyeglasses. [Client C] came out of the group home (and) pulled the staff out of the van and threw staff to the ground and pushed staff down again when she tried to get up. The manager came out and redirected [client C] away from the staff. All administrative personnel have been notified of this incident."</p> <p>6. BDDS report dated 4/10/16 indicated, "[Client C] became upset and yelled at her staff. Staff attempted to redirect her</p>				<p>effectiveness of plan revisions as well as staff competencies in implementing the plans.</p> <p>RESPONSIBLE PARTIES:</p> <p>QIDP, Residential Manager, Health Services Team, Direct Support Staff, Operations Team, Regional Director</p>		

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	<p>and calm her down. [Client C] pushed her staff knocking her to the ground. [Client C] ran to the kitchen and picked up a knife and threatened to kill her staff. Another staff on duty redirected her to the kitchen. [Physical Management] blocking techniques were used during the incident."</p> <p>7. BDDS report dated 4/13/16 indicated, "[Client C] is a [young] female supported by ResCare with a primary diagnosis of [diagnosis]. [Client F] is an [older] female with a primary diagnosis of [diagnosis]. [Client C] returned from her day program. She refused her evening medication, would not eat dinner and began throwing items around the house. Staff attempted to redirect her verbally without success and she continued to escalate. [Client C] entered [client F's] bedroom and threw her television on the floor."</p> <p>8. BDDS report dated 4/17/16 indicated on 4/16/16 "[Client C] and [client E] began arguing (sic) [client B] about a planned community outing. [Client E] and [client C] hit each other in quick succession and before staff could intervene, [client C] pushed [client B] to the ground and kicked her in the chest. While staff was assisting [client B] to another area of the home [client C]</p>						

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	<p>punched staff in the face. [Client C] exited through the front door and began throwing rocks and bricks at staff's personal vehicle causing dents and breaking the passenger side window. [Client C] continued to escalate and staff called 911. Police arrived and took [client C] into custody."</p> <p>-IR dated 4/16/16 indicated, "[Client B] was bleeding inside her mouth and was kicked in the abdominal region."</p> <p>-Follow up BDDS report dated 5/17/16 indicated, "[Client C] was released from jail on 4/17/16 and no court hearing is scheduled. [Client C] has received approval for a Medicaid Waiver. ResCare is working with BDDS to expedite her transition."</p> <p>Client B's record was reviewed on 5/26/16 at 11:47 AM. Client B's Record of Visit form dated 4/16/16 indicated, "Chest pain after being hit in chest. Chest x-ray, no sternum fracture/rib fracture. Diagnosis: Chest Contusion." Client B's Record of Visit form dated 5/19/16 indicated, "Follow up- kicked in chest and seen at med check visit 4/16/16. [Client B] was in altercation 1 month ago. Kicked in chest and bruised. ER received her and released without any [illegible]. A little sore yet. Exam: mixed</p>						

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	<p>bruise on middle right breast."</p> <p>Client B was interviewed on 5/26/16 at 7:50 AM. Client B indicated client C had kicked her in her chest. Client B stated, "It hurt." Client B indicated client C had hit her other times but did not offer additional clarification. Client B became interested in discussing the shirt she was wearing and declined to offer further details.</p> <p>9. BDDS report dated 5/6/16 indicated, "[Client C] is a [young] female supported by ResCare with a primary diagnosis of [diagnosis] and [client G] is an [older] male supported by ResCare with a primary diagnosis of [diagnosis]. [Client C] became upset with staff regarding previously planned evening activities and began yelling and using profanity toward staff. [Client G] laughed and before staff could intervene, [client C] pushed [client G] to the ground."</p> <p>QAM (Quality Assurance Manager) #1 was interviewed on 5/25/16 at 2:00 PM. QAM #1 indicated the facility's abuse and neglect policy dated 2/26/11 should be implemented. QAM #1 indicated the facility utilized a peer review process and the IDT to develop and implement corrective measures to prevent recurrence of allegations of abuse, neglect and</p>						

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	<p>mistreatment.</p> <p>Observations were conducted at the group home on 5/26/16 from 6:30 AM through 8:00 AM. The group home had two restrooms. One restroom was located in the hallway of the home and the second restroom was accessed through client C's bedroom. At 7:35 AM, clients A, B, C, D, E, F and G were prompted to prepare to leave the group home to go to their day service/vocational programs. Client F indicated she needed to utilize the restroom before leaving. The home's hallway restroom was occupied by a peer. Client C was in her bedroom, however, the home's second restroom located in her room was unoccupied. Client F stood outside the home's hallway restroom and declined to enter client C's bedroom to access the unoccupied restroom. HM (Home Manager) #1 encouraged client F to use the unoccupied restroom, located in client C's bedroom, with HM #1 present in the area.</p> <p>HM #1 was interviewed on 5/26/16 at 7:40 AM. When asked if the clients in the home felt safe in the home with client C, HM #1 stated, "No. [Clients B and F] don't. Some of them don't pay any attention to [client C] but [clients B and F] are. Like this morning, [client F] needed to go to the restroom but wouldn't</p>						

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

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	<p>use the second bathroom. She would rather stand outside the hallway restroom and [urinate] on herself before going through [client C's] bedroom to get to the other bathroom. I had to prompt her to use it this morning. Most of the others don't like going in there either. [Clients A, D and G] don't really pay any attention but the others, [clients B, E and F] won't go in unless they have to or I'm here." HM #1 stated, "[Client C] can be a really good girl and very helpful when she is up. When she is down its a whole other thing. She gets to throwing things around in the house and starts getting [agitated]. I'm about the only one that can control her. When I'm here everything is usually fine but when I leave she gets started. [Client F] will ask me to stay and not leave." HM #1 indicated client C was not on one to one client to staff ratio supervision. HM #1 indicated the facility was attempting to keep client C busy with activity while awaiting client C's Medicaid Waiver transition out of the house. HM #1 indicated the facility had completed IDT (Interdisciplinary Meetings) regarding client C's behavior, had attempted to adjust her medications, retrained staff on client C's BSP (Behavior Support Plan) and attempted to monitor client C to prevent client C's behaviors towards her housemates.</p>						

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	<p>Client C's record was reviewed on 5/26/16 at 8:53 AM. Client C's BSP dated 8/20/15 indicated the following targeted behaviors:</p> <p>-Physical Aggression: any time [client C] strikes, spits, grabs, kicks, bites, pinches, is threatening and throwing objects at others that have the potential to cause injury."</p> <p>-Verbal Aggression: any time [client C] shouts and/or screams at peers and/or staff to include insults, vulgar comments, obscenities and demeaning comments."</p> <p>-Threats to harm others: any time [client C] makes a statement that will harm staff and/or peers, threatening to hit them or beat them up for insisting she follow her treatment plan or making threats to harm her housemates."</p> <p>Client C's Daily Progress Notes from 4/1/16 through 5/19/16 indicated the following:</p> <p>-4/1/16, [Client C] was physically and verbally aggressive this morning in the kitchen."</p> <p>-4/12/16, [Client C] (was) at home relaxing in her room and she went to the kitchen and helped with dinner (sic) and</p>						

