

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G442	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/04/2023
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NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP COD 402 EWING LN JEFFERSONVILLE, IN 47130
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W 0000 Bldg. 00	<p>This visit was for a pre-determined full annual recertification and state licensure survey. This visit included the investigation of complaint #IN00407148.</p> <p>Complaint #IN00407148: Federal and state deficiencies related to the allegation(s) are cited at: W102, W104, W122, W149, W157, W318 and W331.</p> <p>Survey dates: 11/27/23, 11/28/23, 11/29/23, 11/30/23, 12/1/23 and 12/4/23.</p> <p>Facility Number: 000956 Provider Number: 15G442 AIM Number: 100244760</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 12/8/23.</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.</p> <p>Based on observation, record review and interview for 2 of 2 sampled clients (A and C), the facility failed to meet the Condition of Participation: Governing Body. The facility's governing body failed to exercise general policy, budget, and operating direction over the facility to prevent 1) a pattern of falls resulting in injury to client A and 2) a pattern of falls resulting in injury to client C.</p>	W 0102	1 Due to COVID shelter in place two unannounced random daily observations began at the Facility on 12/8/2023 to ensure plans are being implemented by staff. Observers will question the staff on ANE and ensure documentation is completed as required. Weekday daily observations will remain in effect	12/21/2023

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Mark Slaughter	AED	12/21/2023

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

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	<p>Findings include:</p> <p>1) Please refer to W104. The governing body failed to exercise general policy, budget, and operating direction over the facility to prevent 1) a pattern of falls resulting in injury to client A and 2) a pattern of falls resulting in injury to client C.</p> <p>2) Please refer to W122. The governing body failed to meet the Condition of Participation: Client Protections. The governing body neglected to implement its policy and procedures to prevent 1) a pattern of falls resulting in injury to client A and 2) a pattern of falls resulting in injury to client C.</p> <p>3) Please refer to W318. The governing body failed to meet the Condition of Participation: Health Care Services. The facility's health care services failed to ensure sufficient nursing services were provided to address 1) client A's pattern of falls resulting in fractures to both of her feet to ensure no additional medical reasons such as bone density were contributing factors for the level of injuries sustained during the falls and, 2) client C's pattern of falls with injury to ensure implementation of an in home exercise program and staff assistance while she ambulated to ensure her safety.</p> <p>This federal tag relates to complaint #IN00407148.</p> <p>9-3-1(a)</p>		<p>for 60 days. After 60 days monthly, administrative observations will be conducted.</p> <p>2 The management team began daily update meetings on December 1, 2023, to ensure compliance and implement changes needed developing a plan and implementation of those changes. Meetings will continue until conditions are lifted.</p> <p>3 The Program Manger will retrain staff in the Facility on the Abuse, Neglect, and Exploitation Policy and disciplinary action will be given if the policy is not followed. Area Supervisor and Direct Support Lead will ensure that the Abuse, Neglect, and Exploitation Policy is followed. Monitoring of ANE will be done by The Program Manager, Area Supervisor, and Residential Manager to ensure all incidents of possible abuse, neglect, and exploitation are reported to the QA department.</p> <p>4 Observations conducted my members of the administrative team including managers from Quality, Nursing and Programming will conduct twice daily observations weekdays focusing on Adaptive Equipment, Exercise Program, Staff Training and Medication. Any issues are to be immediately reported to the Facility Team.</p> <p>5 An IDT comprised of paraprofessionals was held on</p>	

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			<p>December 1, 2023 to address client issues QIPD, Nurse and a Member of Programming Management will retrain all staff in the facility on updated BSPs ISP and HRP as needed.</p> <p>6 An IDT comprised of Paraprofessionals was held to identify fall risk and work on client specific plans. The QIDP and Nurse will train staff based on these recommendations PERs system, chair and bed alarm and guarded assist have been added to client plan. QIDP will retrain on updated plans and monitored by members of the the Administrative Observation Team for effectiveness.</p> <p>7 The QIDP will be retrained to review falls IR and completing investigations. The Quality Assurance Team will review fall investigations to identify trends and implement protective measure with input from the IDT.</p> <p>8 The governing body will ensure all staff is retrained on ANE policy and procedures.</p> <p>9 The DSL will monitor home activities and client interactions daily to ensure there is no suspected ANE/Mistreatments of clients and all plans are followed if an issue is noted the Program Manager, Nurse, QIDP and AED will be immediately notified and correction will be made.</p> <p>10 The Direct Support Lead, Area Supervisor, Facility Nurse</p>	

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W 0104 Bldg. 00	<p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation, record review and interview for 2 of 2 sampled clients (A and C), the governing body failed to exercise general policy, budget, and operating direction over the facility to prevent 1) a pattern of falls resulting in injury to client A and 2) a pattern of falls resulting in injury to client C.</p> <p>Findings include:</p> <p>1) Please refer to W149. The governing body neglected to implement its policy and procedures to implement the Abuse, Neglect, Exploitation, Mistreatment and/or Violation of Individual's Rights policy to prevent 1) a pattern of falls resulting in injury to client A and 2) a pattern of falls resulting in injury to client C.</p> <p>2) Please refer to W331. The governing body neglected to ensure nursing services provided continued support and services to address 1)</p>	W 0104	<p>and QIDP will proactively monitor clients to ensure plan implementation.</p> <p>11 If there is suspected ANE all staff will immediately report to QA and ResCare Policy will be followed.</p> <p>Persons Responsible: Executive Director, AED, Program Manager, Quality Assurance, Quality Assurance Manager Director of Nursing, Nurse, Area Supervisor, QIDP, DSL, and DSP.</p> <p>1 Due to COVID shelter in place two unannounced random daily observations began at the Facility on 12/8/2023 to ensure plans are being implemented by staff. Observers will question the staff on ANE and ensure documentation is completed as required. Weekday daily observations will remain in effect for 60 days. After 60 days monthly, administrative observations will be conducted.</p> <p>2 The management team began daily update meetings on December 1, 2023, to ensure compliance and implement changes needed developing a plan and implementation of those changes. Meetings will continue until conditions are lifted.</p>	12/21/2023

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	<p>client A's pattern of falls to ensure her safety and 2) client C's pattern of falls to ensure her safety.</p> <p>This federal tag relates to complaint #IN00407148.</p> <p>9-3-1(a)</p>		<p>3 The Program Manager will retrain staff in the Facility on the Abuse, Neglect, and Exploitation Policy and disciplinary action will be given if the policy is not followed. Area Supervisor and Direct Support Lead will ensure that the Abuse, Neglect, and Exploitation Policy is followed. Monitoring of ANE will be done by The Program Manager, Area Supervisor, and Residential Manager to ensure all incidents of possible abuse, neglect, and exploitation are reported to the QA department.</p> <p>4 Observations conducted my members of the administrative team including managers from Quality, Nursing and Programming will conduct twice daily observations weekdays focusing on Adaptive Equipment, Exercise Program, Staff Training and Medication. Any issues are to be immediately reported to the Facility Team.</p> <p>5 An IDT comprised of paraprofessionals was held on December 1, 2023 to address client issues QIPD, Nurse and a Member of Programming Management will retrain all staff in the facility on updated BSPs ISP and HRP as needed.</p> <p>6 An IDT comprised of Paraprofessionals was held to identify fall risk and work on client specific plans. The QIDP and Nurse will train staff based on</p>	

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			<p>these recommendations PERs system, chair and bed alarm and guarded assist have been added to client plan. QIDP will retrain on updated plans and monitored by members of the the Administrative Observation Team for effectiveness.</p> <p>7 The QIDP will be retrained to review falls IR and completing investigations. The Quality Assurance Team will review fall investigations to identify trends and implement protective measure with input from the IDT.</p> <p>8 An IDT comprised of Paraprofessionals was held to identify fall risk and work on client specific plans. The QIDP and Nurse will train staff based on these recommendations.</p> <p>9 The governing body will ensure all staff is retrained on ANE policy and procedures.</p> <p>10 The DSL will monitor home activities and client interactions daily to ensure there is no suspected ANE/Mistreatments of clients and all plans are followed if an issue is noted the Program Manager, Nurse, QIDP and AED will be immediately notified and correction will be made.</p> <p>11 The Direct Support Lead, Area Supervisor, Facility Nurse and QIDP will proactively monitor clients to ensure plan implementation.</p> <p>12 If there is suspected ANE all staff will immediately report to</p>	

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W 0122 Bldg. 00	<p>483.420(a) CLIENT PROTECTIONS</p> <p>The facility must ensure the rights of all clients. Therefore the facility must Based on observation, record review and interview for 2 of 2 sampled clients (A and C), the facility failed to meet the Condition of Participation: Client Protections. The facility neglected to implement its policy and procedures to ensure their system to prohibit and prevent abuse, neglect, and/or mistreatment was implemented to prevent 1) a pattern of falls resulting in injury to client A and 2) a pattern of falls resulting in injury to client C.</p> <p>Findings include:</p> <p>1) Please refer to W149. The facility failed to implement its policy and procedures to implement the Abuse, Neglect, Exploitation, Mistreatment and/or Violation of Individual's Rights policy to prevent 1) a pattern of falls resulting in injury to</p>	W 0122	<p>QA and ResCare Policy will be followed.</p> <p>13 The governing body will ensure all staff is retrained on ANE policy and procedures.</p> <p>14 If there is suspected ANE all staff will immediately report to QA and ResCare Policy will be followed.</p> <p>Persons Responsible: Executive Director, AED, Program Manager, Quality Assurance, Quality Assurance Manager Director of Nursing, Nurse, Area Supervisor, QIDP, DSL, and DSP.</p> <p>1 The management team began daily update meeting on December 1, 2023 to ensure compliance and implement changes needed developing a plan and implementation of those changes. Meetings will continue until conditions are lifted.</p> <p>2 The Facility will retrain staff on the Abuse, Neglect and Exploitation Policy and disciplinary action will be given if the policy is not followed. Area Supervisor and Direct Support Lead will ensure that the Abuse, Neglect and Exploitation Policy is followed. Monitoring of ANE will done by The Program Manager,</p>	12/21/2023

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	<p>client A and 2) a pattern of falls resulting in injury to client C.</p> <p>2) Please refer to W157. The facility failed to develop corrective measures that ensured sufficient supports and services to prevent 1) a pattern of falls resulting in injury to client A and 2) a pattern of falls resulting in injury to client C.</p> <p>This federal tag relates to complaint #IN00407148.</p> <p>9-3-2(a)</p>		<p>Area Supervisor and Residential Manager to ensure all incidents of possible abuse, neglect and exploitation are reported to the QA department.</p> <p>3 An IDT comprised of paraprofessionals was held on December 1, 2023 to address client issues QIPD, Nurse and a Member of Programming Management will retrain all staff in the facility on updated BSPs ISP and HRP as needed.</p> <p>4 An IDT comprised of Paraprofessionals was held to identify fall risk and work on client specific plans. The QIDP and Nurse will train staff based on these recommendations PERs system, chair and bed alarm and guarded assist have been added to client plan. QIDP will retrain on updated plans and monitored by members of the the Administrative Observation Team for effectiveness.</p> <p>5 The QIDP will be retrained to review falls IR and completing investigations. The Quality Assurance Team will review fall investigations to identify trends and implement protective measure with input from the IDT.</p> <p>6 An IDT comprised of Paraprofessionals was held to identify fall risk and work on client specific plans. The QIDP and Nurse will train staff based on these recommendations.</p> <p>7 The governing body will</p>	

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W 0140 Bldg. 00	483.420(b)(1)(i) CLIENT FINANCES The facility must establish and maintain a		<p>ensure all staff is retrained on ANE policy and procedures.</p> <p>8 The DSL will monitor home activities and client interactions daily to ensure there is no suspected ANE/Mistreatments of clients and all plans are followed if an issue is noted the Program Manager, Nurse, QIDP and AED will be immediately notified and correction will be made.</p> <p>9 The Direct Support Lead, Area Supervisor, Facility Nurse and QIDP will proactively monitor clients to ensure plan implementation.</p> <p>10 If there is suspected ANE all staff will immediately report to QA and ResCare Policy will be followed.</p> <p>11 The governing body will ensure all staff is retrained on ANE policy and procedures.</p> <p>12 If there is suspected ANE all staff will immediately report to QA and ResCare Policy will be followed</p> <p>13 The Facility will ensure the Doctors Orders are carried out as expeditiously as possible. Persons Responsible: Executive Director, AED, Program Manager, Quality Assurance, Quality Assurance Manager Director of Nursing, Nurse, Area Supervisor, QIDP, DSL, and DSP.</p>		

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	<p>system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of clients. Based on record review and interview for 2 of 3 sampled clients (A and B) and 3 additional clients (D, G and H), the facility failed to ensure a full and complete accounting of clients A, B, D, G and H's personal funds entrusted to the facility.</p> <p>Findings include:</p> <p>On 11/28/23 at 8:44 AM, a review of the clients' finances was completed. The review indicated the following:</p> <p>1) Client A's financial ledger dated 11/2023 indicated an ending balance of \$0.00. Within client A's financial pouch was a gift card and no cash on hand. The Qualified Intellectual Disabilities Professional (QIDP) indicated at 8:57 AM, client A had a balance of \$3.08 on her gift card and updated client A's financial ledger. The total amount of funds unaccounted for was \$3.08.</p> <p>2) Client B's financial ledger dated 11/2023 indicated an ending balance of \$9.25. Client B's actual cash on hand balance was \$9.25. Within client B's financial pouch was a gift card. The QIDP indicated to staff #5 she needed to call and obtain the balance of client B's gift card. At 9:05 AM, staff #5 indicated to the QIDP client B had a balance of \$10.00 on her gift card. The total amount of funds unaccounted for was \$10.00.</p> <p>3) Client D's financial ledger dated 11/2023 indicated an ending balance of \$40.00. Client D's actual cash on hand balance was \$40.00. Within client D's financial pouch was a gift card. The QIDP indicated at 9:00 AM, client D had a balance of \$34.00 on her gift card and updated client D's</p>	W 0140	<p>The facility will establish and maintain a system that assures a full and complete accounting of clients' personal funds.</p> <p>The Facility will retrain staff on the standard of maintaining the system of accounting for client's funds entrusted to the facility. All receipts for the purchases must be returned to the facility and identify which client funds were spent on. The DSL will conduct weekly reviews of the Client Financial Record's to ensure all transactions have been recorded and account is balanced. The Program Manager will in-service the Area Supervisor, and Direct Support Lead on the use of client finance book.</p> <p>All employees will be trained on the revised standard and disciplinary action will be given if the standard is not followed.</p> <p>The Facility will ensure that the abuse neglect and exploitation policy is followed.</p> <p>A member of the Administrative team will conduct a monthly site reviews for all clients in facility and the administrator will hold a weekly ICF meeting to discuss issues that arise in the facility.</p>	12/21/2023

