

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G814	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  06/21/2017
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NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 8307 CASTLETON BLVD INDIANAPOLIS, IN 46256
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W 0000  Bldg. 00	<p>This visit was for the investigation of complaint #IN00227048.</p> <p>Complaint #IN00227048: Substantiated, Federal and State deficiencies related to the allegation(s) are cited at: W102, W104, W122, W149, W154 and W157.</p> <p>Unrelated deficiencies cited.</p> <p>Dates of Survey: 6/13/17, 6/14/17, 6/15/17, 6/16/17, 6/19/17, 6/20/17 and 6/21/17.</p> <p>Facility Number: 010453 Provider Number: 15G814 AIMS Number: 201408320</p> <p>These deficiencies reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 6/30/17.</p>	W 0000		
W 0102	483.410			

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

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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Bldg. 00	<p><b>GOVERNING BODY AND MANAGEMENT</b> The facility must ensure that specific governing body and management requirements are met. Based on observation, record review and interview, the facility failed to meet the Condition of Participation: Governing Body for 4 of 4 sampled clients (A, B, C and D), plus 3 additional clients (E, F and G).</p> <p>The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the group home maintained positive community relations within its neighborhood, to ensure clients D and G's bedroom was without pungent odors and in good repair, to ensure the facility implemented its written policy and procedures to prevent a pattern of client to client aggression between clients A, B, C, D, E and F, to thoroughly investigate 10 separate incidents/allegations of client to client aggression for clients A, B, C, D, E and F and failed to develop and implement corrective measures to prevent recurrence of incidents of client to client aggression between clients A, B, C, D, E and F, to ensure the QIDP (Qualified Intellectual Disabilities Professional) integrated, coordinated and monitored client B's active treatment program regarding his sensory and day programming needs, to ensure client G</p>	W 0102	<p><b>CORRECTION:</b></p> <p><i>The facility must ensure that specific governing body and management requirements are met. Specifically, the governing body facilitated:</i></p> <p>The Area Supervisor and QIDP will maintain an open dialog with the Castleton Neighborhood Association leadership to facilitate resolution to any concerns brought up by neighborhood residents. Additionally the neighborhood association leadership has been provided with contact information for the Executive Director for assistance with any problems that are not resolved to their satisfaction.</p> <p>The Residential Manager and direct support staff assisted client D and G with a deep cleaning of their bedroom to eliminate pungent odors. Through observation, the governing body determined this deficient practice did not affect additional clients.</p>	07/21/2017
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	<p>received a dermatology assessment, to ensure clients A, B, C, D and E received a continuous supply of their medications from the pharmacy, to ensure clients A, B and D's medications were administered as ordered and to ensure clients D and G's bedroom had sufficient space to open the bedroom door and adequate space to enter and exit the room.</p> <p>The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility met the Condition of Participation: Client Protections for 4 of 4 sampled clients (A, B, C and D), plus 2 additional clients (E and F).</p> <p>The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility met the Condition of Participation: Health Care Services for 4 of 4 sampled clients (A, B, C and D), plus 1 additional client (E).</p> <p>Findings include:</p> <p>1. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the group home maintained positive community relations within its neighborhood, to ensure clients D and G's</p>		<p>The Operations Team, including the Operations Managers, Program Managers, Nurse Manager, Registered Nurse, Executive Director, Quality Assurance Manager, and Quality Assurance Coordinators, QIDP Manager, will directly oversee all investigations. The Residential Manager will receive additional training toward assisting with gathering evidence, including conducting thorough witness interviews, with all potential witnesses including but not limited to discovered injuries, injuries resulting from falls and peer to peer aggression. The QIDP and Quality Assurance Team (Quality Assurance Manager, QIDP Manager and Quality Assurance Coordinators) will assure that conclusions are developed that match the collected evidence. The Governing Body will assume complete responsibility for investigating any discovered injuries that require outside medical treatment and any allegations of sexual abuse. When any evidence of staff negligence is uncovered or alleged the Operations Team will take control of all aspects of the investigation process. Additionally, the QIDP Manager (QA Manager responsible for ICF facilities) will provide direct oversight and hands-on coaching of the QIDP</p>	

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	<p>bedroom was without pungent odors and in good repair, to ensure the facility implemented its written policy and procedures to prevent a pattern of client to client aggression between clients A, B, C, D, E and F, to thoroughly investigate 10 separate incidents/allegations of client to client aggression for clients A, B, C, D, E and F and failed to develop and implement corrective measures to prevent recurrence of incidents of client to client aggression between clients A, B, C, D, E and F, to ensure the QIDP (Qualified Intellectual Disabilities Professional) integrated, coordinated and monitored client B's active treatment program regarding his sensory and day programming needs, to ensure client G received a dermatology assessment, to ensure clients A, B, C, D and E received a continuous supply of their medications from the pharmacy, to ensure clients A, B and D's medications were administered as ordered and to ensure clients D and G's bedroom had sufficient space to open the bedroom door and adequate space to enter and exit the room. Please see W104.</p> <p>2. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility met the Condition of Participation: Client Protections for 4 of</p>		<p>throughout the investigation process for the next 90 days, including but not limited to assuring the investigation reconciles discrepancies between witness testimony and documentary evidence. The Quality Assurance Manager and the QIDP Manager will review the scope of all open investigations to assure all allegations receive appropriate examination and analysis.</p> <p>The QIDP with guidance from administrative staff will bring all elements of the interdisciplinary team together to review, re-assess and revise all clients' Behavior Support Plans with a focus on prevention of peer to peer aggression.</p> <p>The QIDP will secure appropriate day activity programming for client B and until such a time as day service placement is obtained, the QIDP will develop a schedule of meaningful day time activities for client B. Additionally, the QIDP will modify the proactive strategies in client B's Behavior Support Plan to include providing client B with the opportunity to separate from his housemates during periods of</p>	