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	<p>she started yelling, (sic) with the remaining clients, (sic) throwing all stuff away and pushing staff and clients (unspecified)."</p> <p>-"4/11/16, [Client C] was transported to day program round trip. [Client C] became physically and verbally aggressive when told to wait to pack lunch bags as she didn't have all the (lunch) items needed."</p> <p>-"4/14/16, [Client C] turned up (the) volume on radio and would not let it be turned down. [Client C] would not let [client F] use (the) door handle handle for support and balance to get out of (the) van and threw [client F's] lunch bag out into the yard. [Client C] rages anytime [HM #1] is not around."</p> <p>Client C's IDT note dated 8/19/15 indicated, "IDT to address behaviors (sic) displayed since her arrival. Yelling, Punching walls and telling other consumers what to do, also crying all day saying she is depressed and missing her mom, (sic) also a plan for smoking."</p> <p>Client C's IDT note dated 2/15/16 indicated, "Subject: [Client C] and [client H]. Team had discussed to (sic) encourage [client C] to use her coping skills and staff is to be using the</p>						

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	<p>procedure for precursor behavior on [client C's] BSP page 4."</p> <p>Client C's IDT note dated 2/16/16 indicated, "Subject: [Client C's] BSP and ISP due to so (sic) many client to client aggressions from [client C]. Updated ISP and BSP with name of the new QIDP. Retraining for all staff about targeting behavior of [client C]. Procedure for precursor behaviors (page 4 of BSP). Reactive/preventative behaviors (page 4 of BSP) physical aggression (page 5). Goals outcome (sic) 7 to 7 (unknown) on ISP will be more emphasized by staff to [client C]."</p> <p>Client C's IDT note dated 2/26/16 indicated, "Meeting Agenda: Team had met and agreed that [client C] will behave well Monday through Friday and on weekend she will be rewarded on the weekend (sic). Two hours alone time with staff supervision. [Client C's mother] will talk to [client C's] psych doctor to make some changes in her med's. [Client C's mother] suggested that she had (sic) her headphone on when doing homework. [Client C's mother] is invited to the follow-up IDT on 16th. A rewarding (sic) chart will be in place. [Client C] will behave for 5 days and be rewarded at the tend of the week. [Client C] will behave 2 days at day services and</p>						

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	<p>will go out on Wednesday. Including no hitting, no cussing and cleaning room."</p> <p>Client C's IDT note dated 3/1/16 indicated, "Meeting Agenda: Talked with [client C] about personal space, and how to interact with peers. Follow her BSP and ISP. [Client C] will respect others boundaries and not attempting (sic) to boss the other clients around. Follow-up meeting on April 7th at 9:00 AM."</p> <p>Client C's record did not indicate additional documentation of IDT meetings or recommendations to address client C's physical, verbal or psychological abuse and intimidation regarding her behavior toward clients A, B, D, E, F, G and H.</p> <p>Client F was interviewed on 5/26/16 at 7:52 AM. Client F declined to respond to questions.</p> <p>Staff #1 was interviewed on 5/25/16 at 5:45 PM. When asked if clients A, B, D, E, F or G were intimidated or fearful of client C, staff #1 stated, "Well, I don't know if they are afraid of her. They stay out of her way and know not to cross her." Staff #1 indicated client C was verbally and physically aggressive towards clients A, B, D, E, F and G.</p>						

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	<p>The facility's policy and procedures were reviewed on 5/27/16 at 12:04 PM. The facility's Abuse, Neglect, Exploitation and Mistreatment policy dated 2/26/11 indicated the following:</p> <p>- "Physical Abuse: the act or failure to act that results or could result in physical injury to an individual. Non-accidental injury inflicted by another person or persons."</p> <p>- "Verbal Abuse: the act of insulting or profane language or gestures directed toward an individual that subjects him/her to humiliation or degradation. Coarse, loud tone or language that is perceived by an individual as offending or threatening."</p> <p>- "Intimidation/Emotional Abuse: the act or failure to act that results or could result in emotional injury to an individual. The act of insulting or coarse language or gestures directed toward an individual that subject him/her to humiliation or degradation. Discouraging or inhibiting behavior by threatening both actual or implied. Attitude or acts that interfere with the psychological and social well being of an individual."</p> <p>This federal tag relates to complaint #IN00198281.</p>						

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W 0157 Bldg. 00	<p>9-3-2(a)</p> <p>483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken. Based on observation, record review and interview for 9 of 17 allegations of abuse, neglect and mistreatment reviewed, the facility failed to develop and implement effective corrective measures to prevent/address client C's aggressive and disruptive behaviors to prevent physical, verbal, psychological abuse and intimidation of clients A, B, D, E, F, G and H in their home by client C.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 5/25/16 at 3:08 PM. The review indicated the following:</p> <p>1. Investigation Final Report (IFR) dated 8/27/15 indicated client C pushed client F down to the floor.</p> <p>2. IFR dated 9/30/15 indicated, "[Client E] became upset with [client C] over</p>		W 0157	<p>CORRECTION:</p> <p><i>If the alleged violation is verified, appropriate corrective action must be taken. Specifically, the interdisciplinary team assessed that Client A would be supported more effectively in an environment that better suited her social, developmental and behavioral needs and she has moved into a Medicaid Waiver setting. Additionally, the team has re-assessed current behavioral needs in the facility and assisted clients with choosing more socially compatible roommates.</i></p> <p>PREVENTION:</p> <p>The QIDP will be retrained regarding the need to guide the interdisciplinary team in developing and implementing corrective and protective measures when allegations are</p>		07/01/2016	

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	<p>(van) seating arrangements. [Client E] called [client C] a [expletive] and [client C] pushed [client E]."</p> <p>3. BDDS report dated 11/6/15 indicated, "[Client C] pushed [client F] to the floor in her bedroom. Staff heard the altercation and immediately went to assist. When staff arrived they noticed a small lump on [client F's] head and notified (the) facility nurse as well as administrative team and health care representatives. Staff was instructed by the facility nurse to go to [medical clinic]."</p> <p>-IFR dated 11/9/15 indicated the following:</p> <p>-"[Client F] was pushed down by [client C], she fell by her (sic) back and it led to (a) head injury/scalp hematoma (bruise larger than 10 millimeters)."</p> <p>-[Client E's] witness statement form dated 11/6/15 indicated, "Did you see any individuals hit [client F] within the past 24 hours? Who? [Client C] did." Client E's witness statement form dated 11/6/15 indicated, "[Client C] is mean."</p> <p>-"[Client F's] witness statement form dated 11/6/15 indicated, "It happened in the evening. In the door way to my room.</p>		<p>verified during the course of investigations. The Program Manager will conduct weekly meetings with the QIDP, and will review documentation from the previous week to assure recommended corrective measures have been implemented. The Quality Assurance Team comprised of the Quality Assurance Manager, Quality Assurance Coordinator and Training Coordinator will track completed investigation and follow up to assure that interdisciplinary team action occurs as required. Interdisciplinary Team Notes, followed by copies of revised plans will be turned in to the Quality Assurance Manager for review upon completion. The QIDP and Residential Manager will turn in documentation of staff training on revised plans to the Quality Assurance Coordinator for tracking and follow-up.</p> <p>Members of the Operations Team (comprised of the Executive Director, Program Managers, Quality Assurance Manager, Quality Assurance Coordinator, Training Coordinator and Nurse Manager) as well as the QIDP will conduct active treatment observations twice weekly for the next 30 days and weekly visits for</p>				