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	<p>financial ledger. The total amount of funds unaccounted for was \$34.00.</p> <p>4) Client G's financial ledger dated 11/2023 indicated an ending balance of \$0.00. Within client G's financial pouch were two gift cards and no cash on hand. The QIDP indicated to staff #5 she needed to call and obtain the balance of client G's gift card. At 9:05 AM, staff #5 indicated to the QIDP client G's balance on the first gift card was \$5.00 and the second gift card was \$10.00. The total amount of funds unaccounted for was \$15.00.</p> <p>5) Client H did not have a 11/2023 financial ledger with an ending balance. Within client H's financial pouch was \$0.26 cash on hand and a gift card. At 8:47 AM, the QIDP asked client H how much money was on her gift card. Client H stated, "I don't know". The QIDP asked if she thought it was a \$20.00 gift card to use. Client H stated, "I don't know, maybe \$10.00". At 8:50 AM, staff #5 stated to the QIDP, "[Client D's] family church donated those (gift cards). I think it's got \$5.00 on it". At 8:53 AM, staff #5 called to obtain the balance on client H's gift card and stated, "\$10.00". The total amount of funds unaccounted for was \$10.26.</p> <p>On 11/29/23 at 4:46 PM, the QIDP was interviewed. The QIDP was asked about accounting of clients A, B, D, G and H's personal funds entrusted to the facility. The QIDP stated, "On the (financial) ledger with everything (gift cards) in their pouch. Maintained accurately and accounted for".</p> <p>9-3-2(a)</p>		<p>Persons Responsible: AED, Quality Assurance Manager, QA Coordinator/QIDP Manager, Program Manager, Area Supervisor, QIDP, Direct Support Lead, and DSP.</p>	

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W 0149 Bldg. 00	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on observation, record review and interview for 2 of 2 sampled clients (A and C), the facility failed to implement the Abuse, Neglect, Exploitation, Mistreatment and/or Violation of Individual's Rights policy to prevent 1) a pattern of falls resulting in injury to client A and 2) a pattern of falls resulting in injury to client C.</p> <p>Findings include:</p> <p>1) Observations were conducted on 11/27/23 from 3:37 PM to 5:13 PM and on 11/28/23 from 7:05 AM to 9:17 AM. During these observations, client A wore a hard plastic boot on her right foot. At 4:03 PM, client A prepared to take her afternoon medications. Client A was asked if liked living at the group home. Client A stated, "I do. I love this house. It's better than [previous home]. Yes, I do". Client A was asked about the use of her hard plastic boot. Client A stated, "It's healing up". Client A then proceeded to take her afternoon medications.</p> <p>At 9:12 AM, client A was asked how she hurt her foot. Client A stated, "I was in the kitchen and fell backwards". Client A was asked what she was doing when the fall occurred. Client A stated, "I was putting dishes away". Client A was asked what caused her to lose her balance. Client A stated, "I got a little dizzy". Client A was asked if this happened often. Client A stated, "No". Client A was asked about a previous fall that occurred in April 2023 which resulted in an injury and how it occurred. Client A stated, "I fell on my floor. I had clothes on the floor". The Qualified Intellectual</p>	W 0149	<p>The Facility will retrain staff at the site on the Abuse, Neglect and Exploitation Policy and disciplinary action will be given if the policy is not followed. Area Supervisor and Direct Support Lead will ensure that the Abuse, Neglect and Exploitation Policy is followed. Monitoring of ANE will done by The Program Manager, Area Supervisor and Direct Support Lead to ensure all incidents of possible abuse, neglect and exploitation are reported to the QA department.</p> <p>The Program Manager will ensure the Area Supervisor will retrain staff on the Abuse, Neglect and Exploitation Policy and disciplinary action will be given if the policy is not followed.</p> <p>Area Supervisor and Program Manager will ensure that the Abuse, Neglect and Exploitation Policy is followed through random monitoring.</p> <p>Monitoring of Corrective Action: The Program Manager, Area Supervisor and Residential Manager will ensure all incidents of possible abuse, neglect and exploitation are reported to the QA department.</p>	12/21/2023
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	<p>Disabilities Professional (QIDP) stated to client A, "That's why it's important to keep your room cleaned up". Client A responded by stating, "Yeah". Client A wore the hard plastic boot throughout both the evening and morning observations.</p> <p>On 11/27/23 at 2:30 PM, a review of the facility's Bureau of Disabilities Services (BDS) reports and accompanying investigation summaries was conducted. The review indicated the following affecting client A:</p> <p>1A) BDS incident report dated 4/20/23 indicated, "It was reported [client A] came to the living room after taking a nap. Staff stated [client A] appeared to have an involuntary movement in her right hand and right leg and drool on her face, neck, and shirt. [Client A] does receive a medication to address the issue. Staff informed [client A] she needed to take a shower so she could be taken to the ER (emergency room), so [client A] went to her bedroom. Staff heard a noise and went to check on [client A]. [Client A] was sitting on the floor due to falling. Her left ankle appeared swollen and was beginning to bruise. [Client A] was able to move to her bed while staff went to contact EMS (emergency medical services). Plan to Resolve: EMS arrived and transported [client A] to the ER for evaluation. [Client A] was evaluated and admitted to [name of hospital]. [Client A's] left ankle and some of her toes are fractured. [Client A] is scheduled to have surgery on 4/21/23. Staff have been placed on leave pending investigation and review to ensure plans were being followed at the time of incident".</p> <p>Investigation summary dated 4/20/23 through 4/26/23 indicated, "Introduction: An investigation was initiated when [client A] fell in her bedroom</p>		<p>Persons Responsible: AED, Quality Assurance Manager, QA Coordinator/QIDP Manager, Program Manager, Area Supervisor, QIDP, Direct Support Lead, and DSP.</p>	

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	<p>and sustained a fracture in (sic) her left ankle which required surgery...</p> <p>Factual Findings: [Staff #5] stated she was concerned about [client A] due to drooling and not responding to her questions. [Staff #5] also stated she does not know [client A] as well as [staff #1] does.</p> <p>[Staff #1] stated she was not concerned about [client A's] drooling, twitching in her arm and leg, or the fact that [client A] did not respond to [staff #5]. [Staff #1] stated all of these behaviors were normal for [client A]. [Staff #1] also stated had she thought [client A] was in need of medical attention, she would have transported [client A] to the ER and not worried about [client A] needing a shower. [Staff #1] was only going to take [client A] to the ER because [Staff #5] was so concerned and they were unable to reach the nurse for advice.</p> <p>[Client A] stated she was feeling fine when she got out of bed from taking a nap. [Client A] did state she became dizzy when she stood up from the sofa, but it just lasted a few seconds. [Client A] has no history of falls therefore has no Fall Risk Plan. Medication Administration Records show [client A] is prescribed Atropine... three times daily to decrease saliva. [Client A] sustained a fractured ankle that required surgery to repair...</p> <p>Conclusion: It is substantiated [client A] was receiving quality services at the time of her fall...</p> <p>Recommendations: Reinstate staff. Retrain staff on 911 protocol...".</p> <p>1B) Internal Incident Report dated 8/12/23 indicated, "Type Incident: Fall... What happened</p>			

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	<p>during the incident? Staff walked down the hallway and saw [client A] in her room. When staff walked back to med (medication) room, other staff went to check on her (client A) again. She (client A) was sitting by her bed. Staff asked [client A] why she was on the floor. She (client A) said she slid off her bed and ended up on the floor. Staff checked the side of her thigh... there was no redness or bruising...".</p> <p>Investigation summary dated 8/12/23 indicated, "Witness Statements: On 8/12/23, [client A] stated 'Yes' when asked if she had fallen. [Client A] stated she was getting out of her bed. [Client A] denied hitting her head or getting hurt. [Client A] stated the floor was slippery and denied tripping over anything.</p> <p>On 8/12/23, [staff #2] stated she was not with [client A] when she fell but had walked down the hall to check on her and found her on the floor. [Staff #2] stated [client A] reported she slid down the bed to the floor. [Staff #2] stated she helped [client A] up and checked her for injuries and did not find any...</p> <p>Conclusion: It is substantiated [client A] fell due to her bedroom floor being slippery...</p> <p>Recommendations: [Client A] will have a new rug with floor grippers as well as gripper socks that will help her get her footing when getting in and out of bed. This will be added to the fall risk plan...".</p> <p>1C) BDS incident report dated 11/5/23 indicated, "Staff reported [client A] fell as she was walking to her room, and she reported back pain. [Client A] was assisted to bed and [nurse] was contacted. Staff were advised to transport to</p>			

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	<p>urgent care in the morning. [Client A] also experienced a fall the day prior, 11/4/2023, with no injuries or complaints noted at the time. Plan to Resolve: [Client A] was transported to urgent care on 11/5/2023, she was assessed and diagnosed with metatarsal fracture of the right foot. [Client A] was given a walking boot and discharged with orders to follow up with orthopedic doctor and use ice and Tylenol as needed for pain. Risk plans will be reviewed and updated as needed...".</p> <p>Investigation summary dated 11/4/23 through 11/6/23 indicated, "Introduction: On 11/4/23, it was reported [client A] was walking down the back hallway when she fell... Staff asked [client A] what happened and [client A] reported she thought she tripped over her feet. Staff reported there was nothing on the floor to trip over. [Client A] denied having any pain or discomfort stating, 'No really, I'm ok'..."</p> <p>On 11/5/23, staff reported [client A] fell as she was walking to her room, and she reported back pain. [Client A] was assisted to the bed and [nurse] was contacted. Staff were advised to transport to urgent care in the morning...</p> <p>Factual Findings:... 1. What was the client doing prior to the fall? On the 4th she was going outside to smoke. On the 5th she had gone into the kitchen to get a snack and then go outside to smoke... 2. Was staff with the client and assisting her/him? No... 6. Does this consumer have a history of falls? Yes... 7. Has a fall assessment been completed in the past 3-6 months? Yes. Her last fall was in August 2023. 8. If a fall assessment was completed, were any changes needed/implemented? No new changes... [Client A] was transported to urgent care, assessed and diagnosed with metatarsal fracture of right foot,</p>			

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	<p>given a walking boot and discharged with orders to follow up with orthopedic doctor and use ice and Tylenol as needed for pain.</p> <p>Conclusion: [Client A's] had 2 falls and each time the risk plan was used correctly. The [nurse] and QIDP reviewed the Risk plan and discussed the incident with [client A] and the staff involved...</p> <p>Recommendations: [Nurse] will review and revise fall risk plan... The fall risk plan was revised on 11/5/23...".</p> <p>On 11/29/23 at 1:59 PM, client A's record was reviewed. The review indicated the following:</p> <p>-Emergency Department to Hospital Admission Consult dated 4/19/23 indicated, "Medical Decision Making:... x-ray shows a dislocated trimalleolar (ankle) fracture. Chest x-ray interpretation shows no cardiomegaly (enlargement of heart) fusion or infiltrate. Metabolic panel (metabolism) is at baseline. There is no evidence of infectious process. I did speak to the on-call orthopedic (treatment of bone fracture) surgeon and hospitalist. Patient (client A) will be admitted for surgical repair...".</p> <p>-Hospital Medical Consult dated 11/5/23 indicated, "Reason for Visit: Fall, Back Pain. Diagnosis: Fall, broken foot, acute bilateral low back pain without sciatica (nerve)... Summary: A metatarsal fracture is a break in one of the five bones that connect the toes to the rest of the foot...".</p> <p>-Falls Health Risk Plan dated 11/5/23 indicated, "Problem: Risk of Falls... 1. Staff will assist with transfers to ensure safety... 2. Staff will assist with hygiene, toileting, dressing in its entirety... 3. Staff</p>			

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	<p>will provide hands on assistance with helping [client A] on the van... 4. Staff will keep environment free of any obstacles to prevent falls...".</p> <p>On 11/29/23 at 3:26 PM, the Nurse was interviewed. The Nurse was asked about client A's pattern of falls with injuries to her feet. The Nurse indicated client A had two falls which resulted in fractures. The Nurse was asked about the level of injuries for fractured bones due to the two falls client A had experienced. The Nurse indicated client A did not have a calcium deficiency, but a bone density evaluation had not been completed. The Nurse stated, "Yes. Need to follow up, I'll check on that. She should have a bone density eval (evaluation)". The Nurse was asked if client A had a diagnosis of skeletal issues or Osteoporosis (decreased bone mass). The Nurse stated, "No. That's why I'm going to ask them (Orthopedic) to do it. She returns in 2 weeks". The Nurse was asked about client A's pattern of falls indicating environmental issues such as clothing on her bedroom floor. The Nurse indicated client A's environment should be free from obstacles and client A should be supported by staff to ensure her safety and prevent falls.</p> <p>On 12/4/23 at 11:13 AM, the Director of Nursing (DON) was interviewed. The DON was asked about client A's medical history, age, the three incidents of falls, two of which resulted in fractured bones in her feet and how the pattern of falls was addressed. The DON indicated more medical follow up was needed and stated, "She needs a bone density test". The DON indicated due to client A's falls with injury and history of smoking, further evaluation was needed and stated, "I bet she has Osteoporosis". The DON indicated more medical follow up was going to be</p>			

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	<p>completed with client A.</p> <p>2) Observations were conducted on 11/27/23 from 3:37 PM to 5:13 PM and on 11/28/23 from 7:05 AM to 9:17 AM. During observations, client C was observed to ambulate without adaptive supports and/or staff assistance nearby her. Upon entering the group home, client C indicated to the surveyor she no longer used a walker while ambulating. Client C ambulated throughout the kitchen area, dining area, the hallway, to the medication administration room, and to and from her bedroom and bathroom without staff nearby her.</p> <p>During the morning medication administration routine at 7:17 AM, client C stated to staff #1, "Sometimes my feet feel numb. Not all the time, but sometimes they do". Client C was asked if she had told the nurse or a doctor about her feet going numb. Client C stated, "I'm going to tell the doctor next time". Client C was asked if the doctor knew about her feet going numb. Client C stated, "No".</p> <p>At 9:09 AM, client C approached the Qualified Intellectual Disabilities Professional (QIDP) to ask a question. Client C shuffled her feet and took a couple short steps backwards. The QIDP used a verbal prompt and stated "[Client C] go slow" and held her hand toward client C if she needed to gain her balance. With the exception of the QIDP's prompting, client C ambulated throughout the group home during the observation without the use of adaptive supports and/or staff nearby while she ambulated to assist her.</p> <p>On 11/27/23 at 2:30 PM, a review of the facility's Bureau of Disabilities Services (BDS) reports and accompanying investigation summaries was conducted. The review indicated the following</p>			

