STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	15G723	A. BUILDING 00 B. WING	04/30/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
RES CARE COMMUNITY ALTERNATIVES SE IN	13009 HORIZON DR MEMPHIS, IN 47143

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 0000 Bldg. 00	This visit was for the investigation of complaint #IN00258503. Complaint #IN00258503: Substantiated, federal and state deficiencies related to the allegations are cited at W102, W104, W122, W149, W186, W193 and W249. Dates of Survey: 4/25/18, 4/26/18, 4/27/18 and 4/30/18. Facility Number: 004615 Provider Number: 15G723 AIMS Number: 200528230 These deficiencies also reflects state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 5/3/18.	W 0000		
W 0102 Bldg. 00	483.410 GOVERNING BODY AND MANAGEMENT The facility must ensure that specific governing body and management requirements are met. Based on observation, interview and record review, the facility failed to meet the Condition of Participation: Governing Body for 2 of 2 sampled clients (A and B) plus two additional clients (C and D). The governing body neglected to implement its written policy and procedures to prevent neglect in regard to the safety of client A. The governing body neglected to ensure facility staff followed/implemented Behavior Support Plans (BSP) to prevent the neglect or potential neglect of client A. The governing body	W 0102	**W102:** The facility must ensure that specific governing body and management requirements are met. **Corrective Action: (Specific):** All staff at the home will be re-trained on the Operation Standard for reporting and investigating allegations of abuse neglect exploitation mistreatment	05/30/2018

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

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	neglected to ensure sufficient staffing was available and/or deployed in a way to implement BSPs to protect client A. The governing body failed to provide adequate staff to keep the ESN (Extensive Special Needs) home within ratio for clients A, B, C and D. The governing body failed to ensure facility staff were adequately trained on client A's BSP (Behavior Support Plan). The governing body failed to implement client A's BSP. Findings include: 1. For 2 of 2 sampled clients (A and B) plus two additional clients (C and D), the governing body neglected to implement its written policy and procedures to prevent neglect in regard to the safety of client A. The governing body neglected to ensure facility staff followed/implemented Behavior Support Plans (BSP) to prevent the neglect or potential neglect of client A. The governing body neglected to ensure sufficient staffing was available and/or deployed in a way to implement BSP's to protect client A. The governing body failed to the facility failed to provide adequate staff to keep the ESN (Extensive Special Needs) home within ratio for clients A, B, C and D. The governing body failed to ensure facility staff were adequately trained on client A's BSP (Behavior Support Plan). The governing body failed to implement client A's BSP. Please see W104. 2. The facility failed to meet the Condition of Participation: Client Protections for 2 of 2 sampled clients (A and B) plus two additional clients (C and D). The governing body neglected to implement its written policy and procedures to prevent neglect in regard to the safety of client A. The governing body neglected to ensure facility		or violation of individual rights. All Staff will be retrained Client A's behavioral support plan. The Behavioral Clinician will be in the home ten hours a week. The residential Manager will be retrained on ensuring the locations following the schedule and that the ratio per the schedule is being followed. The Area Supervisor will be retrained on ensuring the location is following the schedule and the location is within ratio always. Administration observations have been started as of April thirtieth. **How others will be identified: (Systemic):** The residential Manager will be in the location at least five times weekly and will submit a daily schedule to the Area Supervisor to ensure the ESN ratios are met. The Area Supervisor will be in the location at least three times weekly to ensure the location is following Programming Plans and to ensure the home is within ratio. The Area Supervisor will submit the schedule daily to the Program Manager to ensure staffing ratios are consistent with the schedule. The behavioral clinician and the QIDP will be in the home at least ten hours weekly to ensure the Programming Plans are being followed. Administration observations will be done daily for six days for thirty days and then once daily for five days for thirty	

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	staff followed/implemented Behavior Support Plans (BSP) to prevent the neglect or potential neglect of client A. The governing body neglected to ensure sufficient staffing was available and/or deployed in a way to implement BSPs to protect client A. The governing body failed to provide adequate staff to keep the ESN (Extensive Special Needs) home within ratio for clients A, B, C and D. The governing body failed to ensure facility staff were adequately trained on client A's BSP (Behavior Support Plan). Please see W122. This federal tag relates to complaint #IN00258503. 9-3-1(a)		days. After that is completed then twice monthly management observations will be put into place. The Program Manager will be in the location at least twice weekly to ensure that all programming plans are being implemented as written and the location is following the ratio schedule. **Measures to be put in place:** All staff at the home will be re-trained on the Operation Standard for reporting and investigating allegations of abuse neglect exploitation mistreatment or violation of individual rights, all client dining plans. All Staff will be retrained Client A's behavioral support plan. The behaviorist will be in the home ten hours a week. The residential Manager will be retrained on ensuring the locations following the schedule and that the ratio per the schedule is being followed. Administration observations have been started as of April thirtieth. **Monitoring of Corrective:** The residential Manager will be in the location at least five times weekly and will submit a daily schedule to the Area Supervisor to ensure the ESN ratios are met. The Area Supervisor will be in the location at least three times weekly to ensure the location is following Programming Plans and to ensure the home is within ratio. The Area Supervisor will submit the schedule daily to the Program	

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			Manager to ensure staffing ratios are consistent with the schedule. The behavioral clinician and the QIDP will be in the home at least ten hours weekly to ensure the Programming Plans are being followed. Administration observations will be done daily for six days for thirty days and then once daily for five days for thirty days. After that is completed then twice monthly management observations will be put into place. The Program Manager will be in the location at least twice weekly to ensure that all programming plans are being implemented as written and the location is following the ratio schedule. **Completion date: 5.30.18**	
W 0104 Bldg. 00	483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based on observation, interview and record review for 2 of 2 sampled clients (A and B) plus two additional clients (C and D), the governing body neglected to implement its written policy and procedures to prevent neglect in regard to the safety of client A. The governing body neglected to ensure facility staff followed/implemented Behavior Support Plans (BSP) to prevent the neglect or potential neglect of client A. The governing body neglected to ensure sufficient staffing was available and/or deployed in a way to implement BSPs to protect client A. The	W 0104	**W104:** The governing body must exercise general policy, budget and operating direction over the facility. **Corrective Action: (Specific):** **):** All staff at the home will be re-trained on the Operation Standard for reporting and investigating allegations of abuse neglect exploitation mistreatment or violation of individual rights. All	05/30/2018

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	governing body failed to provide adequate staff to keep the ESN (Extensive Special Needs) home within ratio for clients A, B, C and D. The governing body failed to ensure facility staff were adequately trained on client A's BSP (Behavior Support Plan). The governing body failed to implement client A's BSP. Findings include: 1. The governing body neglected to implement its written policy and procedures to prevent neglect in regard to the safety of client A. The governing body neglected to ensure facility staff followed/implemented Behavior Support Plans (BSP) to prevent the neglect or potential neglect of client A. The governing body neglected to ensure sufficient staffing was available and/or deployed in a way to implement BSPs to protect client A. Please see W149. 2. The governing body failed to provide adequate staff to keep the ESN (Extensive Special Needs) home within ratio for clients A, B, C and D. Please see W186. 3. The governing body failed to ensure facility staff were adequately trained on client A's BSP (Behavior Support Plan). Please see W193. 4. The governing body failed to implement client A's BSP (Behavior Support Plan). Please see W249. This federal tag relates to complaint #IN00258503. 9-3-1(a)		Staff will be retrained Client A's behavioral support plan. The Behavioral Clinician will be in the home ten hours a week. The residential Manager will be retrained on ensuring the locations following the schedule and that the ratio per the schedule is being followed. The Area Supervisor will be retrained on ensuring the location is following the schedule and the location is within ratio always. Administration observations have been started as of April thirtieth. **How others will be identified: (Systemic):** The residential Manager will be in the location at least five times weekly and will submit a daily schedule to the Area Supervisor to ensure the ESN ratios are met. The Area Supervisor will be in the location at least three times weekly to ensure the location is following Programming Plans and to ensure the home is within ratio. The Area Supervisor will submit the schedule daily to the Program Manager to ensure staffing ratios are consistent with the schedule. The behavioral clinician and the QIDP will be in the home at least ten hours weekly to ensure the BSP is being followed. Administration observations will be done daily for six days for thirty days and then once daily for five days for thirty days. After that is completed then twice monthly	