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	<p>I told a staff." Client F's witness statement form dated 11/6/15 indicated, "[Client C] is my problem. I don't like her. She hurts everyone in the house."</p> <p>Client F's record was reviewed on 5/27/16 at 12:40 PM. Client F's Record of Visit form dated 11/5/15 indicated, "Emergency Department: Pushed down-hit head. Head injury (with) scalp hematoma."</p> <p>4. BDDS report dated 11/19/15 indicated on 11/18/15 "[Client C] pushed [client E] out of her way to get into the med room."</p> <p>-Incident Report (IR) dated 11/18/15 indicated, "[Client E] was preparing to enter (the) medication room. [Client C] pushed him because he did not get out of her way. [Client E] responded with verbal aggression and [client C] became more verbally aggressive and physically aggressive. [Client C] threw trash all over (the) living room and kicked (the) medication room door repeatedly."</p> <p>-IFR dated 11/23/15 indicated the following:</p> <p>-"[Client E] was pushed by another consumer [client C] because he was in the hallway wanting to go to the med room. And the other consumer, [client</p>		<p>an additional 60 days. At the conclusion of this period of enhanced administrative monitoring and support, the Executive Director and Director of Operations/General Manager will determine the level of ongoing support needed at the facility. Active treatment sessions defined as...</p> <p>Mornings: Beginning at 6:30 AM and through morning transport and including the following: Medication administration, meal preparation and breakfast, morning hygiene and domestic skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day and overnight shifts.</p> <p>Evenings: Beginning at approximately 4:30 PM through the evening meal and including the following: domestic and hygiene skills training, leisure skills training, medication administration, meal preparation and dinner. Evening monitoring will also include unannounced spot checks later in the evening toward bed time.</p>				

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	<p>C], was coming out of the med room."</p> <p>-Client H's witness statement form dated 11/23/15 indicated, "[Client C] pushed [client E]. [Client C] (is) fighting with everyone in the house." Client H's witness statement form dated 11/23/15 indicated, "She, [client C] doesn't make me comfortable in the room. I don't like her."</p> <p>-Client F's witness statement form dated 11/23/15 indicated, "[Client C] pushed me too, my head was hurt."</p> <p>-Client B's witness statement form dated 11/20/15 indicated, "Yes, [client C] pushed [client E]." Client B's witness statement form dated 11/20/15 indicated, "I am not happy living in this house with [client C]." Client B's 11/20/15 witness statement form indicated, "[Client C] was the one who pushed [client E] and everyone in the house too. Everybody is angry because of [client C]. I am not happy in the house."</p> <p>5. BDDS report dated 2/16/16 indicated, "[Client C] became upset after asking her housemates to be quiet during the van ride. [Client C] got up from the back of the van and struck [client H] 2 or 3 times in the shoulder and chest area. When they arrived back to the group home everyone</p>				<p>In addition to active treatment observations, Operations Team Members and/or the Residential Manager will perform spot checks at varied times on the overnight shift no less than twice monthly –more frequently if training issues or problems are discovered.</p> <p>The Executive Director and Regional Director (area manager) will review documentation of administrative level monitoring of the facility –making recommendations as appropriate. As stated above, the Executive Director will participate directly in administrative monitoring of the facility. Administrative monitoring will focus on assessing the effectiveness of plan revisions as well as staff competencies in implementing the plans.</p> <p>RESPONSIBLE PARTIES: QIDP, Residential Manager, Direct Support Staff, Operations Team, Regional Director</p>		

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	<p>got off the van except for [client H] who was still upset and had thrown her glasses at [client C]. [Client H] would not get off the van, staff was trying to get [client H] off the van and [client C] kept taunting her from the doorway. Staff got on the van to assist [client H] with finding her eyeglasses. [Client C] came out of the group home (and) pulled the staff out of the van and threw staff to the ground and pushed staff down again when she tried to get up. The manager came out and redirected [client C] away from the staff. All administrative personnel have been notified of this incident."</p> <p>6. BDDS report dated 4/10/16 indicated, "[Client C] became upset and yelled at her staff. Staff attempted to redirect her and calm her down. [Client C] pushed her staff knocking her to the ground. [Client C] ran to the kitchen and picked up a knife and threatened to kill her staff. Another staff on duty redirected her to the kitchen. [Physical Management] blocking techniques were used during the incident."</p> <p>7. BDDS report dated 4/13/16 indicated, "[Client C] is a [young] female supported by ResCare with a primary diagnosis of [diagnosis]. [Client F] is an [older] female with a primary diagnosis of [diagnosis]. [Client C] returned from her</p>						

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	<p>day program. She refused her evening medication, would not eat dinner and began throwing items around the house. Staff attempted to redirect her verbally without success and she continued to escalate. [Client C] entered [client F's] bedroom and threw her television on the floor."</p> <p>8. BDDS report dated 4/17/16 indicated on 4/16/16 "[Client C] and [client E] began arguing (sic) [client B] about a planned community outing. [Client E] and [client C] hit each other in quick succession and before staff could intervene, [client C] pushed [client B] to the ground and kicked her in the chest. While staff was assisting [client B] to another area of the home [client C] punched staff in the face. [Client C] exited through the front door and began throwing rocks and bricks at staff's personal vehicle causing dents and breaking the passenger side window. [Client C] continued to escalate and staff called 911. Police arrived and took [client C] into custody."</p> <p>-IR dated 4/16/16 indicated, "[Client B] was bleeding inside her mouth and was kicked in the abdominal region."</p> <p>-Follow up BDDS report dated 5/17/16 indicated, "[Client C] was released from</p>						

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	<p>jail on 4/17/16 and no court hearing is scheduled. [Client C] has received approval for a Medicaid Waiver. ResCare is working with BDDS to expedite her transition."</p> <p>Client B's record was reviewed on 5/26/16 at 11:47 AM. Client B's Record of Visit form dated 4/16/16 indicated, "Chest pain after being hit in chest. Chest x-ray, no sternum fracture/rib fracture. Diagnosis: Chest Contusion." Client B's Record of Visit form dated 5/19/16 indicated, "Follow up- kicked in chest and seen at med check visit 4/16/16. [Client B] was in altercation 1 month ago. Kicked in chest and bruised. ER received her and released without any [illegible]. A little sore yet. Exam: mixed bruise on middle right breast."</p> <p>Client B was interviewed on 5/26/16 at 7:50 AM. Client B indicated client C had kicked her in her chest. Client B stated, "It hurt." Client B indicated client C had hit her other times but did not offer additional clarification. Client B became interested in discussing the shirt she was wearing and declined to offer further details.</p> <p>9. BDDS report dated 5/6/16 indicated, "[Client C] is a [young] female supported by ResCare with a primary diagnosis of</p>						