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	<p>affecting client C:</p> <p>2A) BDS incident report dated 7/10/23 indicated, "It was reported [client C] was putting away pots and pans when she fell to the floor. [Client C] reported she lost her balance. Staff found a 1-inch abrasion on [client C's] right knee, [client C] reported no pain. Staff applied first aid. Plan to Resolve: Staff will continue to report all falls. Staff will contact the nurse for all falls".</p> <p>Investigation summary dated 7/24/23 indicated, "Description of incident: [Client C] fell as she was walking to put pots and pans away... Conclusion: It is substantiated [client C] lost her balance and fell while putting away the pots and pans causing a scrape that required basic first aid. Recommendations: Staff need to remind [client C] to walk and bend at a calm pace to prevent losing her balance".</p> <p>2B) BDS incident report dated 8/6/23 indicated, "It was reported [client C] was getting a cup from the cabinet when she said she tripped over her feet and fell to the floor. Staff completed skin assessment and found a 3/4 inch red mark on her left knee. [Client C] reported no pain. Plan to Resolve: Staff reminded [client C] to slow down while walking. Staff will continue to report all falls".</p> <p>Investigation summary dated 8/5/23 indicated, "Description of incident: [Client C] was in the kitchen and fell turning around to go from sink area to table. She got up and staff came over to check her for injuries. [Client C] said she was fine. She pulled her pant leg up and there was a small red area. [Client C] is always moving quickly. Staff repeatedly tells her to slow down. [Client C] doesn't take this seriously... Conclusion: [Client C]</p>			

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	<p>fell because she was moving too fast. She slipped on the floor. Recommendations: Staff will continue to remind [client C] to slow down. Anti-Slip socks will be purchased for her. Staff will be trained to remind her to ear (sic) socks or shoes at all times".</p> <p>2C) BDS incident report dated 9/8/23 indicated, "It was reported [client C] went outside to sit on the patio until it was time to leave for day program. [Client C] was setting her bags down when she lost her balance and fell to the ground. [Client C] sustained a 1-inch and a ½ inch abrasion on her right knee and a 2-inch knot just below her right kneecap. Nurse was contacted and [client C] was transported to the hospital for evaluation. Plan to Resolve: X ray was completed with normal result. [Client C] was released with discharge paperwork for Fall, Acute pain of right knee, and Abrasion. [Client C] was advised to take Tylenol or Ibuprofen for pain. Rest, ice, and elevate as needed. Keep abrasion clean and dry and covered as needed until healed".</p> <p>Investigation summary dated 9/7/23 indicated, "Description of incident: [Client C] took her lunch box and other items to the front porch to wait to leave for work. When she set them down, she lost her balance and fell to her knees. She had a scratch on her right knee and some swelling. The nurse indicated she needed to be sent out to check her knee. She was sent to Urgent Care... Conclusion: [Client C] had a fall outside due to carrying too much. The ground (cement) on the front porch is uneven. Recommendations: The staff will be trained to evaluate the amount of items [client C] is carrying to ensure she is not carrying too much".</p> <p>Investigation summary dated 9/8/23 indicated, "Description of incident: [Client C] was taking a</p>			

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	<p>shower and had a fall. She said the floor was slippery. Staff helped her up and assessed her injuries. The nurse requested further monitoring and also PCP (primary care physician) for any underlying issues... Conclusion: [Client C] had a fall. Staff was not present. The floor was slippery. Recommendations: Nonslip decals will be purchased as well as work request to put in a Handicap bar in the bathroom shower. [Client C] will also be taken to check for a UTI (urinary tract infection) or other medical issue to determine if it is making her feel dizzy".</p> <p>2D) BDS incident report dated 9/21/23 indicated, "It was reported [client C] was talking to staff when she turned to walk away and fell to her knees on the floor. [Client C] scraped a scab on her knee from a previous incident and it began to bleed. Staff applied first aid. Plan to Resolve: [Client C] has a fall risk plan that was being followed and has had a recent fall assessment completed. PCP (primary care physician) ordered PT (Physical Therapy) which is in the process of being scheduled".</p> <p>Investigation summary dated 9/20/23 indicated, "Description of incident: [Client C] came from the dining room to tell staff another client was eating loud. She spoke to the staff and turned around quickly to return to the table, and she fell on the floor hitting both knees. There were no new injuries but a scab from a past fall broke open and bled. [Client C] got her knee cleaned and a bandage... Conclusion: It is substantiated [client C] fell due to her fall risk plan not being implemented appropriately. [Client C] fell because she was trying to move too quickly, and staff failed to remind her to slow down. Recommendations: The staff will be retrained on notifying AS (Area Supervisor) /Nurse/QIDP</p>			

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	<p>(Qualified Intellectual Disabilities Professional) when there is an incident. Staff will be retrained to remind [client C] to slow down when she is walking quickly".</p> <p>2E) BDS incident report dated 9/26/23 indicated, "It was reported [client C] was attempting to open the door on the van and lost her balance and fell to the ground. Staff completed skin assessment and found no new injuries. Staff did find a 3 ½ inch bruise on [client C's] right mid back that appeared to be healing. [Client C] told staff she had sustained the bruise after her last fall... No injuries were visible on [client C's] back at the time of that fall. Plan to Resolve: Staff will continue to report all falls. [Client C] has a fall risk plan in place that was being followed at the time of the fall. [Client C] has had a recent fall assessment completed".</p> <p>Investigation summary dated 9/26/23 indicated, "Description of incident: [Client C] had fallen trying to get into the van. [Staff #4] had caught her as she was going down to the ground. When she got up staff checked her for injury. She had a 3 1/2-inch-long bruise that was yellow/green/blue. [Client C] stated she got it the last time she fell in the shower (on 9/8). She said she hit the shower chair last time... Conclusion: [Client C] had an injury that resulted from a fall on 9.8.23. [Client C] often takes a long time for bruises to show up. Recommendations: HRC (Human Rights Committee approval) was requested as well, as guardian approval, to supervise [client C's] showers for safety precautions. Staff will be trained".</p> <p>2F) BDS incident report dated 10/17/23 indicated, "It was reported [client C] was going to get a laundry pod so she could start her laundry. Staff</p>			

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	<p>asked [client C] to wait until staff finished administering medications to [client C's] housemate. There was a box in the floor that [client C] attempted to move with her foot. [Client C] lost her balance and fell to the floor. Staff assisted [client C] from the floor and completed skin assessment. [Client C] sustained a ½ inch abrasion on each elbow. The abrasions did not break the skin. Nurse was contacted. Plan to Resolve: Staff will remind [client C] not to attempt moving items on the floor with her foot".</p> <p>Investigation summary dated 10/16/23 through 10/17/23 indicated, "Introduction:... [Client C] wanted a laundry pod to do laundry. Staff asked her to wait. [Client C] did not wait and tried to move [housemate's] med (medication) box out of the way. [Client C] lost her balance from pushing the other client's box out of the way. She fell to her bottom. She had small scrapes on both her elbows. The nurse was notified, and first aid was given...</p> <p>Factual Findings:... 11. Were there any environmental factors that contributed to the fall? The box was in [client C's] way once she tried to come into the office when asked not to. 12. Do any changes need to be made to prevent future occurrences? When asking [client C] to wait, have her sit down to help her to not impulsively fall due to her quick actions... Conclusion: Staff will be trained to ask [client C] to sit down if they are asking her to wait for something. The [nurse] will update the risk plan...</p> <p>Recommendations: Staff will be trained to ask [client C] to sit down if they are asking her to wait for something. The [nurse] will update the risk plan to include staff asking [client C] to sit down if they are asking her to wait for something...".</p>			

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	<p>2G) BDS incident report dated 11/13/23 indicated, "It was reported staff was assisting [client C] with a shower when she noticed a 3-inch bruise on [client C's] right hip/lower back. When staff asked [client C] how she sustained the bruise, [client C] reported she got the bruise the last time she fell. Plan to Resolve: [Client C] fell on 11/3/23 landing on her hip. There were no visible injuries at the time of the fall".</p> <p>The cause of the bruise was determined to be from a fall in the shower on 11/3/23, and therefore no investigation was conducted and/or available for review.</p> <p>In addition, internal incident reports indicated client A fell on the following dates without injury: 5/10/23, 7/21/23, 8/25/23 and 9/8/23.</p> <p>On 11/28/23 at 5:01 PM, client C's guardian was interviewed. The guardian was asked about client C's pattern of falls and her program plan to reduce the risk of falling with injury. Client C's guardian stated, "I would like to see the use of a cane for walking. I'm told there is not a way to use it without a doctor's order". Client C's guardian indicated he had used a cane with client C during a home visit and stated, "I just feel more comfortable usually with her (ambulating). Also, while she's still ambulating, let's look at doing something now". Client C's guardian was asked if client C had been assessed by Physical Therapy. The guardian stated, "I think she has. That was how she gained strength and got rid of the walker. When you are with her, you can tell these little things (cane) help. It's minor, but it could help".</p> <p>On 11/29/23 at 1:03 PM, a review of client C's record was conducted. The review indicated the</p>			

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	<p>following:</p> <p>-Fall Health Risk Plan dated 10/13/23 indicated, "Problem: Fall risks... Approach: 1) Staff will assist [client C] with ambulation as necessary to ensure safety. 2) Staff will ensure [client C] wears appropriate shoes, tennis shoes, soled shoes or non-skid shoes. 3) Staff will keep environment free of any obstacles to prevent falls. 4) Staff will notify nurse of any falls and complete incident report... 12) Staff will ensure that [client C] uses a shower chair and that staff are assisting as needed remaining in close proximity of bathroom in case assistance is needed/requested. 13) Staff will monitor and assist as needed with showers...".</p> <p>-Medical Consult dated 9/30/23 indicated, "Name: [Client C]... Reason for Visit: Physical Therapy start of care visit/initial evaluation... Consult Orders: Plan to see 1 wk (week) 7 for therapeutic activity, therapeutic exercise, gait training, neuromuscular retraining to improve strength, balance, and endurance to reduce the risk of falls and improve safety/independence with mobility and ADLs (adult daily living skills)...".</p> <p>On 11/29/23 at 3:26 PM, the Nurse was interviewed. The Nurse was asked about client C's pattern of falls with injury and the implementation of client C's program plans to reduce the risk of falls with injury. The Nurse indicated client C participated in home Physical Therapy services weekly. The Nurse indicated client C would complete Physical Therapy services due to repeated falls, be discharged, and would be referred for more Physical Therapy. The Nurse was asked if the visiting Physical Therapist documented the status of client C's therapy and progress. The Nurse indicated the Physical Therapist usually had a folder and would</p>			

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	<p>document regarding the therapy with client C. The outside Physical Therapist documentation of client C's progress was requested at that time.</p> <p>On 11/29/23 at 3:48 PM, the Nurse provided two recent Physical Therapy consult forms for review. The review indicated the following:</p> <p>-Physical Therapy (PT) Consult dated 11/13/23 indicated, "Patient c/o (complaint) R (right) knee pain... Results... Patient reported 0/10 (no pain)... at rest, but increased with activity... Standing Home Exercise Program: Complete 2-3 (times) / day for 10-15 reps each. 1) Marching in place. 2) Mini squats. 3) Heel / Toe raises. 4) Hip abduction (side kicks - legs straight). 5) Hip Extension (kick back - leg straight). 6) Hamstring curls ('butt' kicks / donkey kicks). 7) Sitting and Standing...".</p> <p>-Physical Therapy Consult dated 11/22/23 indicated, "Reason for visit: Physical Therapy... Results:.. increase strength with 30 sit to stand reps from 8 to 9 (gait still requires hands on assistance for safety)... Orders: Plan to recertify for additional PT visits...".</p> <p>On 11/29/23 at 3:54 PM, the Nurse was asked about the Physical Therapy consults indicating an exercise program and client C requiring assistance with gait for her safety. The Nurse indicated more follow up was needed to review and revise client C's program plans and train staff. The Nurse indicated staff should be within arm's reach of client C to be able to provide support and assistance to prevent falls and promote client C's safety while she ambulated.</p> <p>On 12/4/23 at 10:56 AM, the Qualified Intellectual Disabilities Professional (QIDP) was interviewed. The QIDP was asked about client C's Standing</p>			

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	<p>Home Exercise Program. The QIDP indicated she was unaware of a PT recommendation for an in home exercise program. The QIDP stated, "[Nurse] may have got something started up with the staff, but I don't know anything about that".</p> <p>On 12/4/23 at 11:13 AM, the Director of Nursing (DON) was interviewed. The DON was asked about the PT recommendations of a standing in home exercise program and hands on assistance required for client C's safety. The DON indicated a communication issue had occurred and stated, "I'm not aware of a standing home exercise program. That would help her balance and strength". The DON indicated more follow up would be completed to ensure the standing in home exercise program and the hands on assistance for safety during ambulation would be implemented as part of client C's program plans.</p> <p>At 11:40 AM, the DON and QIDP provided further follow up to the request of the nurse's knowledge about client C's standing exercise program. The QIDP indicated the nurse had responded "I did not know". The DON stated, "That's what I was guessing".</p> <p>On 12/4/23 at 12:24 PM, the Quality of Assurance Manager (QAM) was interviewed. The QAM was asked about clients A and C's pattern of falls with injuries, further medical supports and services indicated, and how the Abuse, Neglect, Exploitation, Mistreatment and/or a Violation of Individual's Rights (ANE) policy should be implemented. The QAM stated, "At all times, by all employees".</p> <p>On 11/30/23 at 10:18 AM, a review of the 11/10/23 ANE policy was conducted. The review indicated the following: "ResCare staff actively advocate for</p>			

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W 0157 Bldg. 00	<p>the rights and safety of all individuals... ResCare strictly prohibits abuse, neglect, exploitation, mistreatment, or violation of an Individual's rights...".</p> <p>This federal tag relates to complaint #IN00407148.</p> <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 2 of 2 sampled clients (A and C), the facility failed to develop corrective measures that ensured sufficient supports and services to prevent 1) a pattern of falls resulting in injury to client A and 2) a pattern of falls resulting in injury to client C.</p> <p>Findings include:</p> <p>1) Observations were conducted on 11/27/23 from 3:37 PM to 5:13 PM and on 11/28/23 from 7:05 AM to 9:17 AM. During these observations, client A wore a hard plastic boot on her right foot. At 4:03 PM, client A prepared to take her afternoon medications. Client A was asked if liked living at the group home. Client A stated, "I do. I love this house. It's better than [previous home]. Yes, I do". Client A was asked about the use of her hard plastic boot. Client A stated, "It's healing up". Client A then proceeded to take her afternoon medications.</p> <p>At 9:12 AM, client A was asked how she hurt her foot. Client A stated, "I was in the kitchen and fell backwards". Client A was asked what she was doing when the fall occurred. Client A stated, "I</p>	W 0157	<p>The facility will ensure the results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law within five working days of the incident.</p> <p>The Quality Assurance Department will ensure all investigations are completed in accordance with the policies of ResCare, local, state and federal guidelines.</p> <p>The Quality Assurance Department will be retrained by the Associate Executive Director on the local, state and federal guidelines for investigations of ANE.</p> <p>The Facility will retrain staff on the Abuse, Neglect and Exploitation Policy and disciplinary action will be given if the policy is not followed. Area Supervisor and Residential Manager will ensure that the Abuse, Neglect and Exploitation</p>	12/21/2023