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			management observations will be put into place. The Program Manager will be in the location at least twice weekly to ensure that all programming plans are being implemented as written and the location is following the ratio schedule. **Measures to be put in place:):** All staff at the home will be re-trained on the Operation Standard for reporting and investigating allegations of abuse neglect exploitation mistreatment or violation of individual rights. All Staff will be retrained Client A's behavioral support plan. The Behavioral Clinician will be in the home ten hours a week. The residential Manager will be retrained on ensuring the locations following the schedule and that the ratio per the schedule is being followed. The Area Supervisor will be retrained on ensuring the location is following the schedule and the location is within ratio always. Administration observations have been started as of April thirtieth. **Monitoring of Corrective Action:** The residential Manager will be in the location at least five times weekly and will submit a daily schedule to the Area Supervisor to ensure the ESN ratios are met. The Area Supervisor will be in the location at least three times weekly to ensure the location is following	

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			Programming Plans and to ensure the home is within ratio. The Area Supervisor will submit the schedule daily to the Program Manager to ensure staffing ratios are consistent with the schedule. The behavioral clinician and the QIDP will be in the home at least ten hours weekly to ensure the BSP is being followed. Administration observations will be done daily for six days for thirty days and then once daily for five days for thirty days. After that is completed then twice monthly management observations will be put into place. The Program Manager will be in the location at least twice weekly to ensure that all programming plans are being implemented as written and the location is following the ratio schedule. **Completion date: 05.30.18**	
W 0122 Bldg. 00	483.420 CLIENT PROTECTIONS The facility must ensure that specific client protections requirements are met. Based on observation, interview and record review for 2 of 2 sampled clients (A and B) plus two additional clients (C and D), the facility neglected to implement its written policy and procedures to prevent neglect in regard to the safety of client A. The facility neglected to ensure facility staff followed/implemented Behavior Support Plans (BSP) to prevent the neglect or potential neglect of client A. The facility neglected to ensure sufficient staffing was	W 0122	**W122:** The facility must ensure that specific client protections requirements are met. **Corrective Action: (Specific):** All staff at the home will be re-trained on the Operation Standard for reporting and investigating allegations of abuse neglect exploitation mistreatment	05/30/2018

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	available and/or deployed in a way to implement BSP's to protect client A. The facility failed to provide adequate staff to keep the ESN (Extensive Special Needs) home within ratio for clients A, B, C and D. The facility failed to ensure facility staff were adequately trained on client A's BSP (Behavior Support Plan). Findings include: 1. The facility neglected to implement its written policy and procedures to prevent neglect in regard to the safety of client A. The facility neglected to ensure facility staff followed/implemented Behavior Support Plans (BSP) to prevent the neglect or potential neglect of client A. The facility neglected to ensure sufficient staffing was available and/or deployed in a way to implement BSP's to protect client A. Please see W149. 2. The facility failed to provide adequate staff to keep the ESN (Extensive Special Needs) home within ratio for clients A, B, C and D. Please see W186. 3. The facility failed to ensure staff were adequately trained on client A's BSP (Behavior Support Plan). Please see W193. This federal tag relates to complaint #IN00258503. 9-3-2(a)		or violation of individual rights. All Staff will be retrained Client A's behavioral support plan. The Behavioral Clinician will be in the home ten hours a week. The residential Manager will be retrained on ensuring the locations following the schedule and that the ratio per the schedule is being followed. The Area Supervisor will be retrained on ensuring the location is following the schedule and the location is within ratio always. Administration observations have been started as of April thirtieth. **How others will be identified: (Systemic):** The residential Manager will be in the location at least five times weekly and will submit a daily schedule to the Area Supervisor to ensure the ESN ratios are met. The Area Supervisor will be in the location at least three times weekly to ensure the location is following Programming Plans and to ensure the home is within ratio. The Area Supervisor will submit the schedule daily to the Program Manager to ensure staffing ratios are consistent with the schedule. The behavioral clinician and the QIDP will be in the home at least ten hours weekly to ensure the BSP is being followed. Administration observations will be done daily for six days for thirty days and then once daily for five days for thirty days. After that is	

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			completed then twice monthly management observations will be put into place. The Program Manager will be in the location at least twice weekly to ensure that all programming plans are being implemented as written and the location is following the ratio schedule. **Measures to be put in place:** All staff at the home will be re-trained on the Operation Standard for reporting and investigating allegations of abuse neglect exploitation mistreatment or violation of individual rights. All Staff will be retrained Client A's behavioral support plan. The Behavioral Clinician will be in the home ten hours a week. The residential Manager will be retrained on ensuring the locations following the schedule and that the ratio per the schedule is being followed. The Area Supervisor will be retrained on ensuring the location is following the schedule and the location is within ratio always. Administration observations have been started as of April thirtieth. **Monitoring of Corrective Action:** The residential Manager will be in the location at least five times weekly and will submit a daily schedule to the Area Supervisor to ensure the ESN ratios are met. The Area Supervisor will be in the location at	

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			least three times weekly to ensure the location is following Programming Plans and to ensure the home is within ratio. The Area Supervisor will submit the schedule daily to the Program Manager to ensure staffing ratios are consistent with the schedule. The behavioral clinician and the QIDP will be in the home at least ten hours weekly to ensure the BSP is being followed. Administration observations will be done daily for six days for thirty days and then once daily for five days for thirty days. After that is completed then twice monthly management observations will be put into place. The Program Manager will be in the location at least twice weekly to ensure that all programming plans are being implemented as written and the location is following the ratio schedule. **Completion date: 5.30.18**	
W 0149 Bldg. 00	483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on observation, record review and interview for 1 of 2 sampled clients (A), the facility neglected to implement its written policy and procedures to prevent neglect in regard to the safety of client A. The facility neglected to ensure	W 0149	**W149:** That facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.	05/30/2018

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	facility staff followed/implemented Behavior Support Plans (BSP) to prevent the neglect or potential neglect of client A. The facility neglected to ensure sufficient staffing was available and/or deployed in a way to implement BSPs to protect client A. Findings include: Observations were conducted on 4/25/18 from 5:00 PM through 6:15 PM. At 5:00 PM client A was in the bathroom with his 1:1 (one staff to one client) staff getting a bucket ready with mop water. At 5:05 PM client A took the bucket to his room and began to sweep his floor. At 5:10 PM a 4 foot by 2 foot hole was observed on the left side of client A's door. The drywall had been torn from the wall leaving drywall screws and the electric line exposed. Staff #1 indicated client A had a behavior the night before and tore all the drywall out. Staff #1 indicated she did not notice the drywall screws. The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations from 3/3/18 to 4/25/18 were reviewed on 4/26/18 at 2:06 PM. The review indicated the following: BDDS report dated 3/31/18 indicated, "[Client A] became upset when he was unable to reach his mother on the phone. He went into the kitchen and grabbed a fork and began engaging in self injurious behavior (SIB). [Client A] scratched his inner wrist, then stopped the behavior and told staff what he had done. Staff talked with [client A] privately about the incident and cleaned the small cut then placed a band aid on it. [Client A] then informed staff he wanted to retire for the evening and went to bed. The behavior clinician will seek HRC (Human Rights Committee) approval for all		**Corrective Action: (Specific):** All staff at the home will be re-trained on the Operation Standard for reporting and investigating allegations of abuse neglect exploitation mistreatment or violation of individual rights. All Staff will be retrained Client A's behavioral support plan. The Behavioral Clinician will be in the home ten hours a week. The residential Manager will be retrained on ensuring the locations following the schedule and that the ratio per the schedule is being followed. The Area Supervisor will be retrained on ensuring the location is following the schedule and the location is within ratio always. Administration observations have been started as of April thirtieth. The Residential Manager will be retrained on ensuring maintenance request are submitted within twenty-four hours of the issue. All holes in the walls have been repaired. **How others will be identified: (Systemic):** The residential Manager will be in the location at least five times weekly and will submit a daily schedule to the Area Supervisor to ensure the ESN ratios are met. The Area Supervisor will be in the location at least three times weekly to ensure the location is following Programming Plans and to ensure the home is within ratio. The Area	