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	<p>[diagnosis] and [client G] is an [older] male supported by ResCare with a primary diagnosis of [diagnosis]. [Client C] became upset with staff regarding previously planned evening activities and began yelling and using profanity toward staff. [Client G] laughed and before staff could intervene, [client C] pushed [client G] to the ground."</p> <p>QAM (Quality Assurance Manager) #1 was interviewed on 5/25/16 at 2:00 PM. QAM #1 indicated the facility utilized a peer review process and the IDT to develop and implement corrective measures to prevent recurrence of allegations of abuse, neglect and mistreatment.</p> <p>Observations were conducted at the group home on 5/26/16 from 6:30 AM through 8:00 AM. The group home had two restrooms. One restroom was located in the hallway of the home and the second restroom was accessed through client C's bedroom. At 7:35 AM, clients A, B, C, D, E, F and G were prompted to prepare to leave the group home to go to their day service/vocational programs. Client F indicated she needed to utilize the restroom before leaving. The home's hallway restroom was occupied by a peer. Client C was in her bedroom, however, the home's second restroom located in her</p>						

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	<p>room was unoccupied. Client F stood outside the home's hallway restroom and declined to enter client C's bedroom to access the unoccupied restroom. HM (Home Manager) #1 encouraged client F to use the unoccupied restroom, located in client C's bedroom, with HM #1 present in the area.</p> <p>HM #1 was interviewed on 5/26/16 at 7:40 AM. When asked if the clients in the home felt safe in the home with client C, HM #1 stated, "No. [Clients B and F] don't. Some of them don't pay any attention to [client C] but [clients B and F] are. Like this morning, [client F] needed to go to the restroom but wouldn't use the second bathroom. She would rather stand outside the hallway restroom and [urinate] on herself before going through [client C's] bedroom to get to the other bathroom. I had to prompt her to use it this morning. Most of the others don't like going in there either. [Clients A, D and G] don't really pay any attention but the others, [clients B, E and F] won't go in unless they have to or I'm here." HM #1 stated, "[Client C] can be a really good girl and very helpful when she is up. When she is down its a whole other thing. She gets to throwing things around in the house and starts getting [agitated]. I'm about the only one that can control her. When I'm here everything is usually</p>						

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	<p>fine but when I leave she gets started. [Client F] will ask me to stay and not leave." HM #1 indicated client C was not on one to one client to staff ratio supervision. HM #1 indicated the facility was attempting to keep client C busy with activity while awaiting client C's Medicaid Waiver transition out of the house. HM #1 indicated the facility had completed IDT (Interdisciplinary Meetings) regarding client C's behavior, had attempted to adjust her medications, retrained staff on client C's BSP (Behavior Support Plan) and attempted to monitor client C to prevent client C's behaviors towards her housemates.</p> <p>Client C's record was reviewed on 5/26/16 at 8:53 AM. Client C's BSP dated 8/20/15 indicated the following targeted behaviors:</p> <p>-Physical Aggression: any time [client C] strikes, spits, grabs, kicks, bites, pinches, is threatening and throwing objects at others that have the potential to cause injury."</p> <p>-Verbal Aggression: any time [client C] shouts and/or screams at peers and/or staff to include insults, vulgar comments, obscenities and demeaning comments."</p> <p>-Threats to harm others: any time [client</p>						

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	<p>C] makes a statement that will harm staff and/or peers, threatening to hit them or beat them up for insisting she follow her treatment plan or making threats to harm her housemates."</p> <p>Client C's Daily Progress Notes from 4/1/16 through 5/19/16 indicated the following:</p> <p>- "4/1/16, [Client C] was physically and verbally aggressive this morning in the kitchen."</p> <p>- "4/12/16, [Client C] (was) at home relaxing in her room and she went to the kitchen and helped with dinner (sic) and she started yelling, (sic) with the remaining clients, (sic) throwing all stuff away and pushing staff and clients (unspecified)."</p> <p>- "4/11/16, [Client C] was transported to day program round trip. [Client C] became physically and verbally aggressive when told to wait to pack lunch bags as she didn't have all the (lunch) items needed."</p> <p>- "4/14/16, [Client C] turned up (the) volume on radio and would not let it be turned down. [Client C] would not let [client F] use (the) door handle handle for support and balance to get out of (the)</p>						

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	<p>van and threw [client F] lunch bag out into the yard. [Client C] rages anytime [HM #1] is not around."</p> <p>Client C's IDT note dated 8/19/15 indicated, "IDT to address behaviors (sic) displayed since her arrival. Yelling, Punching walls and telling other consumers what to do, also crying all day saying she is depressed and missing her mom, (sic) also a plan for smoking."</p> <p>Client C's IDT note dated 2/15/16 indicated, "Subject: [Client C] and [client H]. Team had discussed to (sic) encourage [client C] to use her coping skills and staff is to be using the procedure for precursor behavior on [client C's] BSP page 4."</p> <p>Client C's IDT note dated 2/16/16 indicated, "Subject: [Client C's] BSP and ISP due to so (sic) many client to client aggressions from [client C]. Updated ISP and BSP with name of the new QIDP. Retraining for all staff about targeting behavior of [client C]. Procedure for precursor behaviors (page 4 of BSP). Reactive/preventative behaviors (page 4 of BSP) physical aggression (page 5). Goals outcome (sic) 7 to 7 (unknown) on ISP will be more emphasized by staff to [client C]."</p>						

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

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FORM APPROVED
OMB NO. 0938-0391

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	<p>Client C's IDT note dated 2/26/16 indicated, "Meeting Agenda: Team had met and agreed that [client C] will behave well Monday through Friday and on weekend she will be rewarded on the weekend (sic). Two hours alone time with staff supervision. [Client C's mother] will talk to [client C's] psych doctor to make some changes in her med's. [Client C's mother] suggested that she had (sic) her headphone on when doing homework. [Client C's mother] is invited to the follow-up IDT on 16th. A rewarding (sic) chart will be in place. [Client C] will behave for 5 days and be rewarded at the tend of the week. [Client C] will behave 2 days at day services and will go out on Wednesday. Including no hitting, no cussing and cleaning room."</p> <p>Client C's IDT note dated 3/1/16 indicated, "Meeting Agenda: Talked with [client C] about personal space, and how to interact with peers. Follow her BSP and ISP. [Client C] will respect others boundaries and not attempting (sic) to boss the other clients around. Follow-up meeting on April 7th at 9:00 AM."</p> <p>Client C's record did not indicate additional documentation of IDT meetings or recommendations to address client C's physical, verbal or psychological abuse and intimidation</p>						

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W 0159 Bldg. 00	<p>regarding her behavior toward clients A, B, D, E, F, G and H.</p> <p>Staff #1 was interviewed on 5/25/16 at 5:45 PM. When asked if clients A, B, D, E, F or G were intimidated or fearful of client C, staff #1 stated, "Well, I don't know if they are afraid of her. They stay out of her way and know not to cross her." Staff #1 indicated client C was verbally and physically aggressive towards clients A, B, D, E, F and G.</p> <p>This federal tag relates to complaint #IN00198281.</p> <p>9-3-2(a)</p> <p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Based on record review and interview for 4 of 4 sampled clients (A, B, C and D), the QIDP (Qualified Intellectual Disabilities Professional) failed to integrate, coordinate and monitor clients A, B, C and D's active treatment programs by failing to ensure clients A, B, C and D's formal training objectives were routinely monitored for progression/regression of skills, to ensure</p>		W 0159	<p>CORRECTION:</p> <p><i>Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Specifically,</i></p> <p>For Clients A – D, the QIDP will</p>		07/01/2016	