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	<p>was putting dishes away". Client A was asked what caused her to lose her balance. Client A stated, "I got a little dizzy". Client A was asked if this happened often. Client A stated, "No". Client A was asked about a previous fall that occurred in April 2023 which resulted in an injury and how it occurred. Client A stated, "I fell on my floor. I had clothes on the floor". The Qualified Intellectual Disabilities Professional (QIDP) stated to client A, "That's why it's important to keep your room cleaned up". Client A responded by stating, "Yeah". Client A wore the hard plastic boot throughout both the evening and morning observations.</p> <p>On 11/27/23 at 2:30 PM, a review of the facility's Bureau of Disabilities Services (BDS) reports and accompanying investigation summaries was conducted. The review indicated the following affecting client A:</p> <p>1A) BDS incident report dated 4/20/23 indicated, "It was reported [client A] came to the living room after taking a nap. Staff stated [client A] appeared to have an involuntary movement in her right hand and right leg and drool on her face, neck, and shirt. [Client A] does receive a medication to address the issue. Staff informed [client A] she needed to take a shower so she could be taken to the ER (emergency room), so [client A] went to her bedroom. Staff heard a noise and went to check on [client A]. [Client A] was sitting on the floor due to falling. Her left ankle appeared swollen and was beginning to bruise. [Client A] was able to move to her bed while staff went to contact EMS (emergency medical services). Plan to Resolve: EMS arrived and transported [client A] to the ER for evaluation. [Client A] was evaluated and admitted to [name of hospital]. [Client A's] left ankle and some of her toes are</p>		<p>Policy is followed. Monitoring of ANE will done by The Program Manager, Area Supervisor and Residential Manager to ensure all incidents of possible abuse, neglect and exploitation are reported to the QA department.</p> <p>The QIPD will review all Clients in the facility's BSPs and ensure reactive procedures are accurate and remain up to date.</p> <p>The Area Supervisor will retrain all staff in the facility on completing behavior tracking data on a daily basis</p> <p>The Area Supervisor will retrain all staff in the facility on notifying the QIDP if behavioral tracking is unavailable in Task Master Pro based on goals being timed out.</p> <p>The QAM will retrain the QIDP on review Behavior Tracking Data monthly at a minimum.</p> <p>The QIDP Review all clients in the facility BSPs to ensure and reactive procedures are accurate The QAM will retrain QIPD on completing investigation within 5 Business Days and ensuring corrective measures are developed and implemented to prevent recurrence, and reactive measures are in place.</p> <p>A member of the Administrative team will conduct a monthly site reviews for all clients in facility and the administrator will hold a weekly ICF meeting to discuss issues that arise in the</p>	

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	<p>fractured. [Client A] is scheduled to have surgery on 4/21/23. Staff have been placed on leave pending investigation and review to ensure plans were being followed at the time of incident".</p> <p>Investigation summary dated 4/20/23 through 4/26/23 indicated, "Introduction: An investigation was initiated when [client A] fell in her bedroom and sustained a fracture in (sic) her left ankle which required surgery...</p> <p>Factual Findings: [Staff #5] stated she was concerned about [client A] due to drooling and not responding to her questions. [Staff #5] also stated she does not know [client A] as well as [staff #1] does.</p> <p>[Staff #1] stated she was not concerned about [client A's] drooling, twitching in her arm and leg, or the fact that [client A] did not respond to [staff #5]. [Staff #1] stated all of these behaviors were normal for [client A]. [Staff #1] also stated had she thought [client A] was in need of medical attention, she would have transported [client A] to the ER and not worried about [client A] needing a shower. [Staff #1] was only going to take [client A] to the ER because [Staff #5] was so concerned and they were unable to reach the nurse for advice.</p> <p>[Client A] stated she was feeling fine when she got out of bed from taking a nap. [Client A] did state she became dizzy when she stood up from the sofa, but it just lasted a few seconds. [Client A] has no history of falls therefore has no Fall Risk Plan. Medication Administration Records show [client A] is prescribed Atropine... three times daily to decrease saliva. [Client A] sustained a fractured ankle that required surgery to repair...</p>		<p>facility.</p> <p>Persons Responsible: AED, Quality Assurance Manager, QA Coordinator/QIDP Manager, Program Manager, Area Supervisor, QIDP, Direct Support Lead, and DSP.</p>	
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	<p>Conclusion: It is substantiated [client A] was receiving quality services at the time of her fall...</p> <p>Recommendations: Reinstate staff. Retrain staff on 911 protocol...".</p> <p>1B) Internal Incident Report dated 8/12/23 indicated, "Type Incident: Fall... What happened during the incident? Staff walked down the hallway and saw [client A] in her room. When staff walked back to med (medication) room, other staff went to check on her (client A) again. She (client A) was sitting by her bed. Staff asked [client A] why she was on the floor. She (client A) said she slid off her bed and ended up on the floor. Staff checked the side of her thigh... there was no redness or bruising...".</p> <p>Investigation summary dated 8/12/23 indicated, "Witness Statements: On 8/12/23, [client A] stated 'Yes' when asked if she had fallen. [Client A] stated she was getting out of her bed. [Client A] denied hitting her head or getting hurt. [Client A] stated the floor was slippery and denied tripping over anything.</p> <p>On 8/12/23, [staff #2] stated she was not with [client A] when she fell but had walked down the hall to check on her and found her on the floor. [Staff #2] stated [client A] reported she slid down the bed to the floor. [Staff #2] stated she helped [client A] up and checked her for injuries and did not find any...</p> <p>Conclusion: It is substantiated [client A] fell due to her bedroom floor being slippery...</p> <p>Recommendations: [Client A] will have a new rug with floor grippers as well as gripper socks that will help her get her footing when getting in and</p>			

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	<p>out of bed. This will be added to the fall risk plan...".</p> <p>1C) BDS incident report dated 11/5/23 indicated, "Staff reported [client A] fell as she was walking to her room, and she reported back pain. [Client A] was assisted to bed and [nurse] was contacted. Staff were advised to transport to urgent care in the morning. [Client A] also experienced a fall the day prior, 11/4/2023, with no injuries or complaints noted at the time. Plan to Resolve: [Client A] was transported to urgent care on 11/5/2023, she was assessed and diagnosed with metatarsal fracture of the right foot. [Client A] was given a walking boot and discharged with orders to follow up with orthopedic doctor and use ice and Tylenol as needed for pain. Risk plans will be reviewed and updated as needed...".</p> <p>Investigation summary dated 11/4/23 through 11/6/23 indicated, "Introduction: On 11/4/23, it was reported [client A] was walking down the back hallway when she fell... Staff asked [client A] what happened and [client A] reported she thought she tripped over her feet. Staff reported there was nothing on the floor to trip over. [Client A] denied having any pain or discomfort stating, 'No really, I'm ok'...</p> <p>On 11/5/23, staff reported [client A] fell as she was walking to her room, and she reported back pain. [Client A] was assisted to the bed and [nurse] was contacted. Staff were advised to transport to urgent care in the morning...</p> <p>Factual Findings:... 1. What was the client doing prior to the fall? On the 4th she was going outside to smoke. On the 5th she had gone into the kitchen to get a snack and then go outside to smoke... 2. Was staff with the client and assisting</p>			

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	<p>her/him? No... 6. Does this consumer have a history of falls? Yes... 7. Has a fall assessment been completed in the past 3-6 months? Yes. Her last fall was in August 2023. 8. If a fall assessment was completed, were any changes needed/implemented? No new changes... [Client A] was transported to urgent care, assessed and diagnosed with metatarsal fracture of right foot, given a walking boot and discharged with orders to follow up with orthopedic doctor and use ice and Tylenol as needed for pain.</p> <p>Conclusion: [Client A's] had 2 falls and each time the risk plan was used correctly. The [nurse] and QIDP reviewed the Risk plan and discussed the incident with [client A] and the staff involved...</p> <p>Recommendations: [Nurse] will review and revise fall risk plan... The fall risk plan was revised on 11/5/23...".</p> <p>On 11/29/23 at 1:59 PM, client A's record was reviewed. The review indicated the following:</p> <p>-Emergency Department to Hospital Admission Consult dated 4/19/23 indicated, "Medical Decision Making:... x-ray shows a dislocated trimalleolar (ankle) fracture. Chest x-ray interpretation shows no cardiomegaly (enlargement of heart) fusion or infiltrate. Metabolic panel (metabolism) is at baseline. There is no evidence of infectious process. I did speak to the on-call orthopedic (treatment of bone fracture) surgeon and hospitalist. Patient (client A) will be admitted for surgical repair...".</p> <p>-Hospital Medical Consult dated 11/5/23 indicated, "Reason for Visit: Fall, Back Pain. Diagnosis: Fall, broken foot, acute bilateral low back pain without sciatica (nerve)... Summary: A</p>			

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	<p>metatarsal fracture is a break in one of the five bones that connect the toes to the rest of the foot...".</p> <p>-Falls Health Risk Plan dated 11/5/23 indicated, "Problem: Risk of Falls... 1. Staff will assist with transfers to ensure safety... 2. Staff will assist with hygiene, toileting, dressing in its entirety... 3. Staff will provide hands on assistance with helping [client A] on the van... 4. Staff will keep environment free of any obstacles to prevent falls...".</p> <p>On 11/29/23 at 3:26 PM, the Nurse was interviewed. The Nurse was asked about client A's pattern of falls with injuries to her feet. The Nurse indicated client A had two falls which resulted in fractures. The Nurse was asked about the level of injuries for fractured bones due to the two falls client A had experienced. The Nurse indicated client A did not have a calcium deficiency, but a bone density evaluation had not been completed. The Nurse stated, "Yes. Need to follow up, I'll check on that. She should have a bone density eval (evaluation)". The Nurse was asked if client A had a diagnosis of skeletal issues or Osteoporosis (decreased bone mass). The Nurse stated, "No. That's why I'm going to ask them (Orthopedic) to do it. She returns in 2 weeks". The Nurse was asked about client A's pattern of falls indicating environmental issues such as clothing on her bedroom floor. The Nurse indicated client A's environment should be free from obstacles and client A should be supported by staff to ensure her safety and prevent falls.</p> <p>On 12/4/23 at 11:13 AM, the Director of Nursing (DON) was interviewed. The DON was asked about client A's medical history, age, the three incidents of falls, two of which resulted in</p>			

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	<p>fractured bones in her feet and how the pattern of falls was addressed. The DON indicated more medical follow up was needed and stated, "She needs a bone density test". The DON indicated due to client A's falls with injury and history of smoking, further evaluation was needed and stated, "I bet she has Osteoporosis". The DON indicated more medical follow up was going to be completed with client A.</p> <p>2) Observations were conducted on 11/27/23 from 3:37 PM to 5:13 PM and on 11/28/23 from 7:05 AM to 9:17 AM. During observations, client C was observed to ambulate without adaptive supports and/or staff assistance nearby her. Upon entering the group home, client C indicated to the surveyor she no longer used a walker while ambulating. Client C ambulated throughout the kitchen area, dining area, the hallway, to the medication administration room, and to and from her bedroom and bathroom without staff nearby her.</p> <p>During the morning medication administration routine at 7:17 AM, client C stated to staff #1, "Sometimes my feet feel numb. Not all the time, but sometimes they do". Client C was asked if she had told the nurse or a doctor about her feet going numb. Client C stated, "I'm going to tell the doctor next time". Client C was asked if the doctor knew about her feet going numb. Client C stated, "No".</p> <p>At 9:09 AM, client C approached the Qualified Intellectual Disabilities Professional (QIDP) to ask a question. Client C shuffled her feet and took a couple short steps backwards. The QIDP used a verbal prompt and stated "[Client C] go slow" and held her hand toward client C if she needed to gain her balance. With the exception of the QIDP's prompting, client C ambulated throughout the</p>			

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	<p>group home during the observation without the use of adaptive supports and/or staff nearby while she ambulated to assist her.</p> <p>On 11/27/23 at 2:30 PM, a review of the facility's Bureau of Disabilities Services (BDS) reports and accompanying investigation summaries was conducted. The review indicated the following affecting client C:</p> <p>2A) BDS incident report dated 7/10/23 indicated, "It was reported [client C] was putting away pots and pans when she fell to the floor. [Client C] reported she lost her balance. Staff found a 1-inch abrasion on [client C's] right knee, [client C] reported no pain. Staff applied first aid. Plan to Resolve: Staff will continue to report all falls. Staff will contact the nurse for all falls".</p> <p>Investigation summary dated 7/24/23 indicated, "Description of incident: [Client C] fell as she was walking to put pots and pans away... Conclusion: It is substantiated [client C] lost her balance and fell while putting away the pots and pans causing a scrape that required basic first aid. Recommendations: Staff need to remind [client C] to walk and bend at a calm pace to prevent losing her balance".</p> <p>2B) BDS incident report dated 8/6/23 indicated, "It was reported [client C] was getting a cup from the cabinet when she said she tripped over her feet and fell to the floor. Staff completed skin assessment and found a 3/4 inch red mark on her left knee. [Client C] reported no pain. Plan to Resolve: Staff reminded [client C] to slow down while walking. Staff will continue to report all falls".</p> <p>Investigation summary dated 8/5/23 indicated,</p>			