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	<p>4 sampled clients (A, B, C and D), plus 2 additional clients (E and F). Please see W122.</p> <p>3. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility met the Condition of Participation: Health Care Services for 4 of 4 sampled clients (A, B, C and D), plus 1 additional client (E). Please see W318.</p> <p>This federal tag relates to complaint #IN00227048.</p> <p>9-3-1(a)</p>		<p>loud noise and boisterous behavior. The Residential Manager and Area Supervisor, with assistance from the governing body will assure adequate staff are on duty to implement the revised plan and all staff will be trained on the modified plan. Through observation, interview and review of documentation, the governing body determined this deficient practice did not affect additional consumers.</p> <p>Specifically, the Residential Manager and facility medical coach will be retrained toward assuring that medications that are not routinely resupplied in the 30-day refill cycle are ordered sufficiently far in advance. Additionally, the facility nurse will monitor medication supplies during weekly audits and facilitate re-ordering as needed. All facility staff will be re-trained on medication administration procedures as well as notifying facility supervisors and nursing when medication is running low and needs to be reordered.</p> <p>When new clients move into the facility, the facility nurse and the Residential Manager will check</p>	

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			<p>the required 30-day supply of medication delivered by the previous residential provider or family member against the physicians orders, to assure all prescribed medications are present and to facilitate obtaining any missing medication without delay.</p> <p>The furnishings in client D and G's bedroom will be rearranged to allow the door to open completely and provide sufficient space to enter and exit the room comfortably. Observation of the remainder of the residence indicated this deficient practice did not affect any additional clients.</p> <p><b>PREVENTION:</b></p> <p>The QIDP Manager will maintain a tracking spreadsheet for incidents requiring investigation, follow-up and corrective/protective measures will be maintained and distributed daily to facility supervisors and the Operations Team, comprised of the Operations Managers, Program Managers, Nurse Manager, Registered Nurse,</p>	

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			Executive Director, Quality Assurance Manager, Quality Assurance Coordinators and QIDP Manager. The QIDP Manger (Administrative level management/quality assurance) will meet with his/her QIDPs weekly to review the progress made on all investigations that are open for their homes. QIDPs will be required to attend and sign an in-service at these meetings stating that they are aware of which investigations with which they are required to assist, as well as the specific components of the investigation for which they are responsible, within the five business day timeframe. The Quality Assurance Team will review each investigation to ensure that they are thorough –meeting regulatory and operational standards, and will not designate an investigation, as completed, if it does not meet these criteria. The Program Manager will also conduct spot checks of investigations, focusing on serious incidents that could potentially have occurred as a result of staff negligence. The Program Managers will provide weekly updates to the Executive Director and Quality Assurance Manager on the status of investigations. Failure to complete thorough investigations within the allowable five business	

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			<p>day timeframe will result in progressive corrective action to all applicable team members.</p> <p>The QIDP will be retrained regarding the need to assure the interdisciplinary team meets to address incidents of peer to peer aggression to develop and implement appropriate protective measures. The QIDP will turn in documentation of IDT meetings to the QIDP Manager for follow-up. When incidents occur, The QIDP Manager will guide the QIDP through the investigation and corrective measure implementation process providing follow-up as needed but no less than daily.</p> <p>Supervisory and direct support staff will be retrained regarding the need to notify the nurse of emerging medical concerns immediately to assure prompt provision of needed assessment and treatment.</p> <p>Supervisory and direct support staff will be retrained regarding the need to keep egresses clear of obstructions at all times.</p>	



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			<p>The Residential Manager will be present, supervising active treatment during no less than five active treatment sessions per week, on varied shifts to assist with and monitor skills training including but not limited to:</p> <ul style="list-style-type: none"> <li>·Assuring staff and clients maintain positive community relations in the neighborhood.</li> <li>·Assuring the facility is clean and free of pungent odors.</li> <li>·Assuring staff implement proactive and reactive behavior supports as written.</li> <li>·Assuring emerging medical conditions are reported to the facility nurse.</li> <li>·Assuring prescribed medications are available and administered as ordered.</li> <li>·Assuring egresses are free of obstruction.</li> </ul> <p>The Area Supervisor will be present at the facility observing the staff's provision of skills training and documentation no less than twice weekly for the next 60 days and no less than weekly thereafter. Members of the Operations Team comprised of the Program Managers, Operations Manager, Nurse Manager, Registered Nurse, Executive Director, Quality</p>	