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	kitchen utensils to be kept in a secure location. In addition, safety protocol monitoring was implemented for 24 hours per the BSP to ensure [client A] did not engage in further SIB." BDDS report dated 4/1/18 indicated, "[Client A] was in the living room on the couch with staff and other clients talking and then told staff he needed to use the restroom. Staff went with him as he was on one on one staffing due to a previous incident. As [client A] was urinating with his back to staff he stabbed himself with a pen he stated he found between the couch cushions. [Client A] then immediately gave the pen to staff and stated that he was going to kill himself. Staff administered first aid to the 1 inch wound on the inner left wrist and suicide protocol was immediately implemented. The behavior clinician is revising the BSP to address the increase in SIB and staff monitoring of [client A]. HRC approval will be obtained for the revisions that are made and staff will be trained on them." BDDS report dated 4/4/18 indicated, "[Client A] became upset when he was unable to use the telephone and left his assigned area with staff following him. He then began to run and staff was not able to keep up with him. Staff called 911 for police assistance with locating [client A] and another staff located him within 10 minutes of him leaving staff's sight. [Client A] is not allowed any alone time per his plan. [Client A] engaged in a significant amount of property destruction and was hitting the van with a large stick when police arrived. Police called for an ambulance and [client A] was transported to the ER (Emergency Room) for evaluation. As [client A] continued to be combative and noncompliant in the ER he was released once he calmed without any treatment having been done. He was given a patient		Supervisor will submit the schedule daily to the Program Manager to ensure staffing ratios are consistent with the schedule. The behavioral clinician and the QIDP will be in the home at least ten hours weekly to ensure the BSP is being followed. Administration observations will be done daily for six days for thirty days and then once daily for five days for thirty days. After that is completed then twice monthly management observations will be put into place. The Program Manager will be in the location at least twice weekly to ensure that all programming plans are being implemented as written and the location is following the ratio schedule **Measures to be put in place:** All staff at the home will be re-trained on the Operation Standard for reporting and investigating allegations of abuse neglect exploitation mistreatment or violation of individual rights. All Staff will be retrained Client A's behavioral support plan. The Behavioral Clinician will be in the home ten hours a week. The residential Manager will be retrained on ensuring the locations following the schedule and that the ratio per the schedule is being followed. The Area Supervisor will be retrained on ensuring the location is following the schedule and the location is within ratio	

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RES CARE COMMUNITY ALTERNATIVES SE IN	13009 HORIZON DR MEMPHIS, IN 47143

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	information sheet on aggression and instructed to keep his upcoming scheduled psychiatrist appointment. [Client A] was also instructed to follow up with his PCP (Primary Care Physician)." BDDS report dated 4/11/18 indicated, "[Client A] was in the office with staff and the nurse preparing to take meds when he abruptly left the office, went to the kitchen and shut the door and swallowed two batteries before staff could intervene. [Client A] also engaged in SIB. [Client A] was taken to the ER where he made threats of suicide. At that point he was transferred to [hospital] where [client A] was admitted to the psych unit." BDDS follow up report dated 4/20/18 indicated, "Staff was suspended due to not following the BSP and enhanced supervision guidelines for [client A] and neglect was suspected and substantiated. [Staff #3] is being terminated for neglect in his failure to follow the BSP and the enhanced supervision protocol. In addition [client A] remained in the hospital for 5 days and passed the batteries during his stay. He was then released with a prescription for Polyethylene Glycol Powder (stool softener). [Client A] was instructed to follow up with his psychiatrist and PCP. Staff have been trained on the order for the new medication and on safety measures implemented in the home to ensure no batteries are accessible to [client A]. At this time [client A] is doing well with no further issues." BDDS report dated 4/23/18 indicated, "[Client A] became upset when he was told it was time for dinner and that he needed to wait on doing laundry. [Client A] left the home with staff following him and keeping him in line of sight the entire time. Staff verbally redirected [client A]		always. Administration observations have been started as of April thirtieth. The Residential Manager will be retrained on ensuring maintenance request are submitted within twenty-four hours of the issue. All holes in the walls have been repaired. **Monitoring of Corrective:** The residential Manager will be in the location at least five times weekly and will submit a daily schedule to the Area Supervisor to ensure the ESN ratios are met. The Area Supervisor will be in the location at least three times weekly to ensure the location is following Programming Plans and to ensure the home is within ratio. The Area Supervisor will submit the schedule daily to the Program Manager to ensure staffing ratios are consistent with the schedule. The behavioral clinician and the QIDP will be in the home at least ten hours weekly to ensure the BSP is being followed. Administration observations will be done daily for six days for thirty days and then once daily for five days for thirty days. After that is completed then twice monthly management observations will be put into place. The Program Manager will be in the location at least twice weekly to ensure that all programming plans are being implemented as written and the location is following the ratio schedule	

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	back to the home at which point he went to his bedroom and punched the wall. Staff verbally redirected the behavior and [client A] became calm." IDT (Interdisciplinary Team) notes for client A were reviewed on 4/26/18 at 2:30 PM. The review indicated the following. IDT note dated 3/20/18 indicated, "Staff discussed taking [client A] off of one on one staff and add an incentive concerning good behaviors to earn back his belongings every two weeks. [Client A] will be taken off of one on one staffing. Within eye sight will replace the one on one staff in the home. Staff will add an incentive concerning good behavior in which he will get back some of his belongings every two weeks until all belongings are returned to him." IDT note dated 3/20/18 indicated, "Staff needs to discuss plans on how to insure [client A] attends his medical appointments in the future. [Client A] needs to understand the importance of attending his medical appointments in the future." IDT note dated 3/31/18 indicated, "[Client A] recently had SIB with an ink pen he found in a sofa. [Client A] was put back on 1:1 staffing with a restriction on sharps in the home at this time." IDT note dated 4/2/18 indicated, "[Client A's] recent elopement, property destruction at [home]. The team will discuss 1:1 staffing in the home and changes to the behavior plan to prevent future occurrences." IDT note dated 4/23/18 indicated, "[Client A] became frustrated with staff over laundry which led to leaving the assigned area. Verbal redirection		**Completion date: 05.30.18**	

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	was first used to no avail. [Client A] returned to the house committing property destruction before calming down and going to his room. Follow [client A's] behavior plans and monitor his behavior." Client A's record was reviewed on 4/26/18 at 4:00 PM. Client A's 4/4/18 BSP indicated, "1:1 Staffing: Due to consistent self injurious behavior as well as reported attempted ingestion of foreign objects, [client A] will be placed on 1:1 staffing during all hours while in the home and in the community. 1:1 is defined as within 5 feet. The 1:1 staffing will last for 15 consecutive days without SIB, Pica or attempted Pica. After the 15 consecutive days he will be placed on line of sight at all times with no incidents of SIB, Pica or attempted Pica. The next 15 days he will be transitioned to 15 minute checks and then will increase to 30 minute checks, after each 15 day mark until he does not require any regularly scheduled monitoring. During personal hygiene, staff will sit outside the door with the bathroom door cracked. The 1:1 staffing schedule will be completed each shift/staffing coverage form. When the staff who is 1:1 needs to take a break, the replacement staff will sign off and when the original staff returns they will sign back on. Due to 1:1 staffing, when [client A] goes into the community he will be 2:1 staffing on transportation and in the community. While in the community the 1:1 staff will sit next to him in the van while the other staff is driving. If [client A] is agitated (talking loudly or pauses before answering question), try to redirect the conversation to another subject if the topic is upsetting or escalating him. Do not get into a power struggle or try to reason with him once he has become agitated or engages in precursor behaviors. Once verbal aggression has begun,			