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	<p>"Description of incident: [Client C] was in the kitchen and fell turning around to go from sink area to table. She got up and staff came over to check her for injuries. [Client C] said she was fine. She pulled her pant leg up and there was a small red area. [Client C] is always moving quickly. Staff repeatedly tells her to slow down. [Client C] doesn't take this seriously... Conclusion: [Client C] fell because she was moving too fast. She slipped on the floor. Recommendations: Staff will continue to remind [client C] to slow down. Anti-Slip socks will be purchased for her. Staff will be trained to remind her to wear (sic) socks or shoes at all times".</p> <p>2C) BDS incident report dated 9/8/23 indicated, "It was reported [client C] went outside to sit on the patio until it was time to leave for day program. [Client C] was setting her bags down when she lost her balance and fell to the ground. [Client C] sustained a 1-inch and a ½ inch abrasion on her right knee and a 2-inch knot just below her right kneecap. Nurse was contacted and [client C] was transported to the hospital for evaluation. Plan to Resolve: X ray was completed with normal result. [Client C] was released with discharge paperwork for Fall, Acute pain of right knee, and Abrasion. [Client C] was advised to take Tylenol or Ibuprofen for pain. Rest, ice, and elevate as needed. Keep abrasion clean and dry and covered as needed until healed".</p> <p>Investigation summary dated 9/7/23 indicated, "Description of incident: [Client C] took her lunch box and other items to the front porch to wait to leave for work. When she set them down, she lost her balance and fell to her knees. She had a scratch on her right knee and some swelling. The nurse indicated she needed to be sent out to check her knee. She was sent to Urgent Care... Conclusion: [Client C] had a fall outside due to</p>			

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	<p>carrying too much. The ground (cement) on the front porch is uneven. Recommendations: The staff will be trained to evaluate the amount of items [client C] is carrying to ensure she is not carrying too much".</p> <p>Investigation summary dated 9/8/23 indicated, "Description of incident: [Client C] was taking a shower and had a fall. She said the floor was slippery. Staff helped her up and assessed her injuries. The nurse requested further monitoring and also PCP (primary care physician) for any underlying issues... Conclusion: [Client C] had a fall. Staff was not present. The floor was slippery. Recommendations: Nonslip decals will be purchased as well as work request to put in a Handicap bar in the bathroom shower. [Client C] will also be taken to check for a UTI (urinary tract infection) or other medical issue to determine if it is making her feel dizzy".</p> <p>2D) BDS incident report dated 9/21/23 indicated, "It was reported [client C] was talking to staff when she turned to walk away and fell to her knees on the floor. [Client C] scraped a scab on her knee from a previous incident and it began to bleed. Staff applied first aid. Plan to Resolve: [Client C] has a fall risk plan that was being followed and has had a recent fall assessment completed. PCP (primary care physician) ordered PT (Physical Therapy) which is in the process of being scheduled".</p> <p>Investigation summary dated 9/20/23 indicated, "Description of incident: [Client C] came from the dining room to tell staff another client was eating loud. She spoke to the staff and turned around quickly to return to the table, and she fell on the floor hitting both knees. There were no new injuries but a scab from a past fall broke open and</p>			

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	<p>bled. [Client C] got her knee cleaned and a bandage... Conclusion: It is substantiated [client C] fell due to her fall risk plan not being implemented appropriately. [Client C] fell because she was trying to move too quickly, and staff failed to remind her to slow down.</p> <p>Recommendations: The staff will be retrained on notifying AS (Area Supervisor) /Nurse/QIDP (Qualified Intellectual Disabilities Professional) when there is an incident. Staff will be retrained to remind [client C] to slow down when she is walking quickly".</p> <p>2E) BDS incident report dated 9/26/23 indicated, "It was reported [client C] was attempting to open the door on the van and lost her balance and fell to the ground. Staff completed skin assessment and found no new injuries. Staff did find a 3 ½ inch bruise on [client C's] right mid back that appeared to be healing. [Client C] told staff she had sustained the bruise after her last fall... No injuries were visible on [client C's] back at the time of that fall. Plan to Resolve: Staff will continue to report all falls. [Client C] has a fall risk plan in place that was being followed at the time of the fall. [Client C] has had a recent fall assessment completed".</p> <p>Investigation summary dated 9/26/23 indicated, "Description of incident: [Client C] had fallen trying to get into the van. [Staff #4] had caught her as she was going down to the ground. When she got up staff checked her for injury. She had a 3 1/2-inch-long bruise that was yellow/green/blue. [Client C] stated she got it the last time she fell in the shower (on 9/8). She said she hit the shower chair last time... Conclusion: [Client C] had an injury that resulted from a fall on 9.8.23. [Client C] often takes a long time for bruises to show up. Recommendations: HRC (Human Rights</p>			

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	<p>Committee approval) was requested as well, as guardian approval, to supervise [client C's] showers for safety precautions. Staff will be trained".</p> <p>2F) BDS incident report dated 10/17/23 indicated, "It was reported [client C] was going to get a laundry pod so she could start her laundry. Staff asked [client C] to wait until staff finished administering medications to [client C's] housemate. There was a box in the floor that [client C] attempted to move with her foot. [Client C] lost her balance and fell to the floor. Staff assisted [client C] from the floor and completed skin assessment. [Client C] sustained a ½ inch abrasion on each elbow. The abrasions did not break the skin. Nurse was contacted. Plan to Resolve: Staff will remind [client C] not to attempt moving items on the floor with her foot".</p> <p>Investigation summary dated 10/16/23 through 10/17/23 indicated, "Introduction:... [Client C] wanted a laundry pod to do laundry. Staff asked her to wait. [Client C] did not wait and tried to move [housemate's] med (medication) box out of the way. [Client C] lost her balance from pushing the other client's box out of the way. She fell to her bottom. She had small scrapes on both her elbows. The nurse was notified, and first aid was given...</p> <p>Factual Findings:... 11. Were there any environmental factors that contributed to the fall? The box was in [client C's] way once she tried to come into the office when asked not to. 12. Do any changes need to be made to prevent future occurrences? When asking [client C] to wait, have her sit down to help her to not impulsively fall due to her quick actions... Conclusion: Staff will be trained to ask [client C] to sit down if they are</p>			

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	<p>asking her to wait for something. The [nurse] will update the risk plan...</p> <p>Recommendations: Staff will be trained to ask [client C] to sit down if they are asking her to wait for something. The [nurse] will update the risk plan to include staff asking [client C] to sit down if they are asking her to wait for something...".</p> <p>2G) BDS incident report dated 11/13/23 indicated, "It was reported staff was assisting [client C] with a shower when she noticed a 3-inch bruise on [client C's] right hip/lower back. When staff asked [client C] how she sustained the bruise, [client C] reported she got the bruise the last time she fell. Plan to Resolve: [Client C] fell on 11/3/23 landing on her hip. There were no visible injuries at the time of the fall".</p> <p>The cause of the bruise was determined to be from a fall in the shower on 11/3/23, and therefore no investigation was conducted and/or available for review.</p> <p>In addition, internal incident reports indicated client A fell on the following dates without injury: 5/10/23, 7/21/23, 8/25/23 and 9/8/23.</p> <p>On 11/28/23 at 5:01 PM, client C's guardian was interviewed. The guardian was asked about client C's pattern of falls and her program plan to reduce the risk of falling with injury. Client C's guardian stated, "I would like to see the use of a cane for walking. I'm told there is not a way to use it without a doctor's order". Client C's guardian indicated he had used a cane with client C during a home visit and stated, "I just feel more comfortable usually with her (ambulating). Also, while she's still ambulating, let's look at doing something now". Client C's guardian was asked if</p>			

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	<p>client C had been assessed by Physical Therapy. The guardian stated, "I think she has. That was how she gained strength and got rid of the walker. When you are with her, you can tell these little things (cane) help. It's minor, but it could help".</p> <p>On 11/29/23 at 1:03 PM, a review of client C's record was conducted. The review indicated the following:</p> <p>-Fall Health Risk Plan dated 10/13/23 indicated, "Problem: Fall risks... Approach: 1) Staff will assist [client C] with ambulation as necessary to ensure safety. 2) Staff will ensure [client C] wears appropriate shoes, tennis shoes, soled shoes or non-skid shoes. 3) Staff will keep environment free of any obstacles to prevent falls. 4) Staff will notify nurse of any falls and complete incident report... 12) Staff will ensure that [client C] uses a shower chair and that staff are assisting as needed remaining in close proximity of bathroom in case assistance is needed/requested. 13) Staff will monitor and assist as needed with showers...".</p> <p>-Medical Consult dated 9/30/23 indicated, "Name: [Client C]... Reason for Visit: Physical Therapy start of care visit/initial evaluation... Consult Orders: Plan to see 1 wk (week) 7 for therapeutic activity, therapeutic exercise, gait training, neuromuscular retraining to improve strength, balance, and endurance to reduce the risk of falls and improve safety/independence with mobility and ADLs (adult daily living skills)...".</p> <p>On 11/29/23 at 3:26 PM, the Nurse was interviewed. The Nurse was asked about client C's pattern of falls with injury and the implementation of client C's program plans to reduce the risk of falls with injury. The Nurse indicated client C participated in home Physical Therapy services</p>			

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	<p>weekly. The Nurse indicated client C would complete Physical Therapy services due to repeated falls, be discharged, and would be referred for more Physical Therapy. The Nurse was asked if the visiting Physical Therapist documented the status of client C's therapy and progress. The Nurse indicated the Physical Therapist usually had a folder and would document regarding the therapy with client C. The outside Physical Therapist documentation of client C's progress was requested at that time.</p> <p>On 11/29/23 at 3:48 PM, the Nurse provided two recent Physical Therapy consult forms for review. The review indicated the following:</p> <p>-Physical Therapy (PT) Consult dated 11/13/23 indicated, "Patient c/o (complaint) R (right) knee pain... Results... Patient reported 0/10 (no pain)... at rest, but increased with activity... Standing Home Exercise Program: Complete 2-3 (times) / day for 10-15 reps each. 1) Marching in place. 2) Mini squats. 3) Heel / Toe raises. 4) Hip abduction (side kicks - legs straight). 5) Hip Extension (kick back - leg straight). 6) Hamstring curls ('butt' kicks / donkey kicks). 7) Sitting and Standing...".</p> <p>-Physical Therapy Consult dated 11/22/23 indicated, "Reason for visit: Physical Therapy... Results... increase strength with 30 sit to stand reps from 8 to 9 (gait still requires hands on assistance for safety)... Orders: Plan to recertify for additional PT visits...".</p> <p>On 11/29/23 at 3:54 PM, the Nurse was asked about the Physical Therapy consults indicating an exercise program and client C requiring assistance with gait for her safety. The Nurse indicated more follow up was needed to review and revise client C's program plans and train staff. The Nurse</p>			

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	<p>indicated staff should be within arm's reach of client C to be able to provide support and assistance to prevent falls and promote client C's safety while she ambulated.</p> <p>On 12/4/23 at 10:56 AM, the Qualified Intellectual Disabilities Professional (QIDP) was interviewed. The QIDP was asked about client C's Standing Home Exercise Program. The QIDP indicated she was unaware of a PT recommendation for an in home exercise program. The QIDP stated, "[Nurse] may have got something started up with the staff, but I don't know anything about that".</p> <p>On 12/4/23 at 11:13 AM, the Director of Nursing (DON) was interviewed. The DON was asked about the PT recommendations of a standing in home exercise program and hands on assistance required for client C's safety. The DON indicated a communication issue had occurred and stated, "I'm not aware of a standing home exercise program. That would help her balance and strength". The DON indicated more follow up would be completed to ensure the standing in home exercise program and the hands on assistance for safety during ambulation would be implemented as part of client C's program plans.</p> <p>At 11:40 AM, the DON and QIDP provided further follow up to the request of the nurse's knowledge about client C's standing exercise program. The QIDP indicated the nurse had responded "I did not know". The DON stated, "That's what I was guessing".</p> <p>On 12/4/23 at 12:24 PM, the Quality of Assurance Manager (QAM) was interviewed. The QAM was asked about clients A and C's pattern of fall with injury, further medical supports and services indicated, and corrective measures to prevent</p>			

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W 0252 Bldg. 00	<p>reoccurrence of falls. The QAM stated, "I'm going to retrain the Qs (QIDP) on investigations like the question does the person have a history of falls, look into the history and if the plan was implemented".</p> <p>This federal tag relates to complaint #IN00407148.</p> <p>9-3-2(a)</p> <p>483.440(e)(1) PROGRAM DOCUMENTATION</p> <p>Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.</p> <p>Based on observation, record review and interview for 1 additional client (H), the facility failed to ensure client H's target behaviors from her Behavioral Support Plan were documented consistently and accurately.</p> <p>Findings include:</p> <p>Observations were conducted on 11/27/23 from 3:37 PM to 5:13 PM and on 11/28/23 from 7:05 AM to 9:17 AM. During these observations, client H isolated herself to her bedroom and could be heard with the door shut to be vocally loud and agitated. Upon entering the group home, staff indicated client H was in her bedroom due to a disagreement with her guardian over finances. At 4:23 PM, client H went to the bathroom to complete her evening shower. At 4:37 PM, client H was returning to her bedroom and was asked if she was feeling a little better. Client H stated, "A little" and continued to walk toward her bedroom. Client H isolated herself to her bedroom.</p> <p>At 7:39 AM, client H was heard to vocalize in a</p>	W 0252	<p>The facility will develop and maintain a recordkeeping system that documents the client's health care, active treatment, social information, and protection of the client's rights.</p> <p>The Area Supervisor will retrain all staff in the facility on completing behavior tracking data on a daily basis.</p> <p>Behavior data tracking sheets have been updated to include client target behavior. The QIDP has trained all staff in the facility on updated behavior data tracking sheets.</p> <p>The Area Supervisor will retrain all staff in the facility on notifying the QIDP of trends.</p> <p>The QAM will retrain the QIDP on review behavior data monthly at a minimum.</p> <p>The QAM will retrain the QIDP on reviewing behavior</p>	12/21/2023

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	<p>loud tone to the Qualified Intellectual Disabilities Professional (QIDP) frustration over using the phone to call her guardian concerning money. Client H remained to herself within her bedroom.</p> <p>At 8:11 AM, again client H was heard in her bedroom to be vocally loud and being repetitive in her talk concerning finances. The QIDP was asked why client H was being vocally loud in her bedroom and what her concern was regarding finances. The QIDP stated, "Her dad stopped providing \$40.00 a week with her \$50.00. She was getting \$90.00 a week. She had called her dad thirty times, he is not taking her calls. That (withholding \$40.00) just started, but the verbal (loud repetitive tone) for a longtime. Her dad says she gets stuck in her mind on something (repetitive). It's the Autism (neurological and developmental disorder). Her dad and I have talked about putting in her plan, if you can redirect with physical touch or say 'pause' with your hand. Her therapist wants to try a week of no money. I think that's too much. I said let's get through the holidays. We've had issues with theft before". The QIDP indicated client H's program plan had recently changed where her guardian was not adding an additional \$40.00 a week to the \$50.00 client H received. The reduction in money was due to client H's obsessive compulsiveness and money aggression. The QIDP indicated due to the theft incident in client H's past, her guardian had begun supplementing with the additional \$40.00 to prevent client H from being tempted to steal but after a trial of this, the interdisciplinary team was concerned about the additional spending money of \$90.00 a week enabling and/or increasing client H's maladaptive behavior for being obsessive and more aggressive regarding money.</p>		<p>tracking during IDTs</p> <p>The QAM will retrain QIDP on Behavior Tracking data entry and review behavior tracking data.</p> <p>The QIDP will verify behavior tracking end dates in Task Master Pro and verify goal tracking remain current if data is not current QIPS will notify the Area Supervision and Program Manager who will in-service DSL and DSPs in the facility.</p> <p>A member of the Administrative team will conduct a monthly site reviews for all clients in facility and the administrator will hold a weekly ICF meeting to discuss issues that arise in the facility.</p> <p>Persons Responsible: AED, Quality Assurance Manager, QA Coordinator/QIDP Manager, Program Manager, Area Supervisor, QIDP, Direct Support Lead, and DSP.</p>				