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			<p>Assurance Manager, QIDP Manager and Quality Assurance Coordinators will conduct observations during active Treatment sessions and documentation reviews no less than three times weekly for 30 days and then no less than twice weekly until all staff demonstrate competence. At the conclusion of this period of enhanced administrative monitoring and support, the Executive Director and Regional Director will determine the level of ongoing support needed at the facility. Administrative monitoring is defined as:</p> <p>Mornings: Beginning at 6:30 AM and through morning transport and including the following: Medication administration, meal preparation and breakfast, morning hygiene and domestic skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day and overnight shifts.</p> <p>Evenings: Beginning at approximately 4:30 PM through the evening meal and including the following: domestic and hygiene skills training, leisure</p>	

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			<p>skills training, medication administration, meal preparation and dinner. Evening monitoring will also include unannounced spot checks later in the evening toward bed time.</p> <p>In addition to active treatment observations, Operations Team Members and/or the Residential Manager will perform spot checks at varied times on the overnight shift no less than twice monthly –more frequently if training issues or problems are discovered.</p> <p>The Executive Director and Director of Operations/Regional Manager (area manager) will review documentation of administrative level monitoring of the facility –making recommendations as appropriate. As stated above, the Executive Director will participate directly in administrative monitoring of the facility. Administrative support at the home will include but not be limited to</p> <ul style="list-style-type: none"> <li>·Assuring that the facility is clean and free of pungent odors.</li> <li>·Assuring that staff and clients maintain a positive relationship with neighbors.</li> <li>·Assuring that specific training</li> </ul>	

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W 0104	483.410(a)(1)		<p>programs and interventions are in place to meet each client's assessed needs and that staff implement behavior supports as included in clients' plans and that corrective measures are developed and implemented in response to verified incidents of peer to peer aggression.</p> <ul style="list-style-type: none"> <li>·Through the process of administrative monitoring, when specific staff experience ongoing difficulty implementing behavior supports as written, the staff will receive formal re-certification training through the agency's positive behavior support curriculum.</li> <li>·Assuring that clients participate in meaningful day activities and that support plans are monitored and modified to meet current needs.</li> <li>·Assuring that emerging medical needs are reported to the facility nurse and addressed as needed.</li> <li>·Assuring that prescribed medications are available and administered as ordered.</li> <li>·Assuring egresses are free of obstruction.</li> </ul> <p><b>RESPONSIBLE PARTIES:</b> QIDP, Residential Manager, Direct Support Staff, Operations Team, Regional Director</p>		

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Bldg. 00	<p><b>GOVERNING BODY</b></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 4 of 4 sampled clients (A, B, C and D), plus 3 additional clients (E, F and G), the governing body failed to exercise general policy, budget and operating direction over the facility to ensure the group home maintained positive community relations within its neighborhood, to ensure clients D and G's bedroom was without pungent odors and in good repair, to ensure the facility implemented its written policy and procedures to prevent a pattern of client to client aggression between clients A, B, C, D, E and F, to thoroughly investigate 10 separate incidents/allegations of client to client aggression for clients A, B, C, D, E and F and failed to develop and implement corrective measures to prevent recurrence of incidents of client to client aggression between clients A, B, C, D, E and F, to ensure the QIDP (Qualified Intellectual Disabilities Professional) integrated, coordinated and monitored client B's active treatment program regarding his sensory and day programming needs, to ensure client G received a dermatology assessment, to ensure clients A, B, C, D and E received a continuous supply of their medications from the pharmacy, to ensure clients A, B</p>	W 0104	<p><b>CORRECTION:</b></p> <p><i>The Governing body must exercise general policy, budget and operating direction over the facility. Specifically, the governing body facilitated:</i></p> <p>The Area Supervisor and QIDP will maintain an open dialog with the Castleton Neighborhood Association leadership to facilitate resolution to any concerns brought up by neighborhood residents. Additionally the neighborhood association leadership has been provided with contact information for the Executive Director for assistance with any problems that are not resolved to their satisfaction.</p> <p>The Residential Manager and direct support staff assisted client D and G with a deep cleaning of their bedroom to eliminate pungent odors. Through observation, the governing body determined this deficient practice did not affect additional clients.</p>	07/21/2017
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	<p>and D's medications were administered as ordered and to ensure clients D and G's bedroom had sufficient space to open the bedroom door and adequate space to enter and exit the room.</p> <p>Findings include:</p> <p>1. The facility's BDDS (Bureau of Developmental Disabilities Services) reports, IR (Incident Reports) and Investigations were reviewed on 6/13/17 at 12:58 PM. The review indicated the following:</p> <p>-BDDS report dated 5/30/17 indicated the police were called to the group home for assistance regarding an incident of client to client aggression between clients B and D.</p> <p>-BDDS report dated 5/21/17, "[Client A, age and diagnoses], lives in a supervised group living residence with seven other men. [Client A] and his housemate, [client B] began arguing at the dining table. Staff verbally redirected them and [client A] began to calm himself. [Client A] went to his room and staff provided both individuals with emotional support. While staff was talking to his housemate, [client A] approached and pushed [client B] before staff could redirect him. Staff separated the two individuals and there</p>		<p>The Operations Team, including the Operations Managers, Program Managers, Nurse Manager, Registered Nurse, Executive Director, Quality Assurance Manager, and Quality Assurance Coordinators, QIDP Manager, will directly oversee all investigations. The Residential Manager will receive additional training toward assisting with gathering evidence, including conducting thorough witness interviews, with all potential witnesses including but not limited to discovered injuries, injuries resulting from falls and peer to peer aggression. The QIDP and Quality Assurance Team (Quality Assurance Manager, QIDP Manager and Quality Assurance Coordinators) will assure that conclusions are developed that match the collected evidence. The Governing Body will assume complete responsibility for investigating any discovered injuries that require outside medical treatment and any allegations of sexual abuse. When any evidence of staff negligence is uncovered or alleged the Operations Team will take control of all aspects of the investigation process. Additionally, the QIDP Manager (QA Manager responsible for ICF facilities) will provide direct oversight and hands-on coaching of the QIDP</p>	