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	<p>clients A, B and D's restrictive programs were conducted with written informed consent, to ensure the facility's HRC (Human Rights Committee) reviewed, monitored and made recommendations regarding clients A, B, C and D's use of behavior controlling medications, to ensure clients A, B and D's ISPs (Individual Support Plans) and BSPs (Behavior Support Plans) addressed clients A, B and D's behavioral needs regarding dental/vision procedure anxiety and to ensure client D had a pair of prescription eyeglasses, or training to teach him to use them.</p> <p>Findings include:</p> <p>1. Client A's record was reviewed on 5/26/16 at 11:20 AM. Client A's ISP dated 11/12/15 indicated client A had formal training objectives to identify a medication, stay focused on a goal, participate in a leisure time activity, assist with meal preparation, making his bed, sort clothes for laundry, wash his body, demonstrate appropriate boundaries, brush his teeth and make a purchase in the community. Client A's record did not indicate documentation of monthly or quarterly review of client A's formal training objectives.</p> <p>2. Client B's record was reviewed on</p>				<p>review and revise prioritized learning objectives based on current status. A review of facility support documents indicated this deficient practice also affected Clients E – G and therefore the QIDP will review and revise their prioritized learning objectives as well.</p> <p>The QIDP will obtain written informed consent from Client A, B and D's guardians for their restrictive programs. A review of facility documentation indicated this deficient practice also affected one additional client and guardian approval will also be obtained for this individual as well.</p> <p>A review of facility documents indicated that in addition to Clients A, B, C and D, this deficient practice affected three additional clients –E, F and G. The QIDP will obtain Human Rights Committee approval for all current restrictive programs as required.</p> <p>The QIDP will develop desensitization plans that address the use of and reduction and</p>		

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	<p>5/26/16 at 11:07 AM. Client B's ISP dated 4/1/16 indicated client B had formal training objectives to use her communication skills, appropriately greet people, put her clothes in the laundry, identify coins, stay in her assigned area at day program, remain on task at day program, clean her room, choose an outfit, state the side effects of her medication and assist with meal preparation. Client B's record did not indicate documentation of monthly review of client B's formal training objectives.</p> <p>3. Client C's record was reviewed on 5/26/16 at 8:53 AM. Client C's ISP dated 8/20/15 indicated client C had formal training objectives to go shopping in the community, use her communication skills, state the side effects of her medication, participate in a physical activity, assist with meal preparation, brush her teeth and clean her room. Client C's record did not indicate documentation of monthly or quarterly review of client C's formal training objectives for progression/regression of skills.</p> <p>4. Client D's record was reviewed on 5/26/16 at 10:40 AM. Client D's ISP dated 10/6/15 indicated client D had formal training objectives to identify</p>		<p>eventual elimination of antianxiety medication prior to dental/visual examinations for Client A, B and D. A review of facility support documents indicated that this deficient practice affected two additional clients and desensitization plans will be developed for these individuals as well.</p> <p>The facility will assure Client D has a pair of currently prescribed eyeglasses and the QIDP will develop a training objective to assist Client D with learning to make informed decisions about the use of his eyeglasses. A review of facility documentation indicated that this deficient practice did not affect any additional clients.</p> <p>PREVENTION:</p> <p>The QIDP will turn in copies of monthly summaries for all clients to the Program Manager for review and tracking.</p> <p>The QIDP will be retrained regarding the need to obtain prior written informed consent from guardians, advocates and</p>				

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	<p>pictures in his communication book, take his laundry basket to his room, take a bath, utilize mouthwash, put his silverware down between bites of food during meal time, assist with meal preparation, make a purchase in the community, point to his medication, participate in a physical activity and participate in a leisure time activity. Client D's Quarterly Summary dated 1/27/16 indicated the IDT (Interdisciplinary Team) discussed client D's progress of his goals and supports. Client D's record did not indicate documentation of monthly review, or tracking of client D's formal training objectives for progression/regression of skills.</p> <p>QIDP #1 was interviewed on 5/26/16 at 2:00 PM. QIDP #1 indicated clients A, B, C and D's formal training objectives should be monitored/tracked on a monthly basis for progression/regression of skills.</p> <p>5. The QIDP failed to integrate, coordinate and monitor clients A, B and D's active treatment programs by failing to ensure clients A, B and D's restrictive programs were conducted with written informed consent. Please see W263.</p> <p>6. The QIDP failed to integrate,</p>		<p>healthcare representatives for all restrictive programs prior to implementation. Retraining will focus on assuring that the QIDP has a clear understanding of what specifically constitutes a restrictive program and proper preparation for presenting program modifications guardians and other legal representatives. Prior to granting approval to restrictive programs, the Human Rights Committee will obtain confirmation that the facility has received prior written informed consent from guardians or other legal representatives. The agency has established a quarterly system of internal audits that review all facility systems including, but not limited to due process and prior written informed consent.</p> <p>The QIDP has been retrained regarding the need to assure restrictive measures are implemented only when an assessed need has been identified and informed consent has been obtained. Members of the Operations Team (comprised of the Executive Director, Program Managers, Quality Assurance Manager, Quality Assurance Coordinator, Training Coordinator and Nurse Manager) will review facility support</p>				

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	<p>coordinate and monitor clients A, B, C and D's active treatment programs by failing to ensure the facility's HRC reviewed, monitored and made recommendations regarding clients A, B, C and D's use of behavior controlling medications. Please see W264.</p> <p>7. The QIDP failed to integrate, coordinate and monitor clients A, B and D's active treatment programs by failing to ensure clients A, B and D's ISPs and BSPs addressed clients A, B and D's behavioral needs regarding dental/vision procedure anxiety. Please see W312.</p> <p>8. The QIDP failed to integrate, coordinate and monitor client D's active treatment programs by failing to ensure client D had a pair of prescription eyeglasses, or training to teach him to use them. Please see W436.</p> <p>9-3-3(a)</p>			<p>documents no less than monthly.</p> <p>The QIDP has been retrained regarding the need to assure that active treatment programs are in place to support the reduction and eventual elimination of all currently prescribed psychotropic medications and that the use of all behavior controlling medications is incorporated into clients' behavior support plans.</p> <p>Facility Professional staff have been retrained regarding the need to furnish all necessary adaptive equipment to all clients.</p> <p>Members of the Operations Team (comprised of the Executive Director, Program Managers, Quality Assurance Manager, Quality Assurance Coordinator, Training Coordinator and Nurse Manager) as well as the QIDP will conduct active treatment observations twice weekly for the next 30 days and weekly visits for an additional 60 days. At the conclusion of this period of enhanced administrative monitoring and support, the Executive Director and Director of Operations/General Manager will</p>			