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	<p>On 11/29/23 at 12:07 PM, a focused review of client H's record was conducted. The review indicated the following:</p> <p>-Behavioral Support Plan dated 5/17/23 indicated, "Target Behaviors and Goals:</p> <p>Anxiety: [Client H] may display actions of her anxiety by not being able to sit still or repeating herself over and over...</p> <p>Goal: [Client H] will have 3 or fewer episodes of anxiety a month for three consecutive months...</p> <p>Isolating self: [Client H] may withdrawal (sic) herself from others, and isolate herself to her room...</p> <p>Goal: [Client H] will have 5 or fewer episodes of isolation a month for three consecutive months...</p> <p>Verbal Aggression: Anytime [client H] speaks louder than what is necessary for the situation, any time she yells, curses, threatens, or has any other verbal outbursts. [Client H] may also repeat herself over and over...</p> <p>Goal: [Client H] will have 5 or fewer occurrences of verbal disruption a month for three consecutive months...</p> <p>OCD (obsessive compulsive disorder): Anytime [client H] repeats herself over and over again (i.e. asking to go to a fast-food restaurant, [store])...</p> <p>Goal: [Client H] will display 5 or less occurrences of OCD per month for twelve (12) consecutive months...</p> <p>Stealing: Taking things that do not belong to her</p>			

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	<p>without permission...</p> <p>Goal: [Client H] will have 3 or fewer episodes of Stealing for three consecutive months...</p> <p>Money aggression- Any discussion with [client H], or outing discussion or shopping activity will turn into a discussion. Such conversations become minimal...</p> <p>Goal: [Client H] will have 0 or fewer occurrences of money aggression per month for three consecutive months...</p> <p>Data Collection: Data will be collected on [client H's] Structured A-B-C (Antecedent-Behavior-Consequence) Data Collection Sheet across all shifts. Instruction to fill out the data sheets are provided on the data sheets themselves...".</p> <p>-No Behavior Tracking was available for review.</p> <p>On 11/29/23 at 4:46 PM, the QIDP was interviewed. The QIDP was asked for client H's target behavior tracking data for the past three months. The QIDP indicated no behavior tracking could be provided for review except for 11/4/23. The QIDP stated, "That was sent the day after you were there (observing in the group home). It did not have the behaviors that occurred (during observations). I tell them to track. We'll have to follow up with staff".</p> <p>On 11/30/23 at 11:04 AM, a focused review of client H's 11/4/23 behavior tracking sheet was conducted. The review indicated the following:</p> <p>Target Behaviors:... Non-compliance... Verbal Aggression... Physical Aggression... Other...".</p>			

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W 0318 Bldg. 00	<p>Client H's 11/4/23 behavior tracking sheet had one check mark for an episode of verbal aggression on 11/4/23. No other behavior tracking data for client H was available for review. The behavior tracking provided for 11/2023 did not include client H's observed behaviors of isolating, repetitive loud tone in language or her concerns expressed in regard to finances such as calling her guardian thirty times over the \$40.00 withheld.</p> <p>9-3-4(a) 483.460 HEALTH CARE SERVICES</p> <p>The facility must ensure that specific health care services requirements are met. Based on observation, record review and interview for 2 of 2 sampled clients (A and C), the facility failed to meet the Condition of Participation: Health Care Services. The facility's health care services failed to ensure sufficient nursing services were provided to address 1) client A's pattern of falls resulting in fractures to both of her feet to ensure no additional medical reasons such as bone density were contributing factors for the level of injuries sustained during the falls and, 2) client C's pattern of falls with injury to ensure implementation of an in home exercise program and staff assistance while she ambulated to ensure her safety.</p> <p>Findings include:</p> <p>Please refer to W331. The facility's health care services failed to ensure the nurse provided continued support and services to address 1) client A's pattern of falls resulting in fractures to both of her feet to ensure no additional medical reasons such as bone density were contributing</p>	W 0318	<p>The facility will provide or obtain preventive and general medical care of each client in the Facility</p> <p>·facility's Nurse will schedule and follow up to ensure continued support and services are provided to address client A's pattern of falls resulting in fractures to both of her feet to ensure no additional medical reasons such as bone density were contributing factors for the level of injuries sustained during the falls and, 2) client C's pattern of falls with injury to ensure implementation of an in home exercise program and staff assistance while she ambulated to ensure her safety.</p> <p>·The Director of Nursing has retrained the Nurse on reviewing Doctor consults and implementing recommendations of doctor orders.</p>	12/21/2023

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W 0322 Bldg. 00	<p>factors for the level of injuries sustained during the falls and, 2) client C's pattern of falls with injury to ensure implementation of an in home exercise program and staff assistance while she ambulated to ensure her safety.</p> <p>This federal tag relates to complaint #IN00407148.</p> <p>9-3-6(a)</p> <p>483.460(a)(3) PHYSICIAN SERVICES</p> <p>The facility must provide or obtain preventive and general medical care.</p> <p>Based on record review and interview for 1 of 3 sampled clients (B), the facility failed to ensure client B received a mammogram.</p> <p>Findings include:</p>	W 0322	<p>The Director of Nursing will in-service the facility nurse on scheduling, continued support and providing sustained services for all clients in the facility.</p> <p>Appointment for Clients care will be scheduled by the nurse.</p> <p>Staff will be retrained on ensuring the clients make it to their scheduled appointments. The staff in the Facility will be retrained on the client appointment procedure.</p> <p>A member of the Administrative team will conduct a monthly site reviews for all clients in facility and the administrator will hold a weekly ICF meeting to discuss issues that arise in the facility.</p> <p>Persons Responsible: Executive Director, AED, Program Manager, Quality Assurance, Quality Assurance Manager Director of Nursing, Nurse, Area Supervisor, QIDP, DSL, and DSP.</p> <p>The facility will provide or obtain preventive and general medical care of each client in the Facility</p> <p>facility's Nurse will schedule and follow up to ensure continued support and services are provided</p>	12/21/2023

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	<p>On 11/29/23 at 2:45 PM, a review of client B's record was conducted. The review indicated the following:</p> <ul style="list-style-type: none"> -Individual Support Plan (ISP) dated 10/16/23 indicated, "Name: [Client B]... Date of Birth: [over 40 years of age]..." -A current medical consult for the completion of a mammogram for client B was not available for review. -Medical Consult Form dated 6/1/22 indicated, "Reason for Visit: Annual Physical... Orders: Schedule mammogram..." <p>On 11/29/23 at 3:26 PM, the Nurse was interviewed. The Nurse was asked if client B had a current medical consult for the completion of a mammogram and/or when client B had last completed a mammogram. The Nurse indicated no documentation of a mammogram for client B could be provided for review. The Nurse indicated client B's primary care physician had made a recommendation to schedule a mammogram at her previous annual physical on 6/1/22 but the need for a mammogram had not been identified at her most current annual physical on 11/15/23. The Nurse indicated more follow up to ensure client B received supports and services concerning the need for a mammogram was required.</p> <p>9-3-6(a)</p>		<p>to address client A's pattern of falls resulting in fractures to both of her feet to ensure no additional medical reasons such as bone density were contributing factors for the level of injuries sustained during the falls and, 2) client C's pattern of falls with injury to ensure implementation of an in home exercise program and staff assistance while she ambulated to ensure her safety.</p> <ul style="list-style-type: none"> -The Director of Nursing will in-service the facility nurse on scheduling, continued support and providing sustained services for all clients in the facility. -Appointment for Clients care will be scheduled by the nurse. -Staff will be retrained on ensuring the clients make it to their scheduled appointments. The staff in the Facility will be retrained on the client appointment procedure. <p>A member of the Administrative team will conduct a monthly site reviews for all clients in facility and the administrator will hold a weekly ICF meeting to discuss issues that arise in the facility.</p> <p>Persons Responsible: Executive Director, AED, Program Manager, Quality Assurance, Quality Assurance Manager Director of Nursing, Nurse, Area Supervisor, QIDP, DSL, and DSP.</p>	

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W 0331 Bldg. 00	<p>483.460(c) NURSING SERVICES</p> <p>The facility must provide clients with nursing services in accordance with their needs. Based on observation, record review and interview for 2 of 3 sampled clients (A and C), the facility's nursing services failed to ensure continued support and services to address 1) client A's pattern of falls resulting in fractures to both of her feet to ensure no additional medical reasons such as bone density were contributing factors for the level of injuries sustained during the falls and, 2) client C's pattern of falls with injury to ensure implementation of an in home exercise program and staff assistance while she ambulated to ensure her safety.</p> <p>Findings include:</p> <p>1) Observations were conducted on 11/27/23 from 3:37 PM to 5:13 PM and on 11/28/23 from 7:05 AM to 9:17 AM. During these observations, client A wore a hard plastic boot on her right foot. At 4:03 PM, client A prepared to take her afternoon medications. Client A was asked if liked living at the group home. Client A stated, "I do. I love this house. It's better than [previous home]. Yes, I do". Client A was asked about the use of her hard plastic boot. Client A stated, "It's healing up". Client A then proceeded to take her afternoon medications.</p> <p>At 9:12 AM, client A was asked how she hurt her foot. Client A stated, "I was in the kitchen and fell backwards". Client A was asked what she was doing when the fall occurred. Client A stated, "I was putting dishes away". Client A was asked what caused her to lose her balance. Client A stated, "I got a little dizzy". Client A was asked if this happened often. Client A stated, "No". Client</p>	W 0331	<p>1 Observations conducted my members of the administrative team including managers from Quality, Nursing and Programming will conduct twice daily observations weekdays focusing on Adaptive Equipment, Exercise Program, Staff Training and Medication. Any issues are to be immediately reported to the Facility Team.</p> <p>2 An IDT comprised of paraprofessionals was held on December 1, 2023 to address client issues QIPD, Nurse and a Member of Programming Management will retrain all staff in the facility on updated BSPs ISP and HRP as needed.</p> <p>3 A bone density was completed for Client A in June 2023. Once Client A is released from Orthopedics the physician will order a follow up bone density. A Bone density for Client C has been requested. The Facility will ensure follow is complete.</p> <p>4 An IDT comprised of Paraprofessionals was held to identify fall risk and work on client specific plans. The QIDP and Nurse will train staff based on these recommendations.</p> <p>Persons Responsible: Program Manager, Quality Assurance, Area</p>	12/21/2023
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	<p>A was asked about a previous fall that occurred in April 2023 which resulted in an injury and how it occurred. Client A stated, "I fell on my floor. I had clothes on the floor". The Qualified Intellectual Disabilities Professional (QIDP) stated to client A, "That's why it's important to keep your room cleaned up". Client A responded by stating, "Yeah". Client A wore the hard plastic boot throughout both the evening and morning observations.</p> <p>On 11/27/23 at 2:30 PM, a review of the facility's Bureau of Disabilities Services (BDS) reports and accompanying investigation summaries was conducted. The review indicated the following affecting client A:</p> <p>1A) BDS incident report dated 4/20/23 indicated, "It was reported [client A] came to the living room after taking a nap. Staff stated [client A] appeared to have an involuntary movement in her right hand and right leg and drool on her face, neck, and shirt. [Client A] does receive a medication to address the issue. Staff informed [client A] she needed to take a shower so she could be taken to the ER (emergency room), so [client A] went to her bedroom. Staff heard a noise and went to check on [client A]. [Client A] was sitting on the floor due to falling. Her left ankle appeared swollen and was beginning to bruise. [Client A] was able to move to her bed while staff went to contact EMS (emergency medical services). Plan to Resolve: EMS arrived and transported [client A] to the ER for evaluation. [Client A] was evaluated and admitted to [name of hospital]. [Client A's] left ankle and some of her toes are fractured. [Client A] is scheduled to have surgery on 4/21/23. Staff have been placed on leave pending investigation and review to ensure plans were being followed at the time of incident".</p>		Supervisor, Director of Nursing, Nurse, Behavior Clinician, QIDP, Residential Manager, and DSP.	