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	<p>were no further problems between [clients A and B]. [Client A], however, remained agitated and threatened to leave the home. He went to his room and began packing a suitcase. Staff called administrative staff for additional support. [Client A] then exited the home and began walking down the street, yelling and using profanity. Staff followed and [AS (Area Supervisor) #1] arrived and met [client A] approximately five blocks from his home at [address]. [Client A] returned home with [AS #1]. During the incident a neighbor had called the police and officers were waiting at the house. [AS #1] explained the situation to the police and they left without taking further action."</p> <p>-BDDS report dated 5/7/17 indicated the police and EMS (Emergency Medical Services) were called to the group home for assistance regarding an incident of client to client aggression between clients D and G.</p> <p>-BDDS report dated 4/12/17 indicated the police and EMS were called to the group home for assistance regarding an incident of client G's attempted SIB (Self Injurious Behavior).</p> <p>-BDDS report dated 4/10/17 indicated police were called to the group home for</p>		<p>throughout the investigation process for the next 90 days, including but not limited to assuring the investigation reconciles discrepancies between witness testimony and documentary evidence. The Quality Assurance Manager and the QIDP Manager will review the scope of all open investigations to assure all allegations receive appropriate examination and analysis.</p> <p>The QIDP with guidance from administrative staff will bring all elements of the interdisciplinary team together to review, re-assess and revise all clients' Behavior Support Plans with a focus on prevention of peer to peer aggression.</p> <p>The QIDP will secure appropriate day activity programming for client B and until such a time as day service placement is obtained, the QIDP will develop a schedule of meaningful day time activities for client B. Additionally, the QIDP will modify the proactive strategies in client B's Behavior Support Plan to include providing client B with the opportunity to separate from his housemates during periods of</p>	

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	<p>assistance regarding an incident of client to client aggression between clients A and D.</p> <p>-BDDS report dated 1/17/17 indicated, "[Client A, age and diagnoses] supported by ResCare, neighbor called 911 and reported someone let her dogs out of her yard and threatened to kill them. A behavior health officer visited the home and spoke with [client A] and staff. [Client A] admitted to barking at the dogs but denied letting the dogs out and denied threatening to harm them. The officer left without incident."</p> <p>Staff #1 was interviewed on 6/13/17 at 4:45 PM. Staff #1 indicated the group home's neighbors on the East, West, North and South boundaries of the property had complained about client A being loud, cursing and being verbally disruptive while outside. Staff #1 indicated client B, had incidents of throwing CDs over the neighbor's fence.</p> <p>Neighbor #1 was interviewed on 6/13/17 at 4:56 PM. Neighbor #1 indicated (unspecified) clients had come into his yard and property uninvited, staff park multiple cars in the street in front of the group home causing traffic to cross the double line on a curve to get around the cars, and clients use loud and profane</p>		<p>loud noise and boisterous behavior. The Residential Manager and Area Supervisor, with assistance from the governing body will assure adequate staff are on duty to implement the revised plan and all staff will be trained on the modified plan. Through observation, interview and review of documentation, the governing body determined this deficient practice did not affect additional consumers.</p> <p>Specifically, the Residential Manager and facility medical coach will be retrained toward assuring that medications that are not routinely resupplied in the 30-day refill cycle are ordered sufficiently far in advance. Additionally, the facility nurse will monitor medication supplies during weekly audits and facilitate re-ordering as needed. All facility staff will be re-trained on medication administration procedures as well as notifying facility supervisors and nursing when medication is running low and needs to be reordered.</p> <p>When new clients move into the facility, the facility nurse and the Residential Manager will check</p>	