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	remain calm and show no emotional reaction or fear. Use limited verbal interaction, even silence if [client A] continues to engage in verbal aggression. [Client A] will be placed on safety protocol if he has claimed to swallow something, staff should call for an ambulance to take him for the x-ray. Staff should notify the nurse, area supervisor and BC (Behavior Consultant). If the 2:1 staff is allowed to ride with [client A] in the ambulance they should, however if the ambulance will not allow staff to ride with them they should follow the ambulance to the location that the ambulance is taking [client A] for the x-ray. If [client A] is reaching towards the ground staff should block the attempt at first then scan the area to make sure there is no contraband around [client A]. If there is nothing in the area then staff can allow [client A] to bend over and continue what he was trying to do in the first place. Staff need to remember to do the room sweeps as often as possible to make sure that new items are not showing up during a shift. Anytime staff witness [client A] staying calm in situations that have angered him in the past they should give him a lot of praise. If [client A] engages in physical aggression/self injury: Immediately ensure the safety of peers. Position yourself between [client A] and his peers. In a calm but firm voice verbally redirect [client A] to a different location/area/activity. Block physical aggression. Request assistance from the other staff in the home or other staff members from other homes in the area as needed. Be aware that if [client A] self-injures through biting himself, staff should 'feed the bite' by safely pushing his arm toward the bite to assist him with releasing the bite. If [client A] continues to place him or others in jeopardy, use the You're Safe I'm Safe (YSIS) procedures in the following order. One person YSIS, two person YSIS. When using these			

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	techniques be aware that [client A] may attempt to bite or struggle, position yourself so that you are safe. If needed have his peers move to a safe location where [client A] cannot aggress towards them. 1:1 staffing defined as; staff will be assigned and will use a 1:1 staffing form will be within approximately 5 feet from him at all times and staff will be looking at [client A]. That staff will not have any other responsibilities to any other consumer unless there is imminent risk of harm to self or to others. There will be no other situation where staff can leave the 1:2 (sic) they are assigned and the 1:1 can never be left alone. During the time he is 1:1, his staff is there for his safety only and should limit the amount of attention he is receiving from the being on 1:1. Being on 1:2 (sic) is not supposed to be rewarding and we do not want him to enjoy the 1:1 so much that he has behaviors in order to remain on 1:1. He will be restricted to specific areas of the home. He can spend time in his room (his door will remain open), the living room and the bathroom nearest his bedroom (the door will remain open). If he becomes aggressive follow the BSP. Room sweeps will be conducted in each of the areas where he has access to each shift and any time a staff assumes responsibility of 1:1 staff. During the room sweeps a staff who is not the 1:1 will search each area and all furnishings in the area for any items that he could swallow, or use to cause self injury any item that he could break and swallow, any item he could use to puncture his skin with, and any item he could break and use to puncture his skin with. When walking into a room he has access to the 1:1 staff will visually scan the area for any of the above mentioned items and seek assistance from others to remove anything that is found. Prior to staff giving him anything he requests that on the surface sounds like something he could potentially have access to the			

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	one to one staff will request a different staff to get the item. The staff who retrieves the item will give the item a visual inspection looking for any part of the item that can be ingested, broken and ingested, a part of the item that can puncture his skin, or that can be broken and used to puncture his skin. Once that inspection is conducted that staff will hand the item to the one to one staff and the one to one staff will complete a visual inspection looking for any part of the item that can be ingested, broken and ingested, a part of the item that can puncture his skin, or that can be broken and used to puncture his skin. He will be restricted from having any item in his possession that he could break and use to ingest or cause self injury. He will still be able to do the laundry with staff assistance. He will only talk on the phone on speaker with staff holding the phone. At any point if absolutely necessary he needs to be transported via van/vehicle a sweep of the vehicle will be conducted by a staff who is not the one to one, two staff will transport him, one staff will drive and the other staff will sit beside him." Staff #1 was interviewed on 4/25/18 at 5:15 PM. Staff #1 indicated she was not working when client A tore his wall apart. Staff #1 indicated she was working when client A eloped. Staff #1 indicated she could not keep up with him, so the police were called. Staff #1 stated "some of the staff were scared of him." Staff #1 indicated she does not have issues with client A. QIDP #1 was interviewed on 4/26/18 at 10:00 AM. QIDP #1 stated staff were "afraid to restrain [client A]." QIDP #1 indicated most of the staff in the home were women. QIDP #1 indicated the women did not want to use YSIS. QIDP #1 indicated he was unaware there were exposed screws in client A's bedroom. QIDP #1 indicated they hold weekly			

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	IDT meetings to discuss what might need to be changed for client A. QIDP #1 indicated if staff followed the BSP client A would remain safe. BC (Behavior Clinician) #1 was interviewed on 4/26/18 at 1:00 PM. BC #1 indicated staff are to survey the area before client A goes into it. BC #1 stated "staff were too scared of [client A] to perform YSIS." BC #1 indicated the majority of the staff in the home are female. BC #1 stated the facility is planning to have someone go to the home and retrain the staff on YSIS "so they feel comfortable doing it." BC #1 indicated they were trying to move some male staff from other homes to have more males in the home. BC #1 indicated client A did not like females. BC #1 indicated client A is fast and she has implemented several new plans to keep him safe. BC #1 indicated staff have to follow the BSP. BC #1 indicated right now staff were not following the BSP. BC #1 indicated she was not aware of the exposed screws in client A's bedroom. BC #1 indicated staff should have noted the screws in the room sweep and had them removed. Program Manager (PM) #1 was interviewed on 4/27/18 at 11:00 AM. PM #1 indicated staff were not following the chain of command. PM #1 indicated calling police should be a last resort. PM #1 indicated staff should first call the home manager, then call other homes in the area for assistance as well as the QIDP and BC. PM #1 indicated staff should follow the BSP to keep client A safe. PM #1 indicated the facility was going to retrain staff on YSIS as well as the BSP. PM #1 also indicated they would move staff around to have more males in the home. PM #1 indicated she was unaware of the exposed screws in client A's bedroom. PM #1 indicated staff should have seen the exposed screws when they			

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	did the room sweep. ResCare 1/2016 Abuse, Neglect, Exploitation, Mistreatment or Violation of Individual Rights policy was reviewed on 4/27/18 at 12:36 PM. ResCare Policy indicated, "All allegations of occurrences of abuse, neglect, exploitation, mistreatment or violation of an Individual's rights shall be reported to the appropriate authorities through the appropriate supervisory channels." This federal tag relates to complaint #IN00258503. 9-3-2(a)			
W 0186 Bldg. 00	483.430(d)(1-2) DIRECT CARE STAFF The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans. Direct care staff are defined as the present on-duty staff calculated over all shifts in a 24-hour period for each defined residential living unit. Based on record review and interview for 2 of 2 sampled clients (A and B) plus 2 additional clients (C and D), the facility failed to provide adequate staff to keep the ESN (Extensive Special Needs) home within ratio. Findings include: The BDDS (Bureau of Developmental Disabilities) Reports were reviewed on 4/26/18 at 11:00 AM. BDDS report dated 3/21/18 for clients A, B, C and D indicated, "Low staff ratio, 2 staff to 4 clients. During a home visit there were 4 staff when initially arriving. New staff reported that she	W 0186	**W186:** The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans. **Corrective Action: (Specific):** The Residential Manager will be re-trained on ensuring that the home is staffed according to the scheduled hours for the location. The IDT met and reviewed Client A's behavioral support plan and made changes to the one to one.	05/30/2018

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	cannot be with residents on her own and left to go to office to pick up supplies, QIDP (Qualified Intellectual Disabilities Professional) #1 left during review/visit. Leaving the home with 2 staff and 4 clients (sic)." Time sheets were reviewed on 4/27/18 at 11:00 AM. Time sheets dated 4/7/18 through 4/25/18 indicated the home had 2 staff for first shift on 4/9/18, 4/13/18, 4/14/18 and 4/23/18. The home had 2 staff on second shift on 4/7/18, 4/8/18, 4/10/18, 4/12/18, 4/13/18, 4/14/18, 4/15/18 and 4/21/18. Client A's record was reviewed on 4/26/18 at 4:00 PM. Client A's 4/4/18 BSP (Behavior Support Plan) indicated, "Safety Protocol: 1-1 staffing defined as: staff will be assigned and will use a 1:1 staffing (1 staff to 1 client), will be within approximately 5 feet from him at all times and the staff will be looking at [client A]. That staff will not have any other responsibilities to any other consumer unless there is imminent risk of harm to self or others. Also staff can combine other 1:1 staffing or be replaced by the next longest tenured staff during situations where staff need to use the restroom for only the amount of time it takes for them to finish and get back. There will be no other situations where staff can leave the 1:1 they are assigned and the 1:1 staff can never be left alone." Program Manager (PM) #1 was interviewed on 4/26/18 at 12:30 PM. PM #1 indicated the home should be staffed with 3 on first shift, 3 on second shift and 2 on 3rd shift. The State's undated Reimbursement Guidelines for the 24 hour Extensive Support Needs Residences were reviewed on 4/27/18 at 3:00 PM. The reimbursement guidelines indicated the following:		All staff in the location will be re trained on the updated Behavioral Support Plan. **How others will be identified: (Systemic):** The Area Supervisor will review the schedule with the Residential Manager at least daily to ensure that the home is staffed according to the scheduled hours for the location. The Program Manager will review the schedule with the Area Supervisor daily to ensure that the home is staffed according to the scheduled hours for the location. **Measures to be put in place:** The Residential Manager will be re-trained on ensuring that the home is staffed according to the scheduled hours for the location. The IDT met and reviewed Client A's behavioral support plan and made changes to the one to one. All staff in the location will be re trained on the updated Behavioral Support Plan. **Monitoring of Corrective Action:** The Area Supervisor will review the schedule with the Residential Manager at least daily to ensure that the home is staffed according to the scheduled hours for the home. The Program Manager will review the schedule with the Area Supervisor daily to ensure that the home is staffed according to the scheduled hours	