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

PRINTED: 08/04/2016
FORM APPROVED
OMB NO. 0938-0391

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				<p>determine the level of ongoing support needed at the facility. Active treatment sessions defined as...</p> <p>Mornings: Beginning at 6:30 AM and through morning transport and including the following: Medication administration, meal preparation and breakfast, morning hygiene and domestic skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day and overnight shifts.</p> <p>Evenings: Beginning at approximately 4:30 PM through the evening meal and including the following: domestic and hygiene skills training, leisure skills training, medication administration, meal preparation and dinner. Evening monitoring will also include unannounced spot checks later in the evening toward bed time.</p> <p>In addition to active treatment observations, Operations Team Members and/or the Residential Manager will perform spot checks at varied times on the overnight</p>			

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				<p>shift no less than twice monthly –more frequently if training issues or problems are discovered.</p> <p>The Executive Director and Regional Director (area manager) will review documentation of administrative level monitoring of the facility –making recommendations as appropriate. As stated above, the Executive Director will participate directly in administrative monitoring of the facility.</p> <p>Administrative monitoring will include:</p> <ol style="list-style-type: none"> 1. Assuring the QIDP routinely monitors all clients' formal training objectives for progression and regression of skills. 2. Assuring due process occurs and informed consent is obtained before restrictive programs are implemented and that the Human Rights Committee monitors informed consent prior to approving restrictive programs. 3. Programs to lead to reduction and eventual elimination of all behavior controlling medications are 			

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W 0263 Bldg. 00	<p>483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE</p> <p>The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian.</p> <p>Based on record review and interview for 3 of 4 sampled clients (A, B and D), the facility's HRC (Human Rights Committee) failed to ensure clients A, B</p>		W 0263	<p>included in behavior support plans.</p> <p>4. Reviewing assessment data and comparing it to adaptive equipment available at the facility, making recommendations and expediting the acquisition of new and additional adaptive equipment as appropriate and assuring that training toward the use of adaptive equipment occurs and is incorporated into formal supports when appropriate.</p> <p>5. Assessing the effectiveness of plan revisions as well as staff competencies in implementing the plans.</p> <p>RESPONSIBLE PARTIES:</p> <p>QIDP, Residential Manager, Direct Support Staff, Operations Team</p> <p>CORRECTION:</p> <p><i>The committee should insure that these programs are conducted</i></p>		07/01/2016	

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	<p>and D's restrictive programs were conducted with written informed consent.</p> <p>Findings include</p> <p>1. Client A's record was reviewed on 5/26/16 at 11:20 AM. Client A's ISP (Individual Support Plan) dated 11/12/15 indicated client A had a legal guardian. Client A's BSP (Behavior Support Plan) dated 12/27/15 indicated client A received Benztrapine 1 milligram (physical and verbal aggression and non-compliance), Ativan 1 milligram (physical and verbal aggression and non-compliance), Depakote 750 milligrams (physical and verbal aggression and non-compliance) and Zyprexa 20 milligrams (physical and verbal aggression and non-compliance). Client A's dental prescription form dated 5/26/16 indicated, "Valium 10 milligrams (sedation). Take 1 tablet ninety minutes before procedure." Client A's record did not indicate documentation of client A's guardian's written informed consent regarding the use of Benztrapine, Ativan, Depakote, Zyprexa or Valium for behavior management.</p> <p>2. Client B's record was reviewed on 5/26/16 at 11:07 AM. Client B's ISP dated 4/1/16 indicated client B had a legal guardian. Client B's BSP (Behavior</p>				<p><i>only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. Specifically the QIDP will obtain written informed consent from Client A, B and D's guardians for their restrictive programs. A review of facility documentation indicated this deficient practice also affected one additional client and guardian approval will also be obtained for this individual as well.</i></p> <p>PREVENTION:</p> <p>Professional staff will be retrained regarding the need to obtain prior written informed consent from guardians, advocates and healthcare representatives for all restrictive programs prior to implementation. Retraining will focus on assuring that the QIDP has a clear understanding of what specifically constitutes a restrictive program and proper preparation for presenting program modifications guardians and other legal representatives. Prior to granting approval to restrictive programs, the Human Rights Committee will obtain confirmation that the facility has received prior written informed consent from guardians or other legal representatives. The agency has established a quarterly</p>		

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	<p>Support Plan) dated 4/10/16 indicated client B received Benztrapine 1 milligram (physical aggression, property destruction and self-injurious behavior) and Olanzapine 5 milligrams (physical aggression, property destruction and self-injurious behavior). Client B's dental prescription form dated 5/24/16 indicated, "Valium 5 milligrams (sedative). One tablet 1 hour before appointment." Client B's record did not indicate documentation of client B's guardian's written informed consent regarding the use of Benztrapine, Olanzapine and Valium for behavior management.</p> <p>3. Client D's record was reviewed on 5/26/16 at 10:40 AM. Client D's ISP dated 10/5/15 indicated client D had a legal guardian. Client D's POs dated 4/26/16 indicated, "Hydroxyzine Hydrochloride Tablet 50 milligrams (anxiety). Give two (2) tablets (100 milligrams by mouth one hour before appointment." Client D's POs dated 4/26/16 indicated, "Lorazepam Tablet 1 milligram (anxiety). Give one tablet by mouth one hour before appointment." Client D's record did not indicate documentation of client D's guardian's written informed consent regarding the use of Hydroxyzine or Lorazepam for anxiety related to dental/medical</p>			<p>system of internal audits that review all facility systems including, but not limited to due process and prior written informed consent.</p> <p>RESPONSIBLE PARTIES:</p> <p>QIDP, Residential Manager, Direct Support Staff, Operations Team</p>			

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W 0264 Bldg. 00	<p>procedures.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 5/26/16 at 2:00 PM. QIDP #1 indicated clients A, B and D's use of psychotropic medications for behavior management should be conducted with the written informed consent of their guardians'.</p> <p>9-3-4(a)</p> <p>483.440(f)(3)(iii) PROGRAM MONITORING & CHANGE The committee should review, monitor and make suggestions to the facility about its practices and programs as they relate to drug usage, physical restraints, time-out rooms, application of painful or noxious stimuli, control of inappropriate behavior, protection of client rights and funds, and any other areas that the committee believes need to be addressed.</p> <p>Based on record review and interview for 4 of 4 sampled clients (A, B, C and D), the facility's HRC (Human Rights Committee) failed to review, monitor and make recommendations regarding clients A, B, C and D's use of behavior controlling medications.</p> <p>Findings include</p> <p>1. Client A's record was reviewed on</p>		W 0264	<p>CORRECTION:</p> <p><i>The committee should review, monitor and make suggestions to the facility about its practices and programs as they relate to drug usage, physical restraints, time-out rooms, application of painful or noxious stimuli, control of inappropriate behavior, protection of client rights and funds, and any other areas that</i></p>		07/01/2016	