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	<p>language while in the yard. Neighbor #1 indicated the home has had multiple police, EMS and fire department visits and was disruptive to the neighborhood.</p> <p>Neighbor #2 was interviewed on 6/13/17 at 5:15 PM. Neighbor #2 indicated male clients (unknown) antagonized dogs and stood outside yelling, using profanities. Neighbor #2 indicated the neighbors did not feel comfortable allowing their grandchildren play in their backyard due to the clients (unknown) yelling and profanities. Neighbor #2 indicated the group home has had multiple police, fire and EMS visits within the past 2 months. Neighbor #2 indicated the home had as many as 13 vehicles parked in the driveway and on the side of the street in front of the group home. Neighbor #2 indicated the group home is located near a curved portion of the road and when cars are parked in front of the group home, cars driving past the group home are forced to cross the double line at the curve.</p> <p>Staff #1 was interviewed on 6/13/17 at 6:28 PM. Staff #1 indicated client B had thrown CD's over the neighbor's fence.</p> <p>Staff #2 was interviewed on 6/14/17 at 6:56 AM. Staff #2 indicated he had been working during two incidents of the</p>		<p>the required 30-day supply of medication delivered by the previous residential provider or family member against the physicians orders, to assure all prescribed medications are present and to facilitate obtaining any missing medication without delay.</p> <p>The furnishings in client D and G's bedroom will be rearranged to allow the door to open completely and provide sufficient space to enter and exit the room comfortably. Observation of the remainder of the residence indicated this deficient practice did not affect any additional clients.</p> <p><b>PREVENTION:</b></p> <p>The QIDP Manager will maintain a tracking spreadsheet for incidents requiring investigation, follow-up and corrective/protective measures will be maintained and distributed daily to facility supervisors and the Operations Team, comprised of the Operations Managers, Program Managers, Nurse Manager, Registered Nurse,</p>	

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	<p>police being called to the group home to assist with client behaviors.</p> <p>Client A was interviewed on 6/14/17 at 9:30 AM. Client A indicated he could yell and curse outside if he chose. Client A indicated he had barked at a neighbor's dog. Client A indicated the neighbors could not tell him what to do.</p> <p>ED (Executive Director) #1 was interviewed on 6/14/17 at 3:46 PM. ED #1 indicated the neighborhood homeowners association had made complaints to him regarding the group home. ED #1 indicated he had attended a meeting with the home owners association to discuss their concerns regarding the number of police, EMS and fire visits to the home, clients using profane language and neighbors moving out of the community away from the group home.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 6/15/17 at 10:04 AM. QIDP #1 indicated the neighborhood association and neighbors had made complaints about the home and clients having behaviors. QIDP #1 indicated she had attended a meeting with the neighborhood association which she described as less than amicable. QIDP #1 indicated the neighbors were</p>		<p>Executive Director, Quality Assurance Manager, Quality Assurance Coordinators and QIDP Manager. The QIDP Manger (Administrative level management/quality assurance) will meet with his/her QIDPs weekly to review the progress made on all investigations that are open for their homes. QIDPs will be required to attend and sign an in-service at these meetings stating that they are aware of which investigations with which they are required to assist, as well as the specific components of the investigation for which they are responsible, within the five business day timeframe. The Quality Assurance Team will review each investigation to ensure that they are thorough –meeting regulatory and operational standards, and will not designate an investigation, as completed, if it does not meet these criteria. The Program Manager will also conduct spot checks of investigations, focusing on serious incidents that could potentially have occurred as a result of staff negligence. The Program Managers will provide weekly updates to the Executive Director and Quality Assurance Manager on the status of investigations. Failure to complete thorough investigations within the allowable five business</p>	

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	<p>angry and wanted the group home to move the residents from the neighborhood.</p> <p>2. Observations were conducted at the group home on 6/14/17 from 6:45 AM through 9:30 AM. Clients D and G's bedroom had a strong pungent odor. The inside of the bedroom door had a 3.5 inch diameter circular hole 6 inches above the door knob. The wall above and around the light switch had white drywall patching material/paint in a 12 inch oval shape.</p> <p>Client G was interviewed on 6/14/17 at 9:15 AM. Client G indicated his bedroom had a strong pungent odor. Client G stated, "[Client D] (roommate) [urinates] in the bed. He [masturbates] in his bed. When I walk in sometimes, I catch him doing it under the sheets."</p> <p>RM (Resident Manager) #1 was interviewed on 6/14/17 at 9:25 AM. RM #1 indicated clients D and G's bedroom had a strong pungent odor.</p> <p>3. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility implemented its written policy and procedures to prevent a pattern of client to client aggression between clients</p>		<p>day timeframe will result in progressive corrective action to all applicable team members.</p> <p>The QIDP will be retrained regarding the need to assure the interdisciplinary team meets to address incidents of peer to peer aggression to develop and implement appropriate protective measures. The QIDP will turn in documentation of IDT meetings to the QIDP Manager for follow-up. When incidents occur, The QIDP Manager will guide the QIDP through the investigation and corrective measure implementation process providing follow-up as needed but no less than daily.</p> <p>Supervisory and direct support staff will be retrained regarding the need to notify the nurse of emerging medical concerns immediately to assure prompt provision of needed assessment and treatment.</p> <p>Supervisory and direct support staff will be retrained regarding the need to keep egresses clear of obstructions at all times.</p>	