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	<p>Investigation summary dated 4/20/23 through 4/26/23 indicated, "Introduction: An investigation was initiated when [client A] fell in her bedroom and sustained a fracture in (sic) her left ankle which required surgery...</p> <p>Factual Findings: [Staff #5] stated she was concerned about [client A] due to drooling and not responding to her questions. [Staff #5] also stated she does not know [client A] as well as [staff #1] does.</p> <p>[Staff #1] stated she was not concerned about [client A's] drooling, twitching in her arm and leg, or the fact that [client A] did not respond to [staff #5]. [Staff #1] stated all of these behaviors were normal for [client A]. [Staff #1] also stated had she thought [client A] was in need of medical attention, she would have transported [client A] to the ER and not worried about [client A] needing a shower. [Staff #1] was only going to take [client A] to the ER because [Staff #5] was so concerned and they were unable to reach the nurse for advice.</p> <p>[Client A] stated she was feeling fine when she got out of bed from taking a nap. [Client A] did state she became dizzy when she stood up from the sofa, but it just lasted a few seconds. [Client A] has no history of falls therefore has no Fall Risk Plan. Medication Administration Records show [client A] is prescribed Atropine... three times daily to decrease saliva. [Client A] sustained a fractured ankle that required surgery to repair...</p> <p>Conclusion: It is substantiated [client A] was receiving quality services at the time of her fall...</p> <p>Recommendations: Reinstate staff. Retrain staff</p>			

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	<p>on 911 protocol...".</p> <p>1B) Internal Incident Report dated 8/12/23 indicated, "Type Incident: Fall... What happened during the incident? Staff walked down the hallway and saw [client A] in her room. When staff walked back to med (medication) room, other staff went to check on her (client A) again. She (client A) was sitting by her bed. Staff asked [client A] why she was on the floor. She (client A) said she slid off her bed and ended up on the floor. Staff checked the side of her thigh... there was no redness or bruising...".</p> <p>Investigation summary dated 8/12/23 indicated, "Witness Statements: On 8/12/23, [client A] stated 'Yes' when asked if she had fallen. [Client A] stated she was getting out of her bed. [Client A] denied hitting her head or getting hurt. [Client A] stated the floor was slippery and denied tripping over anything.</p> <p>On 8/12/23, [staff #2] stated she was not with [client A] when she fell but had walked down the hall to check on her and found her on the floor. [Staff #2] stated [client A] reported she slid down the bed to the floor. [Staff #2] stated she helped [client A] up and checked her for injuries and did not find any...</p> <p>Conclusion: It is substantiated [client A] fell due to her bedroom floor being slippery...</p> <p>Recommendations: [Client A] will have a new rug with floor grippers as well as gripper socks that will help her get her footing when getting in and out of bed. This will be added to the fall risk plan...".</p> <p>1C) BDS incident report dated 11/5/23 indicated,</p>			

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	<p>"Staff reported [client A] fell as she was walking to her room, and she reported back pain. [Client A] was assisted to bed and [nurse] was contacted. Staff were advised to transport to urgent care in the morning. [Client A] also experienced a fall the day prior, 11/4/2023, with no injuries or complaints noted at the time. Plan to Resolve: [Client A] was transported to urgent care on 11/5/2023, she was assessed and diagnosed with metatarsal fracture of the right foot. [Client A] was given a walking boot and discharged with orders to follow up with orthopedic doctor and use ice and Tylenol as needed for pain. Risk plans will be reviewed and updated as needed..."</p> <p>Investigation summary dated 11/4/23 through 11/6/23 indicated, "Introduction: On 11/4/23, it was reported [client A] was walking down the back hallway when she fell... Staff asked [client A] what happened and [client A] reported she thought she tripped over her feet. Staff reported there was nothing on the floor to trip over. [Client A] denied having any pain or discomfort stating, 'No really, I'm ok'..."</p> <p>On 11/5/23, staff reported [client A] fell as she was walking to her room, and she reported back pain. [Client A] was assisted to the bed and [nurse] was contacted. Staff were advised to transport to urgent care in the morning...</p> <p>Factual Findings:... 1. What was the client doing prior to the fall? On the 4th she was going outside to smoke. On the 5th she had gone into the kitchen to get a snack and then go outside to smoke... 2. Was staff with the client and assisting her/him? No... 6. Does this consumer have a history of falls? Yes... 7. Has a fall assessment been completed in the past 3-6 months? Yes. Her last fall was in August 2023. 8. If a fall assessment</p>			

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	<p>was completed, were any changes needed/implemented? No new changes... [Client A] was transported to urgent care, assessed and diagnosed with metatarsal fracture of right foot, given a walking boot and discharged with orders to follow up with orthopedic doctor and use ice and Tylenol as needed for pain.</p> <p>Conclusion: [Client A's] had 2 falls and each time the risk plan was used correctly. The [nurse] and QIDP reviewed the Risk plan and discussed the incident with [client A] and the staff involved...</p> <p>Recommendations: [Nurse] will review and revise fall risk plan... The fall risk plan was revised on 11/5/23...".</p> <p>On 11/29/23 at 1:59 PM, client A's record was reviewed. The review indicated the following:</p> <p>-Emergency Department to Hospital Admission Consult dated 4/19/23 indicated, "Medical Decision Making:... x-ray shows a dislocated trimalleolar (ankle) fracture. Chest x-ray interpretation shows no cardiomegaly (enlargement of heart) fusion or infiltrate. Metabolic panel (metabolism) is at baseline. There is no evidence of infectious process. I did speak to the on-call orthopedic (treatment of bone fracture) surgeon and hospitalist. Patient (client A) will be admitted for surgical repair...".</p> <p>-Hospital Medical Consult dated 11/5/23 indicated, "Reason for Visit: Fall, Back Pain. Diagnosis: Fall, broken foot, acute bilateral low back pain without sciatica (nerve)... Summary: A metatarsal fracture is a break in one of the five bones that connect the toes to the rest of the foot...".</p>			

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	<p>-Falls Health Risk Plan dated 11/5/23 indicated, "Problem: Risk of Falls... 1. Staff will assist with transfers to ensure safety... 2. Staff will assist with hygiene, toileting, dressing in its entirety... 3. Staff will provide hands on assistance with helping [client A] on the van... 4. Staff will keep environment free of any obstacles to prevent falls...".</p> <p>On 11/29/23 at 3:26 PM, the Nurse was interviewed. The Nurse was asked about client A's pattern of falls with injuries to her feet. The Nurse indicated client A had two falls which resulted in fractures. The Nurse was asked about the level of injuries for fractured bones due to the two falls client A had experienced. The Nurse indicated client A did not have a calcium deficiency, but a bone density evaluation had not been completed. The Nurse stated, "Yes. Need to follow up, I'll check on that. She should have a bone density eval (evaluation)". The Nurse was asked if client A had a diagnosis of skeletal issues or Osteoporosis (decreased bone mass). The Nurse stated, "No. That's why I'm going to ask them (Orthopedic) to do it. She returns in 2 weeks". The Nurse was asked about client A's pattern of falls indicating environmental issues such as clothing on her bedroom floor. The Nurse indicated client A's environment should be free from obstacles and client A should be supported by staff to ensure her safety and prevent falls.</p> <p>On 12/4/23 at 11:13 AM, the Director of Nursing (DON) was interviewed. The DON was asked about client A's medical history, age, the three incidents of falls, two of which resulted in fractured bones in her feet and how the pattern of falls was addressed. The DON indicated more medical follow up was needed and stated, "She needs a bone density test". The DON indicated</p>			

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	<p>due to client A's falls with injury and history of smoking, further evaluation was needed and stated, "I bet she has Osteoporosis". The DON indicated more medical follow up was going to be completed with client A.</p> <p>2) Observations were conducted on 11/27/23 from 3:37 PM to 5:13 PM and on 11/28/23 from 7:05 AM to 9:17 AM. During observations, client C was observed to ambulate without adaptive supports and/or staff assistance nearby her. Upon entering the group home, client C indicated to the surveyor she no longer used a walker while ambulating. Client C ambulated throughout the kitchen area, dining area, the hallway, to the medication administration room, and to and from her bedroom and bathroom without staff nearby her.</p> <p>During the morning medication administration routine at 7:17 AM, client C stated to staff #1, "Sometimes my feet feel numb. Not all the time, but sometimes they do". Client C was asked if she had told the nurse or a doctor about her feet going numb. Client C stated, "I'm going to tell the doctor next time". Client C was asked if the doctor knew about her feet going numb. Client C stated, "No".</p> <p>At 9:09 AM, client C approached the Qualified Intellectual Disabilities Professional (QIDP) to ask a question. Client C shuffled her feet and took a couple short steps backwards. The QIDP used a verbal prompt and stated "[Client C] go slow" and held her hand toward client C if she needed to gain her balance. With the exception of the QIDP's prompting, client C ambulated throughout the group home during the observation without the use of adaptive supports and/or staff nearby while she ambulated to assist her.</p>			

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	<p>On 11/27/23 at 2:30 PM, a review of the facility's Bureau of Disabilities Services (BDS) reports and accompanying investigation summaries was conducted. The review indicated the following affecting client C:</p> <p>2A) BDS incident report dated 7/10/23 indicated, "It was reported [client C] was putting away pots and pans when she fell to the floor. [Client C] reported she lost her balance. Staff found a 1-inch abrasion on [client C's] right knee, [client C] reported no pain. Staff applied first aid. Plan to Resolve: Staff will continue to report all falls. Staff will contact the nurse for all falls".</p> <p>Investigation summary dated 7/24/23 indicated, "Description of incident: [Client C] fell as she was walking to put pots and pans away... Conclusion: It is substantiated [client C] lost her balance and fell while putting away the pots and pans causing a scrape that required basic first aid. Recommendations: Staff need to remind [client C] to walk and bend at a calm pace to prevent losing her balance".</p> <p>2B) BDS incident report dated 8/6/23 indicated, "It was reported [client C] was getting a cup from the cabinet when she said she tripped over her feet and fell to the floor. Staff completed skin assessment and found a 3/4 inch red mark on her left knee. [Client C] reported no pain. Plan to Resolve: Staff reminded [client C] to slow down while walking. Staff will continue to report all falls".</p> <p>Investigation summary dated 8/5/23 indicated, "Description of incident: [Client C] was in the kitchen and fell turning around to go from sink area to table. She got up and staff came over to check her for injuries. [Client C] said she was fine.</p>			

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	<p>She pulled her pant leg up and there was a small red area. [Client C] is always moving quickly. Staff repeatedly tells her to slow down. [Client C] doesn't take this seriously... Conclusion: [Client C] fell because she was moving too fast. She slipped on the floor. Recommendations: Staff will continue to remind [client C] to slow down. Anti-Slip socks will be purchased for her. Staff will be trained to remind her to wear (sic) socks or shoes at all times".</p> <p>2C) BDS incident report dated 9/8/23 indicated, "It was reported [client C] went outside to sit on the patio until it was time to leave for day program. [Client C] was setting her bags down when she lost her balance and fell to the ground. [Client C] sustained a 1-inch and a ½ inch abrasion on her right knee and a 2-inch knot just below her right kneecap. Nurse was contacted and [client C] was transported to the hospital for evaluation. Plan to Resolve: X ray was completed with normal result. [Client C] was released with discharge paperwork for Fall, Acute pain of right knee, and Abrasion. [Client C] was advised to take Tylenol or Ibuprofen for pain. Rest, ice, and elevate as needed. Keep abrasion clean and dry and covered as needed until healed".</p> <p>Investigation summary dated 9/7/23 indicated, "Description of incident: [Client C] took her lunch box and other items to the front porch to wait to leave for work. When she set them down, she lost her balance and fell to her knees. She had a scratch on her right knee and some swelling. The nurse indicated she needed to be sent out to check her knee. She was sent to Urgent Care... Conclusion: [Client C] had a fall outside due to carrying too much. The ground (cement) on the front porch is uneven. Recommendations: The staff will be trained to evaluate the amount of items [client C] is carrying to ensure she is not</p>			

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	<p>carrying too much".</p> <p>Investigation summary dated 9/8/23 indicated, "Description of incident: [Client C] was taking a shower and had a fall. She said the floor was slippery. Staff helped her up and assessed her injuries. The nurse requested further monitoring and also PCP (primary care physician) for any underlying issues... Conclusion: [Client C] had a fall. Staff was not present. The floor was slippery. Recommendations: Nonslip decals will be purchased as well as work request to put in a Handicap bar in the bathroom shower. [Client C] will also be taken to check for a UTI (urinary tract infection) or other medical issue to determine if it is making her feel dizzy".</p> <p>2D) BDS incident report dated 9/21/23 indicated, "It was reported [client C] was talking to staff when she turned to walk away and fell to her knees on the floor. [Client C] scraped a scab on her knee from a previous incident and it began to bleed. Staff applied first aid. Plan to Resolve: [Client C] has a fall risk plan that was being followed and has had a recent fall assessment completed. PCP (primary care physician) ordered PT (Physical Therapy) which is in the process of being scheduled".</p> <p>Investigation summary dated 9/20/23 indicated, "Description of incident: [Client C] came from the dining room to tell staff another client was eating loud. She spoke to the staff and turned around quickly to return to the table, and she fell on the floor hitting both knees. There were no new injuries but a scab from a past fall broke open and bled. [Client C] got her knee cleaned and a bandage... Conclusion: It is substantiated [client C] fell due to her fall risk plan not being implemented appropriately. [Client C] fell because</p>			

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	<p>she was trying to move too quickly, and staff failed to remind her to slow down. Recommendations: The staff will be retrained on notifying AS (Area Supervisor) /Nurse/QIDP (Qualified Intellectual Disabilities Professional) when there is an incident. Staff will be retrained to remind [client C] to slow down when she is walking quickly".</p> <p>2E) BDS incident report dated 9/26/23 indicated, "It was reported [client C] was attempting to open the door on the van and lost her balance and fell to the ground. Staff completed skin assessment and found no new injuries. Staff did find a 3 1/2 inch bruise on [client C's] right mid back that appeared to be healing. [Client C] told staff she had sustained the bruise after her last fall... No injuries were visible on [client C's] back at the time of that fall. Plan to Resolve: Staff will continue to report all falls. [Client C] has a fall risk plan in place that was being followed at the time of the fall. [Client C] has had a recent fall assessment completed".</p> <p>Investigation summary dated 9/26/23 indicated, "Description of incident: [Client C] had fallen trying to get into the van. [Staff #4] had caught her as she was going down to the ground. When she got up staff checked her for injury. She had a 3 1/2-inch-long bruise that was yellow/green/blue. [Client C] stated she got it the last time she fell in the shower (on 9/8). She said she hit the shower chair last time... Conclusion: [Client C] had an injury that resulted from a fall on 9.8.23. [Client C] often takes a long time for bruises to show up. Recommendations: HRC (Human Rights Committee approval) was requested as well, as guardian approval, to supervise [client C's] showers for safety precautions. Staff will be trained".</p>			

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	<p>2F) BDS incident report dated 10/17/23 indicated, "It was reported [client C] was going to get a laundry pod so she could start her laundry. Staff asked [client C] to wait until staff finished administering medications to [client C's] housemate. There was a box in the floor that [client C] attempted to move with her foot. [Client C] lost her balance and fell to the floor. Staff assisted [client C] from the floor and completed skin assessment. [Client C] sustained a ½ inch abrasion on each elbow. The abrasions did not break the skin. Nurse was contacted. Plan to Resolve: Staff will remind [client C] not to attempt moving items on the floor with her foot".</p> <p>Investigation summary dated 10/16/23 through 10/17/23 indicated, "Introduction:... [Client C] wanted a laundry pod to do laundry. Staff asked her to wait. [Client C] did not wait and tried to move [housemate's] med (medication) box out of the way. [Client C] lost her balance from pushing the other client's box out of the way. She fell to her bottom. She had small scrapes on both her elbows. The nurse was notified, and first aid was given...</p> <p>Factual Findings:... 11. Were there any environmental factors that contributed to the fall? The box was in [client C's] way once she tried to come into the office when asked not to. 12. Do any changes need to be made to prevent future occurrences? When asking [client C] to wait, have her sit down to help her to not impulsively fall due to her quick actions... Conclusion: Staff will be trained to ask [client C] to sit down if they are asking her to wait for something. The [nurse] will update the risk plan...</p> <p>Recommendations: Staff will be trained to ask</p>			