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	"ICF/MR (Intermediate Care Facility for the Mentally Retarded) residential Services, in the form of a 24 hour extensive support needs residence, are needed to support and maintain MR/DD (Mentally Retarded/Developmentally Disabled) consumers with challenging behavioral issues in the community. Consumers in an extensive needs residence will receive intensive assistance with their problematic behavior(s) and continued active treatment, so that they may ultimately live a more community integrated life with the fewest possible supports...In general, those eligible to reside in an extensive support needs residence could not reside in their current residential settings due to intensive staffing needs. As such, to ensure the health and safety of the consumers and the community, consumers residing in these homes require on-site supervision at all times, and can never be unsupervised by staff or other responsible party." The undated reimbursement guideline indicated "Individuals living in residences under this category must be supervised at all times and the staffing pattern at full capacity should be a minimum of: -three (3) staff on the day shift; -three (3) staff on the evening shift; and -two (2) staff on the night shift." This federal tag relates to complaint #IN00258503. 9-3-3(a)		for the home. **Completion date: 5.30.18**	
W 0193 Bldg. 00	483.430(e)(3) STAFF TRAINING PROGRAM Staff must be able to demonstrate the skills and techniques necessary to administer interventions to manage the inappropriate			

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	behavior of clients. Based on observation, record review and interview for 1 of 2 sampled clients (A), the facility failed to ensure facility staff were adequately trained on client A's BSP (Behavior Support Plan). Findings include: Observations were conducted on 4/25/18 from 5:00 PM through 6:15 PM. At 5:00 PM client A was in the bathroom with his 1:1 (one staff to one client) staff getting a bucket ready with mop water. At 5:05 PM client A took the bucket to his room and began to sweep his floor. At 5:10 PM a 4 foot by 2 foot hole was observed on the left side of client A's door. The drywall had been torn from the wall leaving drywall screws and the electric line exposed. Staff #1 indicated client A had a behavior the night before and tore all the drywall out. Staff #1 indicated she did not notice the drywall screws. The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations from 3/3/18 to 4/25/18 were reviewed on 4/26/18 at 2:06 PM. The review indicated the following: BDDS report dated 3/31/18 indicated, "[Client A] became upset when he was unable to reach his mother on the phone. He went into the kitchen and grabbed a fork and began engaging in self injurious behavior (SIB). [Client A] scratched his inner wrist, then stopped the behavior and told staff what he had done. Staff talked with [client A] privately about the incident and cleaned the small cut then placed a band aid on it. [Client A] then informed staff he wanted to retire for the evening and went to bed. The behavior clinician will seek HRC (Human Rights Committee) approval for all kitchen utensils to be kept in a secure location. In	W 0193	**W193:** Staff must be able to demonstrate the skills and techniques necessary to administer interventions to manage the inappropriate behavior of clients. **Corrective Action: (Specific):** The IDT met and reviewed Client A's behavioral Support plan and made updates to the one to one and defined the room sweep definition. All Staff will be retrained Client A's updated behavioral support plan. The Behavioral Clinician and the QIDP will be in the home ten hours a week. Administration observations have been started as of April thirtieth. **How others will be identified: (Systemic):** The residential Manager will be in the location at least five times weekly to ensure programming plans are being followed. The Area Supervisor will be in the location at least three times weekly to ensure the location is following Programming Plans. The behavioral clinician and the QIDP will be in the home at least ten hours weekly to ensure the Programming plans are being followed as written. Administration observations will be done three times daily for five days for thirty days and then once daily for six days for thirty days. After that is completed then twice	05/30/2018

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	addition, safety protocol monitoring was implemented for 24 hours per the BSP to ensure [client A] did not engage in further SIB." BDDS report dated 4/1/18 indicated, "[Client A] was in the living room on the couch with staff and other clients talking and then told staff he needed to use the restroom. Staff went with him as he was on one on one staffing due to a previous incident. As [client A] was urinating with his back to staff he stabbed himself with a pen he stated he found between the couch cushions. [Client A] then immediately gave the pen to staff and stated that he was going to kill himself. Staff administered first aid to the 1 inch wound on the inner left wrist and suicide protocol was immediately implemented. The behavior clinician is revising the BSP to address the increase in SIB and staff monitoring of [client A]. HRC approval will be obtained for the revisions that are made and staff will be trained on them." BDDS report dated 4/4/18 indicated, "[Client A] became upset when he was unable to use the telephone and left his assigned area with staff following him. He then began to run and staff was not able to keep up with him. Staff called 911 for police assistance with locating [client A] and another staff located him within 10 minutes of him leaving staff's sight. [Client A] is not allowed any alone time per his plan. [Client A] engaged in a significant amount of property destruction and was hitting the van with a large stick when police arrived. Police called for an ambulance and [client A] was transported to the ER (Emergency Room) for evaluation. As [client A] continued to be combative and noncompliant in the ER he was released once he calmed without any treatment having been done. He was given a patient information sheet on aggression and instructed to		monthly management observations will be put into place. The Program Manager will be in the location at least twice weekly to ensure that all programming plans are being implemented as written. **Measures to be put in place:** The IDT met and reviewed Client A's behavioral Support plan and made updates to the one to one and defined the room sweep definition. All Staff will be retrained Client A's updated behavioral support plan. The Behavioral Clinician and the QIDP will be in the home ten hours a week. Administration observations have been started as of April thirtieth. **Monitoring of Corrective Action:** The residential Manager will be in the location at least five times weekly to ensure programming plans are being followed. The Area Supervisor will be in the location at least three times weekly to ensure the location is following Programming Plans. The behavioral clinician and the QIDP will be in the home at least ten hours weekly to ensure the Programming plans are being followed as written. Administration observations will be done three times daily for five days for thirty days and then once daily for six days for thirty days. After that is completed then twice	

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	keep his upcoming scheduled psychiatrist appointment. [Client A] was also instructed to follow up with his PCP (Primary Care Physician)." BDDS report dated 4/11/18 indicated, "[Client A] was in the office with staff and the nurse preparing to take meds when he abruptly left the office, went to the kitchen and shut the door and swallowed two batteries before staff could intervene. [Client A] also engaged in SIB. [Client A] was taken to the ER where he made threats of suicide. At that point he was transferred to [hospital] where [client A] was admitted to the psych unit." BDDS follow up report dated 4/20/18 indicated, "Staff was suspended due to not following the BSP and enhanced supervision guidelines for [client A] and neglect was suspected and substantiated. [Staff #3] is being terminated for neglect in his failure to follow the BSP and the enhanced supervision protocol. In addition [client A] remained in the hospital for 5 days and passed the batteries during his stay. He was then released with a prescription for Polyethylene Glycol Powder (stool softener). [Client A] was instructed to follow up with his psychiatrist and PCP. Staff have been trained on the order for the new medication and on safety measures implemented in the home to ensure no batteries are accessible to [client A]. At this time [client A] is doing well with no further issues." BDDS report dated 4/23/18 indicated, "[Client A] became upset when he was told it was time for dinner and that he needed to wait on doing laundry. [Client A] left the home with staff following him and keeping him in line of sight the entire time. Staff verbally redirected [client A] back to the home at which point he went to his		monthly management observations will be put into place. The Program Manager will be in the location at least twice weekly to ensure that all programming plans are being implemented as written **Completion date: 5.30.18**	