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	<p>A, B, C, D, E and F, to thoroughly investigate 10 separate incidents/allegations of client to client aggression for clients A, B, C, D, E and F and failed to develop and implement corrective measures to prevent recurrence of incidents of client to client aggression between clients A, B, C, D, E and F. Please see W149.</p> <p>4. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility thoroughly investigated 10 separate incidents/allegations of client to client aggression for clients A, B, C, D, E and F. Please see W154.</p> <p>5. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility developed and implemented corrective measures to prevent recurrence of incidents of client to client aggression between clients A, B, C, D, E and F. Please see W157.</p> <p>6. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the QIDP (Qualified Intellectual Disabilities Professional) integrated, coordinated and monitored client B's active treatment program regarding his sensory and day</p>		<p>The Residential Manager will be present, supervising active treatment during no less than five active treatment sessions per week, on varied shifts to assist with and monitor skills training including but not limited to:</p> <ul style="list-style-type: none"> <li>·Assuring staff and clients maintain positive community relations in the neighborhood.</li> <li>·Assuring the facility is clean and free of pungent odors.</li> <li>·Assuring staff implement proactive and reactive behavior supports as written.</li> <li>·Assuring emerging medical conditions are reported to the facility nurse.</li> <li>·Assuring prescribed medications are available and administered as ordered.</li> <li>·Assuring egresses are free of obstruction.</li> </ul> <p>The Area Supervisor will be present at the facility observing the staff's provision of skills training and documentation no less than twice weekly for the next 60 days and no less than weekly thereafter. Members of the Operations Team comprised of the Program Managers, Operations Manager, Nurse Manager, Registered Nurse, Executive Director, Quality</p>	

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	<p>programming needs. Please see W159.</p> <p>7. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure client G received a dermatology assessment. Please see W338.</p> <p>8. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure clients A, B, C, D and E received a continuous supply of their medications from the pharmacy. Please see W361.</p> <p>9. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure clients A, B and D's medications were administered as ordered. Please see W368.</p> <p>10. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure clients D and G's bedroom had sufficient space to open the bedroom door and adequate space to enter and exit the room. Please see W435.</p> <p>This federal tag relates to complaint #IN00227048.</p> <p>9-3-1(a)</p>		<p>Assurance Manager, QIDP Manager and Quality Assurance Coordinators will conduct observations during active Treatment sessions and documentation reviews no less than three times weekly for 30 days and then no less than twice weekly until all staff demonstrate competence. At the conclusion of this period of enhanced administrative monitoring and support, the Executive Director and Regional Director will determine the level of ongoing support needed at the facility. Administrative monitoring is defined as:</p> <p>Mornings: Beginning at 6:30 AM and through morning transport and including the following: Medication administration, meal preparation and breakfast, morning hygiene and domestic skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day and overnight shifts.</p> <p>Evenings: Beginning at approximately 4:30 PM through the evening meal and including the following: domestic and hygiene skills training, leisure</p>	

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			<p>skills training, medication administration, meal preparation and dinner. Evening monitoring will also include unannounced spot checks later in the evening toward bed time.</p> <p>In addition to active treatment observations, Operations Team Members and/or the Residential Manager will perform spot checks at varied times on the overnight shift no less than twice monthly –more frequently if training issues or problems are discovered.</p> <p>The Executive Director and Director of Operations/Regional Manager (area manager) will review documentation of administrative level monitoring of the facility –making recommendations as appropriate. As stated above, the Executive Director will participate directly in administrative monitoring of the facility. Administrative support at the home will include but not be limited to</p> <ul style="list-style-type: none"> <li>·Assuring that the facility is clean and free of pungent odors.</li> <li>·Assuring that staff and clients maintain a positive relationship with neighbors.</li> <li>·Assuring that specific training</li> </ul>	

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W 0122	483.420 CLIENT PROTECTIONS		<p>programs and interventions are in place to meet each client's assessed needs and that staff implement behavior supports as included in clients' plans and that corrective measures are developed and implemented in response to verified incidents of peer to peer aggression.</p> <ul style="list-style-type: none"> <li>·Through the process of administrative monitoring, when specific staff experience ongoing difficulty implementing behavior supports as written, the staff will receive formal re-certification training through the agency's positive behavior support curriculum.</li> <li>·Assuring that clients participate in meaningful day activities and that support plans are monitored and modified to meet current needs.</li> <li>·Assuring that emerging medical needs are reported to the facility nurse and addressed as needed.</li> <li>·Assuring that prescribed medications are available and administered as ordered.</li> <li>·Assuring egresses are free of obstruction.</li> </ul> <p><b>RESPONSIBLE PARTIES:</b> QIDP, Area Supervisor, Site Supervisor, Direct Support Staff, Operations Team, Regional Director</p>		