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	<p>5/26/16 at 11:20 AM. Client A's BSP (Behavior Support Plan) dated 12/27/15 indicated client A's behavior management medications included but were no limited to, Benztropine 1 milligram (aggression) and Ativan 1 milligram (aggression). Client A's dental prescription form dated 5/26/16 indicated, "Valium 10 milligrams (sedation). Take 1 tablet ninety minutes before procedure." Client A's record did not indicate documentation of HRC review, monitoring or recommendations regarding the use of Benztropine, Ativan or Valium for the management of client A's behavior.</p> <p>2. Client B's record was reviewed on 5/26/16 at 11:07 AM. Client B's dental prescription form dated 5/24/16 indicated, "Valium 5 milligrams (sedative). One tablet 1 hour before appointment." Client B's record did not indicate documentation of HRC review, monitoring or recommendations regarding client B's use of Valium for behavior management.</p> <p>3. Client C's record was reviewed on 5/26/16 at 8:53 AM. Client C's BSP dated 8/20/15 indicated client C received Adderall 30 milligrams (aggression), Abilify 20 milligrams (depression), Cymbalta 60 milligrams (depression) and Lamotrigine 150 milligrams (aggression).</p>				<p><i>the committee believes need to be addressed.</i> A review of facility documents indicated that in addition to Clients A, B, C and D, this deficient practice affected three additional clients –E, F and G. The QIDP will obtain Human Rights Committee approval for all current restrictive programs as required.</p> <p>PREVENTION:</p> <p>The QIDP has been retrained regarding the need to assure restrictive measures are implemented only when an assessed need has been identified and informed consent has been obtained. Members of the Operations Team (comprised of the Executive Director, Program Managers, Quality Assurance Manager, Quality Assurance Coordinator, Training Coordinator and Nurse Manager) will review facility support documents no less than monthly to assure that accurate informed consent assessments are in place and that prior written informed consent is obtained for all restrictive programs.</p> <p>RESPONSIBLE PARTIES:</p>		

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	<p>Client C's HRC approval form dated 7/25/15 was blank/no response documented regarding the committee members approval or rejection of the use of Adderall, Abilify, Cymbalta, or Lamotrigine for the management of client C's behavior.</p> <p>4. Client D's record was reviewed on 5/26/16 at 10:40 AM. Client D's POs (Physician's Orders) dated 4/26/16 indicated, "Hydroxyzine Hydrochloride Tablet 50 milligrams (anxiety). Give two (2) tablets (100 milligrams by mouth one hour before appointment." Client D's POs dated 4/26/16 indicated, "Lorazepam Tablet 1 milligram (anxiety). Give one tablet by mouth one hour before appointment." Client D's record did not indicate documentation of HRC review, monitoring or recommendations regarding the use of Hydroxyzine or Lorazepam for the management of client D's behavior.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 5/26/16 at 2:00 PM. QIDP #1 indicated the use of psychotropic medication to manage clients A, B, C and D's behavior should be reviewed and monitored by the facility's HRC.</p> <p>9-3-4(a)</p>				QIDP, Residential Manager, Direct Support Staff, Operations Team		

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W 0312 Bldg. 00	<p>483.450(e)(2) DRUG USAGE</p> <p>Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. Based on record review and interview for 3 of 4 sampled clients (A, B and D), who received behavior controlling medications, the facility failed to ensure clients A, B and D's ISPs (Individual Support Plans) and BSPs (Behavior Support Plans) addressed clients A, B and D's behavioral needs regarding dental/vision procedure anxiety.</p> <p>Findings include:</p> <p>1. Client A's record was reviewed on 5/26/16 at 11:20 AM. Client A's Dental Summary Progress Report dated 12/16/15 indicated, "[Client A] uncooperative today. Reschedule." Client A's Dental Summary Progress Report dated 5/25/16 indicated, "Pre-med Valium 5 milligram (sedation) taken but patient was very uncooperative. [Client A] was hitting staff and would not sit in the dental chair. Schedule re-appointment and try Valium 10 milligrams on next visit as pre-med." Client A's Dental Summary Progress</p>		W 0312	<p>CORRECTION:</p> <p><i>Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. Specifically the QIDP will develop desensitization plans that address the use of and reduction and eventual elimination of antianxiety medication prior to dental/visual examinations for Client A, B and D. A review of facility support documents indicated that this deficient practice affected two additional clients and desensitization plans will be developed for these individuals as well.</i></p> <p>PERVENTION:</p>		07/01/2016	

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	<p>Report form dated 6/3/15 indicated, "Staff assisted by keeping [client A] in the chair." Client A's Visual Care Progress Report dated 12/10/14 indicated, "Patient non-compliant." Client A's BSP dated 12/27/15 indicated, "Target behaviors and Goals. Non-Compliance: any time [client A] does not want to cooperate with staff with completing daily chores, objectives or directives. When [client A] does not cooperate on medical appointments." Client A's BSP dated 12/27/15 did not indicate documentation of specific behavior interventions (desensitization) or supports to address client A's dental/vision procedure anxiety/cooperation to reduce or eliminate the need for pre-dental or vision sedation. Client A's ISP dated 11/12/15 did not indicate documentation of specific behavior interventions (desensitization) or supports to address client A's dental/vision procedure anxiety/cooperation to reduce or eliminate the need for pre-dental or vision sedation.</p> <p>2. Client B's record was reviewed on 5/26/16 at 11:07 AM. Client B's Record of Visit form dated 12/24/15 indicated client B was pre-sedated for a dental exam and treatment. Client B's Dental Summary Progress Report dated 3/9/16</p>		<p>The QIDP has been retrained regarding the need to assure that active treatment programs are in place to support the reduction and eventual elimination of all currently prescribed psychotropic medications and that the use of all behavior controlling medications is incorporated into clients' behavior support plans.</p> <p>Additionally, members of the Operations Team will conduct documentation reviews no less than twice weekly for the next 30 days, weekly for an additional 60 Days. At the conclusion of this period of intensive administrative monitoring and support, the Operations Team will determine the level of ongoing support needed at the facility, which will occur no less than twice monthly. These administrative documentation reviews will include a review of facility Behavior Support Plans no less than monthly and to assure the plans include active treatment programs designed to reduce and eventually eliminate the use of behavior controlling medications.</p> <p>RESPONSIBLE PARTIES:</p> <p>QIDP, Operations Team,</p>				

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT				STREET ADDRESS, CITY, STATE, ZIP CODE 6025 BUCKSKIN CT INDIANAPOLIS, IN 46250			
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	<p>indicated, "[Client B] needs short appointments to prevent angry outbursts." Client B's Dental Summary Progress Report dated 4/27/16 indicated, "Limited treatment time due to [client B's] behavior outburst." Client B's dental prescription form dated 5/24/16 indicated, "Valium 5 milligrams (sedative). One tablet 1 hour before appointment." Client B's BSP (Behavior Support Plan) dated 4/10/16 indicated client B's targeted behaviors included but was not limited to non-compliance with medical appointments defined as "When [client B] refuses to go to the doctors and display(s) behaviors at the doctor's office...." Client B's BSP dated 4/10/16 did not indicate documentation of specific plan of desensitization to reduce or eliminate the need to pre-sedate client B before medical/dental procedures.</p> <p>3. Client D's record was reviewed on 5/26/16 at 10:40 AM. Client D's Dental Health Record form dated 2/10/16 indicated, "Not cooperative for dental exams" and "Prescription written out for Alprazolam (Xanax) 1 milligram (anxiety)." Client D's POs (Physician's Orders) dated 4/26/16 indicated, "Hydroxyzine Hydrochloride Tablet 50 milligrams (anxiety). Give two (2) tablets (100 milligrams by mouth one hour before appointment." Client D's POs</p>		Residential Manager, direct Support Staff				