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	bedroom and punched the wall. Staff verbally redirected the behavior and [client A] became calm." IDT (Interdisciplinary Team) notes for client A were reviewed on 4/26/18 at 2:30 PM. The review indicated the following. IDT note dated 3/20/18 indicated, "Staff discussed taking [client A] off of one on one staff and add an incentive concerning good behaviors to earn back his belongings every two weeks. [Client A] will be taken off of one on one staffing. Within eye sight will replace the one on one staff in the home. Staff will add an incentive concerning good behavior in which he will get back some of his belongings every two weeks until all belongings are returned to him." IDT note dated 3/20/18 indicated, "Staff needs to discuss plans on how to insure [client A] attends his medical appointments in the future. [Client A] needs to understand the importance of attending his medical appointments in the future." IDT note dated 3/31/18 indicated, "[Client A] recently had SIB with an ink pen he found in a sofa. [Client A] was put back on 1:1 staffing with a restriction on sharps in the home at this time." IDT note dated 4/2/18 indicated, "[Client A's] recent elopement, property destruction at [home]. The team will discuss 1:1 staffing in the home and changes to the behavior plan to prevent future occurrences." IDT note dated 4/23/18 indicated, "[Client A] became frustrated with staff over laundry which led to leaving the assigned area. Verbal redirection was first used to no avail. [Client A] returned to			

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	the house committing property destruction before calming down and going to his room. Follow [client A's] behavior plans and monitor his behavior." Client A's record was reviewed on 4/26/18 at 4:00 PM. Client A's 4/4/18 BSP indicated, "1:1 Staffing: Due to consistent self injurious behavior as well as reported attempted ingestion of foreign objects, [client A] will be placed on 1:1 staffing during all hours while in the home and in the community. 1:1 is defined as within 5 feet. The 1:1 staffing will last for 15 consecutive days without SIB, Pica or attempted Pica. After the 15 consecutive days he will be placed on line of sight at all times with no incidents of SIB, Pica or attempted Pica. The next 15 days he will be transitioned to 15 minute checks and then will increase to 30 minute checks, after each 15 day mark until he does not require any regularly scheduled monitoring. During personal hygiene, staff will sit outside the door with the bathroom door cracked. The 1:1 staffing schedule will be completed each shift/staffing coverage form. When the staff who is 1:1 needs to take a break, the replacement staff will sign off and when the original staff returns they will sign back on. Due to 1:1 staffing, when [client A] goes into the community he will be 2:1 staffing on transportation and in the community. While in the community the 1:1 staff will sit next to him in the van while the other staff is driving. If [client A] is agitated (talking loudly or pauses before answering question), try to redirect the conversation to another subject if the topic is upsetting or escalating him. Do not get into a power struggle or try to reason with him once he has become agitated or engages in precursor behaviors. Once verbal aggression has begun, remain calm and show no emotional reaction or			

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	fear. Use limited verbal interaction, even silence if [client A] continues to engage in verbal aggression. [Client A] will be placed on safety protocol if he has claimed to swallow something, staff should call for an ambulance to take him for the x-ray. Staff should notify the nurse, area supervisor and BC (Behavior Consultant). If the 2:1 staff is allowed to ride with [client A] in the ambulance they should, however if the ambulance will not allow staff to ride with them they should follow the ambulance to the location that the ambulance is taking [client A] for the x-ray. If [client A] is reaching towards the ground staff should block the attempt at first then scan the area to make sure there is no contraband around [client A]. If there is nothing in the area then staff can allow [client A] to bend over and continue what he was trying to do in the first place. Staff need to remember to do the room sweeps as often as possible to make sure that new items are not showing up during a shift. Anytime staff witness [client A] staying calm in situations that have angered him in the past they should give him a lot of praise. If [client A] engages in physical aggression/self injury: Immediately ensure the safety of peers. Position yourself between [client A] and his peers. In a calm but firm voice verbally redirect [client A] to a different location/area/activity. Block physical aggression. Request assistance from the other staff in the home or other staff members from other homes in the area as needed. Be aware that if [client A] self-injures through biting himself, staff should 'feed the bite' by safely pushing his arm toward the bite to assist him with releasing the bite. If [client A] continues to place him or others in jeopardy, use the You're Safe I'm Safe (YSIS) procedures in the following order. One person YSIS, two person YSIS. When using these techniques be aware that [client A] may attempt to			

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	bite or struggle, position yourself so that you are safe. If needed have his peers move to a safe location where [client A] cannot aggress towards them. 1:1 staffing defined as; staff will be assigned and will use a 1:1 staffing form will be within approximately 5 feet from him at all times and staff will be looking at [client A]. That staff will not have any other responsibilities to any other consumer unless there is imminent risk of harm to self or to others. There will be no other situation where staff can leave the 1:2 (sic) they are assigned and the 1:1 can never be left alone. During the time he is 1:1, his staff is there for his safety only and should limit the amount of attention he is receiving from the being on 1:1. Being on 1:2 (sic) is not supposed to be rewarding and we do not want him to enjoy the 1:1 so much that he has behaviors in order to remain on 1:1. He will be restricted to specific areas of the home. He can spend time in his room (his door will remain open), the living room and the bathroom nearest his bedroom (the door will remain open). If he becomes aggressive follow the BSP. Room sweeps will be conducted in each of the areas where he has access to each shift and any time a staff assumes responsibility of 1:1 staff. During the room sweeps a staff who is not the 1:1 will search each area and all furnishings in the area for any items that he could swallow, or use to cause self injury any item that he could break and swallow, any item he could use to puncture his skin with, and any item he could break and use to puncture his skin with. When walking into a room he has access to the 1:1 staff will visually scan the area for any of the above mentioned items and seek assistance from others to remove anything that is found. Prior to staff giving him anything he requests that on the surface sounds like something he could potentially have access to the one to one staff will request a different staff to get			

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	the item. The staff who retrieves the item will give the item a visual inspection looking for any part of the item that can be ingested, broken and ingested, a part of the item that can puncture his skin, or that can be broken and used to puncture his skin. Once that inspection is conducted that staff will hand the item to the one to one staff and the one to one staff will complete a visual inspection looking for any part of the item that can be ingested, broken and ingested, a part of the item that can puncture his skin, or that can be broken and used to puncture his skin. He will be restricted from having any item in his possession that he could break and use to ingest or cause self injury. He will still be able to do the laundry with staff assistance. He will only talk on the phone on speaker with staff holding the phone. At any point if absolutely necessary he needs to be transported via van/vehicle a sweep of the vehicle will be conducted by a staff who is not the one to one, two staff will transport him, one staff will drive and the other staff will sit beside him." Staff #1 was interviewed on 4/25/18 at 5:15 PM. Staff #1 indicated she was not working when client A tore his wall apart. Staff #1 indicated she was working when client A eloped. Staff #1 indicated she could not keep up with him, so the police were called. Staff #1 stated "some of the staff were scared of him." Staff #1 indicated she does not have issues with client A. QIDP #1 was interviewed on 4/26/18 at 10:00 AM. QIDP #1 stated staff were "afraid to restrain [client A]." QIDP #1 indicated most of the staff in the home were women. QIDP #1 indicated the women did not want to use YSIS. QIDP #1 indicated he was unaware there were exposed screws in client A's bedroom. QIDP #1 indicated they hold weekly IDT meetings to discuss what might need to be			

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	changed for client A. QIDP #1 indicated if staff followed the BSP client A would remain safe. BC (Behavior Clinician) #1 was interviewed on 4/26/18 at 1:00 PM. BC #1 indicated staff are to survey the area before client A goes into it. BC #1 stated "staff were too scared of [client A] to perform YSIS." BC #1 indicated the majority of the staff in the home are female. BC #1 stated the facility is planning to have someone go to the home and retrain the staff on YSIS "so they feel comfortable doing it." BC #1 indicated they were trying to move some male staff from other homes to have more males in the home. BC #1 indicated client A did not like females. BC #1 indicated client A is fast and she has implemented several new plans to keep him safe. BC #1 indicated staff have to follow the BSP. BC #1 indicated right now staff were not following the BSP. BC #1 indicated she was not aware of the exposed screws in client A's bedroom. BC #1 indicated staff should have noted the screws in the room sweep and had them removed. Program Manager (PM) #1 was interviewed on 4/27/18 at 11:00 AM. PM #1 indicated staff were not following the chain of command. PM #1 indicated calling police should be a last resort. PM #1 indicated staff should first call the home manager, then call other homes in the area for assistance as well as the QIDP and BC. PM #1 indicated staff should follow the BSP to keep client A safe. PM #1 indicated the facility was going to retrain staff on YSIS as well as the BSP. PM #1 also indicated they would move staff around to have more males in the home. PM #1 indicated she was unaware of the exposed screws in client A's bedroom. PM #1 indicated staff should have seen the exposed screws when they did the room sweep.			