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Bldg. 00	<p>The facility must ensure that specific client protections requirements are met. Based on record review and interview, the facility failed to meet the Condition of Participation: Client Protections for 4 of 4 sampled clients (A, B, C and D), plus 2 additional clients (E and F). The facility failed to implement its written policy and procedures to prevent a pattern of client to client aggression between clients A, B, C, D, E and F, to thoroughly investigate 10 separate incidents/allegations of client to client aggression for clients A, B, C, D, E and F and failed to develop and implement corrective measures to prevent recurrence of incidents of client to client aggression between clients A, B, C, D and E and F.</p> <p>Findings include:</p> <p>1. The facility failed to implement its written policy and procedures to prevent a pattern of client to client aggression between clients A, B, C, D, E and F, to thoroughly investigate 10 separate incidents/allegations of client to client aggression for clients A, B, C, D, E and F and failed to develop and implement corrective measures to prevent recurrence of incidents of client to client aggression between clients A, B, C, D, E and F. Please see W149.</p>	W 0122	<p><b>CORRECTION:</b></p> <p><i>The facility must ensure that specific client protections requirements are met. Specifically, the governing body facilitated the following:</i></p> <p>The Operations Team, including the Operations Managers, Program Managers, Nurse Manager, Registered Nurse, Executive Director, Quality Assurance Manager and Quality Assurance Coordinators, QIDP Manager, will directly oversee all investigations. The Residential Manager will receive additional training toward assisting with gathering evidence, including conducting thorough witness interviews, with all potential witnesses including but not limited to discovered injuries, injuries resulting from falls and peer to peer aggression. The QIDP and Quality Assurance Team (Quality Assurance Manager, QIDP Manager and Quality Assurance Coordinators) will assure that conclusions are developed that match the collected evidence. The Governing Body will assume complete responsibility for investigating any discovered</p>	07/21/2017
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	<p>2. The facility failed to thoroughly investigate 10 separate incidents/allegations of client to client aggression for clients A, B, C, D, E and F. Please see W154.</p> <p>3. The facility failed to develop and implement corrective measures to prevent recurrence of incidents of client to client aggression between clients A, B, C, D, E and F. Please see W157.</p> <p>This federal tag relates to complaint #IN00227048.</p> <p>9-3-2(a)</p>		<p>injuries that require outside medical treatment and any allegations of sexual abuse. When any evidence of staff negligence is uncovered or alleged the Operations Team will take control of all aspects of the investigation process. Additionally, the QIDP Manager (QA Manager responsible for ICF facilities) will provide direct oversight and hands-on coaching of the QIDP throughout the investigation process for the next 90 days, including but not limited to assuring the investigation reconciles discrepancies between witness testimony and documentary evidence. The Quality Assurance Manager and the QIDP Manager will review the scope of all open investigations to assure all allegations receive appropriate examination and analysis.</p> <p>The QIDP with guidance from administrative staff will bring all elements of the interdisciplinary team together to review, re-assess and revise all clients' Behavior Support Plans with a focus on prevention of peer to peer aggression.</p> <p>Client G will receive a</p>	

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			<p>dermatology assessment.</p> <p>Through observation, interview and review of documentation, the governing body determined this deficient practice did not affect additional clients.</p> <p>Residential Manager and facility medical coach will be retrained toward assuring that medications that are not routinely resupplied in the 30-day refill cycle are ordered sufficiently far in advance. Additionally, the facility nurse will monitor medication supplies during weekly audits and facilitate re-ordering as needed. All facility staff will be re-trained on medication administration procedures as well as notifying facility supervisors and nursing when medication is running low and needs to be reordered.</p> <p>When new clients move into the facility, the facility nurse and the Residential Manager will check the required 30-day supply of medication delivered by the previous residential provider or family member against the physicians orders. Clients will not be admitted without a complete 30-day supply of prescribed medications.</p>	

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			<p><b>PREVENTION:</b></p> <p>The QIDP Manager will maintain a tracking spreadsheet for incidents requiring investigation, follow-up and corrective/protective measures will be maintained and distributed daily to facility supervisors and the Operations Team, comprised of the Operations Managers, Program Managers, Nurse Manager, Registered Nurse, Executive Director, Quality Assurance Manager, Quality Assurance Coordinators and QIDP Manager. The QIDP Manger (Administrative level management/quality assurance) will meet with his/her QIDPs weekly to review the progress made on all investigations that are open for their homes. QIDPs will be required to attend and sign an in-service at these meetings stating that they are aware of which investigations with which they are required to assist, as well as the specific components of the investigation for which they are responsible, within the five business day timeframe. The Quality Assurance Team will review each investigation to ensure that they are thorough –meeting regulatory</p>	