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	<p>[client C] to sit down if they are asking her to wait for something. The [nurse] will update the risk plan to include staff asking [client C] to sit down if they are asking her to wait for something...".</p> <p>2G) BDS incident report dated 11/13/23 indicated, "It was reported staff was assisting [client C] with a shower when she noticed a 3-inch bruise on [client C's] right hip/lower back. When staff asked [client C] how she sustained the bruise, [client C] reported she got the bruise the last time she fell. Plan to Resolve: [Client C] fell on 11/3/23 landing on her hip. There were no visible injuries at the time of the fall".</p> <p>The cause of the bruise was determined to be from a fall in the shower on 11/3/23, and therefore no investigation was conducted and/or available for review.</p> <p>In addition, internal incident reports indicated client A fell on the following dates without injury: 5/10/23, 7/21/23, 8/25/23 and 9/8/23.</p> <p>On 11/28/23 at 5:01 PM, client C's guardian was interviewed. The guardian was asked about client C's pattern of falls and her program plan to reduce the risk of falling with injury. Client C's guardian stated, "I would like to see the use of a cane for walking. I'm told there is not a way to use it without a doctor's order". Client C's guardian indicated he had used a cane with client C during a home visit and stated, "I just feel more comfortable usually with her (ambulating). Also, while she's still ambulating, let's look at doing something now". Client C's guardian was asked if client C had been assessed by Physical Therapy. The guardian stated, "I think she has. That was how she gained strength and got rid of the walker. When you are with her, you can tell these little</p>			

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	<p>things (cane) help. It's minor, but it could help".</p> <p>On 11/29/23 at 1:03 PM, a review of client C's record was conducted. The review indicated the following:</p> <p>-Fall Health Risk Plan dated 10/13/23 indicated, "Problem: Fall risks... Approach: 1) Staff will assist [client C] with ambulation as necessary to ensure safety. 2) Staff will ensure [client C] wears appropriate shoes, tennis shoes, soled shoes or non-skid shoes. 3) Staff will keep environment free of any obstacles to prevent falls. 4) Staff will notify nurse of any falls and complete incident report... 12) Staff will ensure that [client C] uses a shower chair and that staff are assisting as needed remaining in close proximity of bathroom in case assistance is needed/requested. 13) Staff will monitor and assist as needed with showers...".</p> <p>-Medical Consult dated 9/30/23 indicated, "Name: [Client C]... Reason for Visit: Physical Therapy start of care visit/initial evaluation... Consult Orders: Plan to see 1 wk (week) 7 for therapeutic activity, therapeutic exercise, gait training, neuromuscular retraining to improve strength, balance, and endurance to reduce the risk of falls and improve safety/independence with mobility and ADLs (adult daily living skills)...".</p> <p>On 11/29/23 at 3:26 PM, the Nurse was interviewed. The Nurse was asked about client C's pattern of falls with injury and the implementation of client C's program plans to reduce the risk of falls with injury. The Nurse indicated client C participated in home Physical Therapy services weekly. The Nurse indicated client C would complete Physical Therapy services due to repeated falls, be discharged, and would be referred for more Physical Therapy. The Nurse</p>			

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	<p>was asked if the visiting Physical Therapist documented the status of client C's therapy and progress. The Nurse indicated the Physical Therapist usually had a folder and would document regarding the therapy with client C. The outside Physical Therapist documentation of client C's progress was requested at that time.</p> <p>On 11/29/23 at 3:48 PM, the Nurse provided two recent Physical Therapy consult forms for review. The review indicated the following:</p> <p>-Physical Therapy (PT) Consult dated 11/13/23 indicated, "Patient c/o (complaint) R (right) knee pain... Results... Patient reported 0/10 (no pain)... at rest, but increased with activity... Standing Home Exercise Program: Complete 2-3 (times) / day for 10-15 reps each. 1) Marching in place. 2) Mini squats. 3) Heel / Toe raises. 4) Hip abduction (side kicks - legs straight). 5) Hip Extension (kick back - leg straight). 6) Hamstring curls ('butt' kicks / donkey kicks). 7) Sitting and Standing...".</p> <p>-Physical Therapy Consult dated 11/22/23 indicated, "Reason for visit: Physical Therapy... Results... increase strength with 30 sit to stand reps from 8 to 9 (gait still requires hands on assistance for safety)... Orders: Plan to recertify for additional PT visits...".</p> <p>On 11/29/23 at 3:54 PM, the Nurse was asked about the Physical Therapy consults indicating an exercise program and client C requiring assistance with gait for her safety. The Nurse indicated more follow up was needed to review and revise client C's program plans and train staff. The Nurse indicated staff should be within arm's reach of client C to be able to provide support and assistance to prevent falls and promote client C's safety while she ambulated.</p>			

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NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP CODE 402 EWING LN JEFFERSONVILLE, IN 47130
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W 0352 Bldg. 00	<p>On 12/4/23 at 10:56 AM, the Qualified Intellectual Disabilities Professional (QIDP) was interviewed. The QIDP was asked about client C's Standing Home Exercise Program. The QIDP indicated she was unaware of a PT recommendation for an in home exercise program. The QIDP stated, "[Nurse] may have got something started up with the staff, but I don't know anything about that".</p> <p>On 12/4/23 at 11:13 AM, the Director of Nursing (DON) was interviewed. The DON was asked about the PT recommendations of a standing in home exercise program and hands on assistance required for client C's safety. The DON indicated a communication issue had occurred and stated, "I'm not aware of a standing home exercise program. That would help her balance and strength". The DON indicated more follow up would be completed to ensure the standing in home exercise program and the hands on assistance for safety during ambulation would be implemented as part of client C's program plans.</p> <p>At 11:40 AM, the DON and QIDP provided further follow up to the request of the nurse's knowledge about client C's standing exercise program. The QIDP indicated the nurse had responded "I did not know". The DON stated, "That's what I was guessing".</p> <p>This federal tag relates to complaint #IN00407148.</p> <p>9-3-6(a)</p> <p>483.460(f)(2) COMPREHENSIVE DENTAL DIAGNOSTIC SERVICE Comprehensive dental diagnostic services include periodic examination and diagnosis</p>			

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W 0448 Bldg. 00	<p>performed at least annually. Based on record review and interview for 1 of 3 sampled clients (B), the facility failed to ensure client B had an annual dental evaluation.</p> <p>Findings include:</p> <p>On 11/29/23 at 2:45 PM, a review of client B's record was conducted. The review indicated the following:</p> <p>-A current dental consult was not available for review. The most recent dental consult for client B was dated 5/25/22.</p> <p>On 11/29/23 at 3:26 PM, the Nurse was interviewed. The Nurse was asked if a current dental consult for client B could be provided for review. The Nurse indicated a current dental consult was not available and stated, "Follow up is needed".</p> <p>9-3-6(a)</p> <p>483.470(i)(2)(iv) EVACUATION DRILLS The facility must investigate all problems with evacuation drills, including accidents. Based on record review and interview for 3 of 3 sampled clients (A, B and C) and 5 additional clients (D, E, F, G and H), the facility failed to</p>	W 0352	<p>The Facility will ensure each client's will receive education and training in the maintenance of oral health.</p> <p>The Nurse will be retrained by the Director of Nursing on ensuring clients receive annual dental diagnostic service.</p> <p>Staff will be retrained by the Area Supervisor on ensuring client appointments are attended as scheduled.</p> <p>The QIDP will retrain all staff in the facility on updated ISP. .</p> <p>A member of the Administrative team will conduct a monthly site reviews for all clients in facility and the administrator will hold a weekly ICF meeting to discuss issues that arise in the facility.</p> <p>Persons Responsible: AED, Nurse, DON, Quality Assurance Manager, QA Coordinator/QIDP Manager, Program Manager, Area Supervisor, QIDP, Direct Support Lead, and DSP.</p> <p>1 All staff at the Facility will be re-trained on conducting fire</p>	12/21/2023
		W 0448		12/21/2023

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	<p>ensure evacuation drills were documented with accurate duration and/or issues and concerns to prevent future reoccurrence.</p> <p>Findings include:</p> <p>On 11/28/23 at 1:34 PM, a review of the group home evacuation drills was conducted. The review of the evacuation drills included the following affecting clients A, B, C, D, E, F, G and H:</p> <p>-11/6/22 at 10:00 PM, duration 10 minutes. No issues and/or concerns were documented.</p> <p>-11/21/22 at 5:00 PM, duration 10 minutes. No issues and/or concerns were documented.</p> <p>-3/6/23 at 12:10 AM, duration 10 minutes. No issues and/or concerns were documented.</p> <p>-6/1/23 at 1:00 AM, duration 15 minutes. No issues and/or concerns were documented.</p> <p>-6/16/23 at 2:00 AM, duration 17 minutes. No issues and/or concerns were documented.</p> <p>-7/1/23 at 8:00 AM, duration 10 minutes. No issues and/or concerns were documented.</p> <p>-7/16/23 at 8:30 AM, duration 30 minutes. No issues and/or concerns were documented.</p> <p>-8/7/23 at 8:30 AM, duration 15 minutes. No issues and/or concerns were documented.</p> <p>-8/22/23 at 7:00 PM, duration 15 minutes. No issues and/or concerns were documented.</p> <p>-10/21/23 at 1:30 PM, duration 15 minutes. No issues and/or concerns were documented.</p> <p>-11/20/23 at 5:00 PM, duration 14 minutes. No issues and/or concerns were documented.</p> <p>On 11/29/23 at 4:46 PM, the Qualified Intellectual Disabilities Professional (QIDP) was interviewed. The QIDP was asked about the duration of the evaluation drills, the evacuation indicating no issues and/or concerns and if there were</p>		<p>drills quarterly on all shifts. The Residential Manager will review all drills to ensure all required drills area conducted. The Program Manager will train the Area Supervisor and the Area Supervisor will train all facility staff.</p> <p>2 The Area Supervisor will visit the home at least monthly to ensure the drills are in the home and up to date.</p> <p>3 Staff will be in serviced by the Program Manager on conducting evacuation drills, data collection, and determine if a solution to reduce the length of duration for evacuation drills as needed.</p> <p>4 The Direct Support Lead will submit monthly drills to the QA Department upon completion. The QA Department will notify the Area Manager and Program manager if the facility has not performed monthly drills as required.</p> <p>5 The Area supervisor will ensure drills are completed as required.</p> <p>6 The program manager will conduct random monthly inspections to ensure drills are being completed as required.</p> <p>7 A member of the Administrative team will conduct a monthly site reviews for all clients in facility and the administrator will hold a weekly ICF meeting to discuss issues that arise in the facility.</p>	

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W 9999 Bldg. 00	<p>documented plans to address the duration of the evacuation drills and/or lack of documented issues and/or concerns. The QIDP stated, "I'm going to assess each person to see how long it takes". The QIDP was asked if there was documentation of plans to reduce the duration and/or lack of documentation for issues and/or concerns for the evacuation drills. The QIDP stated, "No, we do not have a documented plan to reduce (duration)". The QIDP indicated further follow up was needed to review the process for implementing evacuation drills, data collection, and determine if a solution to reduce the length of duration for evacuation drills was needed.</p> <p>9-3-7(a)</p> <p>State Findings</p> <p>The following Community Residential Facilities for Persons with Developmental Disabilities Rule was not met.</p> <p>460 IAC 9-3-2(c)(3) Resident Protections</p> <p>(c) The residential provider shall demonstrate that its employment practices assure that no staff person would be employed where there is: (3) conviction of a crime substantially related to a dependent population or any violent crime. The provider shall obtain, as a minimum, a bureau of motor vehicles record, a criminal history check as authorized in IC 5-2-5-5 [IC 5-2-5 was repealed by P.L.2-2003, Section 102, effective July 1, 2003. See IC 10-13-3-27.], and three (3) references. Mere verification of employment dates by previous employers shall not constitute a reference in</p>	W 9999	<p>Persons Responsible: Program Manager, Area Supervisor, Residential Manager, DSP</p> <p>The AED will in-service the Human Resource Manager on ensuring employment practices assure that no staff person would be employed where there is: (3) conviction of a crime substantially related to a dependent population or any violent crime. The provider shall obtain, as a minimum, a bureau of motor vehicles record, a criminal history check as authorized in IC 5-2-5-5 [IC 5-2-5 was repealed by P.L.2-2003, Section 102, effective July 1, 2003. See IC 10-13-3-27.], and three (3) references are on file.</p> <p>The HR Manager will review all staff in the facility personnel file to ensure that no staff person would be employed where there is:</p>	12/21/2023
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	<p>compliance with this section.</p> <p>This State Rule is not met as evidenced by:</p> <p>Based on record review and interview for 1 of 3 (staff #3) personnel files reviewed, the facility failed to ensure staff #3's employee file was maintained with 1) three reference checks completed prior to employment and 2) a bureau of motor vehicle record.</p> <p>Findings include:</p> <p>On 11/28/23 at 1:11 PM, a review of the facility's employee files was conducted. Staff #3's employee file did not contain documentation the facility conducted 1) all three reference checks and 2) a bureau of motor vehicle record available for review. Staff #3's employee filed indicated a hire date of 9/18/23 affecting clients A, B, C, D, E, F, G and H.</p> <p>On 11/29/23 at 12:27 PM, the Human Resource Manager (HRM) was interviewed. The HRM was asked about the missing reference checks and bureau of motor vehicle record for staff #3's employee file. The HRM stated, "You're right, the background was not (including the bureau of motor vehicle). We've requested it. It does not take long. I don't know how that happened". The HRM indicated a list of contact names for staff #3's three references had been obtained and stated, "We can contact them".</p> <p>The HRM was asked about the hiring process and review of information to ensure employees were not working with the clients prior to the completion of the employee's background checks. The HRM indicated a checklist was used to ensure all required areas were obtained, reviewed,</p>		<p>(3) conviction of a crime substantially related to a dependent population or any violent crime. The provider shall obtain, as a minimum, a bureau of motor vehicles record, a criminal history check as authorized in IC 5-2-5-5 [IC 5-2-5 was repealed by P.L.2-2003, Section 102, effective July 1, 2003. See IC 10-13-3-27.], and three (3) references are on file.</p> <p>The Human Resources department will complete a full audit of all staff in the Facility no later than December 21,2023.</p> <p>The Human Resources Department will complete a full audit of all ICF staff employed by the provider no later than March 30, 2024.</p> <p>A random sample of 10% of all staff files will be conducted monthly to ensure 100% review is completed annually.</p> <p>Persons Responsible: AED, Human Resource Manager, Human Resource Assistant, Human Resource</p>		

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

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	and maintained in the employee files. The HRM indicated the human resource office had two coordinators (HRC #1 and HRC #2) assisting to maintain employee files who were newer employees to these responsibilities. The HRM indicated staff #3's employee file did not have this checklist and stated who the coordinators were and her instructions to them, "[HRC #1] and [HRC #2]. I told [HRC #1] we needed to go through every file. We'll make sure [HRC #2] uses the checklist". 9-3-2(c)(3)				