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W 0436 Bldg. 00	<p>dated 4/26/16 indicated, "Lorazepam Tablet 1 milligram (anxiety). Give one tablet by mouth one hour before appointment." Client D's record did not indicate documentation of a BSP or specific behavior interventions (desensitization) to address client D's dental procedure anxiety/cooperation. Client D's ISP dated 6/8/15 did not indicate documentation of specific behavior interventions (desensitization) or supports to address client D's dental procedure anxiety/cooperation to reduce or eliminate the need for pre-dental sedation.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 5/26/16 at 2:00 PM. QIDP #1 indicated clients A, B and D's use of pre-sedation medication prior to medical/dental procedures should be included in their BSPs to reduce or eliminate the need for pre-medical/dental procedure sedation.</p> <p>9-3-5(a)</p> <p>483.470(g)(2) SPACE AND EQUIPMENT The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary</p>						

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	<p>team as needed by the client.</p> <p>Based on observation, record review and interview for 1 of 5 clients who utilized adaptive equipment, the facility failed to ensure client D had a pair of prescription eyeglasses, or training to teach him to use them.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 5/25/16 from 5:15 PM through 6:15 PM, on 5/26/16 from 6:30 AM through 8:00 AM. Client D was observed in the group home throughout the observation periods. Client D did not wear eyeglasses and was not prompted to wear eyeglasses.</p> <p>Observations were conducted at client D's day services on 5/31/16 from 9:37 AM through 10:30 AM. Client D did not wear eyeglasses and was not prompted to wear eyeglasses.</p> <p>Client D's record was reviewed on 5/26/16 at 10:40 AM. Client D's Annual Vision form dated 5/15/16 indicated client D should wear prescription eyeglasses. Client D's IDT (Interdisciplinary Team) note dated 6/18/15 indicated, "The team met to discuss [client D] has adaptive equipment (eyeglasses) that need to be given to him</p>			W 0436	<p>CORRECTION: The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. Specifically, the facility will assure Client D has a pair of currently prescribed eyeglasses and the QIDP will develop a training objective to assist Client D with learning to make informed decisions about the use of his eyeglasses. A review of facility documentation indicated that this deficient practice did not affect any additional clients.</p> <p>PERVENTION: Facility Professional staff have been retrained regarding the need to furnish all necessary adaptive equipment to all clients. Members of the Operations Team (comprised of the Executive Director, Program Managers, Quality Assurance Manager, Quality Assurance Coordinator, Training Coordinator and Nurse Manager) and will review assessment data and compare it to adaptive equipment available at the facility, making recommendations and expediting the acquisition of new and additional adaptive equipment as appropriate. These reviews will occur as needed but no less than</p>		07/01/2016

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W 9999 Bldg. 00	<p>daily. [Client D] has glasses that need to be worn daily. [Client D] needs to wear these glasses to day program daily. [Client D] has a prescription for these glasses and they need to be given to him for corrective vision. Staff will assist [client D] in caring for his glasses, keeping them clean and collecting them at the end of the shift."</p> <p>Client D's ISP (Individual Support Plan) dated 10/8/15 did not indicate documentation of a formal training objective to teach client D to utilize or care for his prescription eyeglasses.</p> <p>HM (Home Manager) #1 was interviewed on 5/26/16 at 2:09 PM. HM #1 stated, "I've never seen him with glasses since I've been at the home." HM #1 indicated she did not know if client D had a pair of eyeglasses to wear.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 5/26/16 at 2:00 PM. QIDP #1 indicated client D did not have a goal to teach him to use his eyeglass.</p> <p>9-3-7(a)</p>				<p>quarterly. RESPONSIBLE PARTIES: QIDP, Residential Manager, Direct Support Staff, Operations Team</p>		

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	<p>STATE FINDINGS:</p> <p>The following Community Residential Facilities for Persons with Developmental Disabilities Rule was not met.</p> <p>(1) 460 IAC 9-3-3 Facility Staffing</p> <p>(e) Prior to assuming residential job duties and annually thereafter, each residential staff person shall submit written evidence that a Mantoux (5TU, PPD) tuberculosis skin (TB) test or chest x-ray was completed. The result of the Mantoux shall be recorded in millimeter of induration with the date given, date read, and by whom administered. If the skin test result is significant (ten (10) millimeters or more), then a chest film shall be done with other physical and laboratory examinations as necessary to complete a diagnosis. Prophylactic treatment shall be provided as per diagnosis for the length of time prescribed by the physician.</p> <p>THIS STATE RULE WAS NOT MET AS EVIDENCED BY:</p> <p>Based on record review and interview for 1 of 3 employee files reviewed, the facility failed to ensure staff #1 had annual TB testing, chest x-ray or symptom screening completed.</p>			W 9999	<p><i>Prior to assuming residential job duties and annually thereafter, each residential staff person shall submit written evidence that a Mantoux (5TU, PPD) tuberculosis skin (TB) test or chest x-ray was completed. The result of the Mantoux shall be recorded in millimeter of induration with the date given, date read, and by whom administered. If the skin test result is significant (ten (10) millimeters or more), then a chest film shall be done with other physical and laboratory examinations as necessary to complete a diagnosis. Prophylactic treatment shall be provided as per diagnosis for the length of time prescribed by the physician. Specifically, Staff #1 will receive an annual Tuberculosis screening.</i></p> <p>PREVENTION:</p> <p>The health services team has established a bi-annual tuberculosis testing process that will assure all staff receive annual screening. Health Services personnel will track employee compliance and staff who do not comply with the testing procedure will be removed from the work schedule until such time as they complete the required</p>		07/01/2016

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	<p>Findings include:</p> <p>1. Staff #1's employee file was reviewed on 5/26/16 at 10:08 AM. Staff #1's TB testing form dated 6/9/14 indicated staff #1 had an annual TB test completed on 6/9/14. Staff #1's file did not indicate additional documentation of TB testing, chest x-ray or symptom screening.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 5/26/16 at 2:00 PM. QIDP #1 indicated she was not aware of additional documentation but would follow up with the facility's HR (Human Resources) department. QIDP #1 indicated she would email any additional documentation regarding staff #1's annual TB testing, chest x-ray or symptom screening by close of business (5:00 PM) on 5/26/16.</p> <p>No additional email correspondence or documentation was provided by QIDP #1.</p> <p>9-3-3(e)</p>				<p>PPD or chest X-Ray. Additionally, the agency's Safety Committee will coordinate with Health Services to follow-up and ensure compliance.</p> <p>RESPONSIBLE PARTIES:</p> <p>QIDP, Residential Manager, Health Services Team, Direct Support Staff, Operations Team, Safety Committee</p>		