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	This federal tag relates to complaint #IN00258503. 9-3-3(a)			
W 0249 Bldg. 00	483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. Based on observation, record review and interview for 1 of 2 sampled clients (A), the facility failed to implement client A's BSP (Behavior Support Plan). Findings include: Observations were conducted on 4/25/18 from 5:00 PM through 6:15 PM. At 5:00 PM client A was in the bathroom with his 1:1 (one staff to one client) staff getting a bucket ready with mop water. At 5:05 PM client A took the bucket to his room and began to sweep his floor. At 5:10 PM a 4 foot by 2 foot hole was observed on the left side of client A's door. The drywall had been torn from the wall leaving drywall screws and the electric line exposed. Staff #1 indicated client A had a behavior the night before and tore all the drywall out. Staff #1 indicated she did not notice the drywall screws. The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations from 3/3/18 to 4/25/18 were reviewed on 4/26/18 at 2:06 PM. The review indicated the following:	W 0249	**W249:** As soon as the interdisciplinary team has formulated a clients' individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. **Corrective Action: (Specific):** All staff will be re-trained on working not leaving the home without staff in place to relieve them, maintaining ratios and notifying Supervisors per the chain of command if the home is out of ratio. Client A's BSP has been revised. All staff at the location will be re-trained on client A'S BSP. Administrative Observations have been implemented in the location to ensure that all staff are	05/30/2018

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	BDDS report dated 3/31/18 indicated, "[Client A] became upset when he was unable to reach his mother on the phone. He went into the kitchen and grabbed a fork and began engaging in self injurious behavior (SIB). [Client A] scratched his inner wrist, then stopped the behavior and told staff what he had done. Staff talked with [client A] privately about the incident and cleaned the small cut then placed a band aid on it. [Client A] then informed staff he wanted to retire for the evening and went to bed. The behavior clinician will seek HRC (Human Rights Committee) approval for all kitchen utensils to be kept in a secure location. In addition, safety protocol monitoring was implemented for 24 hours per the BSP to ensure [client A] did not engage in further SIB." BDDS report dated 4/1/18 indicated, "[Client A] was in the living room on the couch with staff and other clients talking and then told staff he needed to use the restroom. Staff went with him as he was on one on one staffing due to a previous incident. As [client A] was urinating with his back to staff he stabbed himself with a pen he stated he found between the couch cushions. [Client A] then immediately gave the pen to staff and stated that he was going to kill himself. Staff administered first aid to the 1 inch wound on the inner left wrist and suicide protocol was immediately implemented. The behavior clinician is revising the BSP to address the increase in SIB and staff monitoring of [client A]. HRC approval will be obtained for the revisions that are made and staff will be trained on them." BDDS report dated 4/4/18 indicated, "[Client A] became upset when he was unable to use the telephone and left his assigned area with staff following him. He then began to run and staff was		implementing plans as written. The QIDP will review and revise the active treatment plans to ensure the plans meets the client's needs. All staff at the location will be retrained on all active treatment plans. The behavioral clinician and the QIDP will be in the location at least ten hours weekly to ensure programming plans are being implemented as written. The residential manager will be retrained on ensuring all maintenance request are submitted with in twenty-four hours of the issue. **How others will be identified: (Systemic):** The QIDP will be at the home at least 10 hours per week to monitor, coordinate and integrate all client program plans and ensure that staff is implementing all client plans as written. The behavioral clinician will be in the home at least ten hours per weekly to ensure programming plans are being followed as written. The Administrative staff completing the observations in the home will be ensuring that staff is implementing Client programming plans program plans. Administrative observations in the location will continue for the next 30 days three times daily at six times a week and then after thirty days observations will be one time daily for the next thirty	

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	not able to keep up with him. Staff called 911 for police assistance with locating [client A] and another staff located him within 10 minutes of him leaving staff's sight. [Client A] is not allowed any alone time per his plan. [Client A] engaged in a significant amount of property destruction and was hitting the van with a large stick when police arrived. Police called for an ambulance and [client A] was transported to the ER (Emergency Room) for evaluation. As [client A] continued to be combative and noncompliant in the ER he was released once he calmed without any treatment having been done. He was given a patient information sheet on aggression and instructed to keep his upcoming scheduled psychiatrist appointment. [Client A] was also instructed to follow up with his PCP (Primary Care Physician)." BDDS report dated 4/11/18 indicated, "[Client A] was in the office with staff and the nurse preparing to take meds when he abruptly left the office, went to the kitchen and shut the door and swallowed two batteries before staff could intervene. [Client A] also engaged in SIB. [Client A] was taken to the ER where he made threats of suicide. At that point he was transferred to [hospital] where [client A] was admitted to the psych unit." BDDS follow up report dated 4/20/18 indicated, "Staff was suspended due to not following the BSP and enhanced supervision guidelines for [client A] and neglect was suspected and substantiated. [Staff #3] is being terminated for neglect in his failure to follow the BSP and the enhanced supervision protocol. In addition [client A] remained in the hospital for 5 days and passed the batteries during his stay. He was then released with a prescription for Polyethylene Glycol Powder (stool softener). [Client A] was instructed		days. After the 60 days observations will go to twice monthly. **Measures to be put in place:** All staff will be re-trained on working not leaving the home without staff in place to relieve them, maintaining ratios and notifying Supervisors per the chain of command if the home is out of ratio. Client A's BSP has been revised. All staff at the location will be re-trained on client A'S BSP. Administrative Observations have been implemented in the location to ensure that all staff are implementing plans as written. The QIDP will review and revise the active treatment plans to ensure the plans meets the client's needs. All staff at the location will be retrained on all active treatment plans. The behavioral clinician and the QIDP will be in the location at least ten hours weekly to ensure programming plans are being implemented as written. The residential manager will be retrained on ensuring all maintenance request are submitted with in twenty-four hours of the issue. **Monitoring of Corrective Action:** The QIDP will be at the home at least 10 hours per week to monitor, coordinate and integrate all client program plans	

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	to follow up with his psychiatrist and PCP. Staff have been trained on the order for the new medication and on safety measures implemented in the home to ensure no batteries are accessible to [client A]. At this time [client A] is doing well with no further issues." BDDS report dated 4/23/18 indicated, "[Client A] became upset when he was told it was time for dinner and that he needed to wait on doing laundry. [Client A] left the home with staff following him and keeping him in line of sight the entire time. Staff verbally redirected [client A] back to the home at which point he went to his bedroom and punched the wall. Staff verbally redirected the behavior and [client A] became calm." IDT (Interdisciplinary Team) notes for client A were reviewed on 4/26/18 at 2:30 PM. The review indicated the following. IDT note dated 3/20/18 indicated, "Staff discussed taking [client A] off of one on one staff and add an incentive concerning good behaviors to earn back his belongings every two weeks. [Client A] will be taken off of one on one staffing. Within eye sight will replace the one on one staff in the home. Staff will add an incentive concerning good behavior in which he will get back some of his belongings every two weeks until all belongings are returned to him." IDT note dated 3/20/18 indicated, "Staff needs to discuss plans on how to insure [client A] attends his medical appointments in the future. [Client A] needs to understand the importance of attending his medical appointments in the future." IDT note dated 3/31/18 indicated, "[Client A]		and ensure that staff is implementing all client plans as written. The behavioral clinician will be in the home at least ten hours per weekly to ensure programming plans are being followed as written. The Administrative staff completing the observations in the home will be ensuring that staff is implementing Client programming plans program plans. Administrative observations in the location will continue for the next 30 days three times daily at six times a week and then after thirty days observations will be one time daily for the next thirty days. After the 60 days observations will go to twice monthly. **Completion date: 5.30.18**	

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	recently had SIB with an ink pen he found in a sofa. [Client A] was put back on 1:1 staffing with a restriction on sharps in the home at this time." IDT note dated 4/2/18 indicated, "[Client A's] recent elopement, property destruction at [home]. The team will discuss 1:1 staffing in the home and changes to the behavior plan to prevent future occurrences." IDT note dated 4/23/18 indicated, "[Client A] became frustrated with staff over laundry which led to leaving the assigned area. Verbal redirection was first used to no avail. [Client A] returned to the house committing property destruction before calming down and going to his room. Follow [client A's] behavior plans and monitor his behavior." Client A's record was reviewed on 4/26/18 at 4:00 PM. Client A's 4/4/18 BSP indicated, "1:1 Staffing: Due to consistent self injurious behavior as well as reported attempted ingestion of foreign objects, [client A] will be placed on 1:1 staffing during all hours while in the home and in the community. 1:1 is defined as within 5 feet. The 1:1 staffing will last for 15 consecutive days without SIB, Pica or attempted Pica. After the 15 consecutive days he will be placed on line of sight at all times with no incidents of SIB, Pica or attempted Pica. The next 15 days he will be transitioned to 15 minute checks and then will increase to 30 minute checks, after each 15 day mark until he does not require any regularly scheduled monitoring. During personal hygiene, staff will sit outside the door with the bathroom door cracked. The 1:1 staffing schedule will be completed each shift/staffing coverage form. When the staff who is 1:1 needs to take a break, the replacement staff will sign off and when the			

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	original staff returns they will sign back on. Due to 1:1 staffing, when [client A] goes into the community he will be 2:1 staffing on transportation and in the community. While in the community the 1:1 staff will sit next to him in the van while the other staff is driving. If [client A] is agitated (talking loudly or pauses before answering question), try to redirect the conversation to another subject if the topic is upsetting or escalating him. Do not get into a power struggle or try to reason with him once he has become agitated or engages in precursor behaviors. Once verbal aggression has begun, remain calm and show no emotional reaction or fear. Use limited verbal interaction, even silence if [client A] continues to engage in verbal aggression. [Client A] will be placed on safety protocol if he has claimed to swallow something, staff should call for an ambulance to take him for the x-ray. Staff should notify the nurse, area supervisor and BC (Behavior Consultant). If the 2:1 staff is allowed to ride with [client A] in the ambulance they should, however if the ambulance will not allow staff to ride with them they should follow the ambulance to the location that the ambulance is taking [client A] for the x-ray. If [client A] is reaching towards the ground staff should block the attempt at first then scan the area to make sure there is no contraband around [client A]. If there is nothing in the area then staff can allow [client A] to bend over and continue what he was trying to do in the first place. Staff need to remember to do the room sweeps as often as possible to make sure that new items are not showing up during a shift. Anytime staff witness [client A] staying calm in situations that have angered him in the past they should give him a lot of praise. If [client A] engages in physical aggression/self injury: Immediately ensure the safety of peers. Position yourself between [client			

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	A] and his peers. In a calm but firm voice verbally redirect [client A] to a different location/area/activity. Block physical aggression. Request assistance from the other staff in the home or other staff members from other homes in the area as needed. Be aware that if [client A] self-injures through biting himself, staff should 'feed the bite' by safely pushing his arm toward the bite to assist him with releasing the bite. If [client A] continues to place him or others in jeopardy, use the You're Safe I'm Safe (YSIS) procedures in the following order. One person YSIS, two person YSIS. When using these techniques be aware that [client A] may attempt to bite or struggle, position yourself so that you are safe. If needed have his peers move to a safe location where [client A] cannot aggress towards them. 1:1 staffing defined as; staff will be assigned and will use a 1:1 staffing form will be within approximately 5 feet from him at all times and staff will be looking at [client A]. That staff will not have any other responsibilities to any other consumer unless there is imminent risk of harm to self or to others. There will be no other situation where staff can leave the 1:2 (sic) they are assigned and the 1:1 can never be left alone. During the time he is 1:1, his staff is there for his safety only and should limit the amount of attention he is receiving from the being on 1:1. Being on 1:2 (sic) is not supposed to be rewarding and we do not want him to enjoy the 1:1 so much that he has behaviors in order to remain on 1:1. He will be restricted to specific areas of the home. He can spend time in his room (his door will remain open), the living room and the bathroom nearest his bedroom (the door will remain open). If he becomes aggressive follow the BSP. Room sweeps will be conducted in each of the areas where he has access to each shift and any time a staff assumes responsibility of 1:1 staff. During			

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	the room sweeps a staff who is not the 1:1 will search each area and all furnishings in the area for any items that he could swallow, or use to cause self injury any item that he could break and swallow, any item he could use to puncture his skin with, and any item he could break and use to puncture his skin with. When walking into a room he has access to the 1:1 staff will visually scan the area for any of the above mentioned items and seek assistance from others to remove anything that is found. Prior to staff giving him anything he requests that on the surface sounds like something he could potentially have access to the one to one staff will request a different staff to get the item. The staff who retrieves the item will give the item a visual inspection looking for any part of the item that can be ingested, broken and ingested, a part of the item that can puncture his skin, or that can be broken and used to puncture his skin. Once that inspection is conducted that staff will hand the item to the one to one staff and the one to one staff will complete a visual inspection looking for any part of the item that can be ingested, broken and ingested, a part of the item that can puncture his skin, or that can be broken and used to puncture his skin. He will be restricted from having any item in his possession that he could break and use to ingest or cause self injury. He will still be able to do the laundry with staff assistance. He will only talk on the phone on speaker with staff holding the phone. At any point if absolutely necessary he needs to be transported via van/vehicle a sweep of the vehicle will be conducted by a staff who is not the one to one, two staff will transport him, one staff will drive and the other staff will sit beside him." Staff #1 was interviewed on 4/25/18 at 5:15 PM. Staff #1 indicated she was not working when client A tore his wall apart. Staff #1 indicated she			

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	was working when client A eloped. Staff #1 indicated she could not keep up with him, so the police were called. Staff #1 stated "some of the staff were scared of him." Staff #1 indicated she does not have issues with client A. QIDP #1 was interviewed on 4/26/18 at 10:00 AM. QIDP #1 stated staff were "afraid to restrain [client A]." QIDP #1 indicated most of the staff in the home were women. QIDP #1 indicated the women did not want to use YSIS. QIDP #1 indicated he was unaware there were exposed screws in client A's bedroom. QIDP #1 indicated they hold weekly IDT meetings to discuss what might need to be changed for client A. QIDP #1 indicated if staff followed the BSP client A would remain safe. BC (Behavior Clinician) #1 was interviewed on 4/26/18 at 1:00 PM. BC #1 indicated staff are to survey the area before client A goes into it. BC #1 stated "staff were too scared of [client A] to perform YSIS." BC #1 indicated the majority of the staff in the home are female. BC #1 stated the facility is planning to have someone go to the home and retrain the staff on YSIS "so they feel comfortable doing it." BC #1 indicated they were trying to move some male staff from other homes to have more males in the home. BC #1 indicated client A did not like females. BC #1 indicated client A is fast and she has implemented several new plans to keep him safe. BC #1 indicated staff have to follow the BSP. BC #1 indicated right now staff were not following the BSP. BC #1 indicated she was not aware of the exposed screws in client A's bedroom. BC #1 indicated staff should have noted the screws in the room sweep and had them removed. Program Manager (PM) #1 was interviewed on 4/27/18 at 11:00 AM. PM #1 indicated staff were			

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	not following the chain of command. PM #1 indicated calling police should be a last resort. PM #1 indicated staff should first call the home manager, then call other homes in the area for assistance as well as the QIDP and BC. PM #1 indicated staff should follow the BSP to keep client A safe. PM #1 indicated the facility was going to retrain staff on YSIS as well as the BSP. PM #1 also indicated they would move staff around to have more males in the home. PM #1 indicated she was unaware of the exposed screws in client A's bedroom. PM #1 indicated staff should have seen the exposed screws when they did the room sweep. This federal tag relates to complaint #IN00258503. 9-3-4(a)			