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			<p>and operational standards, and will not designate an investigation, as completed, if it does not meet these criteria. The Program Manager will also conduct spot checks of investigations, focusing on serious incidents that could potentially have occurred as a result of staff negligence. The Program Managers will provide weekly updates to the Executive Director and Quality Assurance Manager on the status of investigations. Failure to complete thorough investigations within the allowable five business day timeframe will result in progressive corrective action to all applicable team members.</p> <p>The QIDP will be retrained regarding the need to assure the interdisciplinary team meets to address incidents of peer to peer aggression to develop and implement appropriate protective measures. The QIDP will turn in documentation of IDT meetings to the QIDP Manager for follow-up. When incidents occur, The QIDP Manager will guide the QIDP through the investigation and corrective measure implementation process providing follow-up as needed but no less than daily.</p>	

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			<p>The Residential Manager will be present, supervising active treatment during no less than five active treatment sessions per week, on varied shifts to assist with and monitor skills training including but not limited to assuring staff implement proactive and reactive behavior supports as written. The Area Supervisor will be present at the facility observing the staff's provision of skills training and documentation no less than twice weekly for the next 60 days and no less than weekly thereafter. Members of the Operations Team comprised of the Program Managers, Operations Manager, Nurse Manager, Registered Nurse, Executive Director, Quality Assurance Manager, QIDP Manager and Quality Assurance Coordinators will conduct observations during active Treatment sessions and documentation reviews no less than three times weekly for 30 days and then no less than twice weekly until all staff demonstrate competence. At the conclusion of this period of enhanced administrative monitoring and support, the Executive Director and Regional Director will determine the level of ongoing support needed at the facility. Administrative monitoring is</p>	

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

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			<p>discovered.</p> <p>The Executive Director and Director of Operations/Regional Manager (area manager) will review documentation of administrative level monitoring of the facility –making recommendations as appropriate. As stated above, the Executive Director will participate directly in administrative monitoring of the facility. Administrative support at the home will include but not be limited to assuring that specific training programs and interventions are in place to meet each client’s assessed needs and that staff implement behavior supports as included in clients’ plans and that corrective measures are developed and implemented in response to verified incidents of peer to peer aggression.</p> <p>Through the process of administrative monitoring, when specific staff experience ongoing difficulty implementing behavior supports as written, the staff will receive formal re-certification training through the agency’s positive behavior support curriculum.</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 record review and interview for 4 of 4 sampled clients (A, B, C and D), plus 2 additional clients (E and F), the facility failed to implement its written policy and procedures to prevent a pattern of client to client aggression between clients A, B, C, D, E and F, to thoroughly investigate 10 separate incidents/allegations of client to client aggression for clients A, B, C, D, E and F and failed to develop and implement corrective measures to prevent recurrence of incidents of client to client aggression between clients A, B, C, D, E and F.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports, IR (Incident Reports) and Investigations were reviewed on 6/13/17 at 12:58 PM. The review indicated the</p>	W 0149	<p><b>RESPONSIBLE PARTIES:</b> QIDP, Area Supervisor, Site Supervisor, Direct Support Staff, Operations Team, Regional Director</p> <p><b>CORRECTION:</b></p> <p><i>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Specifically, the governing body facilitated</i></p> <p>The Operations Team, including the Operations Managers, Program Managers, Nurse Manager, Registered Nurse, Executive Director, Quality Assurance Manager, Quality Assurance Coordinators and QIDP Manager, will directly oversee all investigations. The Residential Manager will receive additional training toward assisting with gathering evidence, including conducting thorough witness interviews, with all potential witnesses including but not limited to discovered injuries,</p>	07/21/2017



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	<p>following:</p> <p>1. BDDS report dated 6/12/17 indicated, "Both [clients A and B] reside in a supervised group living home with 6 other males. Staff reported that [Client A] went into [client B's] bedroom and sprayed [client B] with a toy water gun. [Client B] became agitated and attempted to bite [client A]. Staff verbally redirected [clients B and A] to their respective bedrooms. There were no injuries observed.</p> <p>[Client B] was offered emotional support from staff. PA (Physical Aggression) is addressed in both [clients A and B's] BSPs (Behavior Support Plans). The administrative team is aware of the incident and the IDT (Interdisciplinary Team) will meet to discuss further protective measures."</p> <p>The review did not indicate documentation of an investigation regarding clients A and B's 6/12/17 allegation of client to client mistreatment/aggression. The review did not indicate documentation of IDT review or recommendations to develop or implement further protective measures.</p> <p>-BDDS report dated 5/7/17 indicated "[Client A] and [client C] were in the</p>		<p>injuries resulting from falls and peer to peer aggression. The QIDP and Quality Assurance Team (Quality Assurance Manager, Quality Assurance Coordinators and QIDP Manager) will assure that conclusions are developed that match the collected evidence. The Governing Body will assume complete responsibility for investigating any discovered injuries that require outside medical treatment and any allegations of sexual abuse. When any evidence of staff negligence is uncovered or alleged the Operations Team will take control of all aspects of the investigation process. Additionally, the QIDP Manager (QA Manager responsible for ICF facilities) will provide direct oversight and hands-on coaching of the QIDP throughout the investigation process for the next 90 days, including but not limited to assuring the investigation reconciles discrepancies between witness testimony and documentary evidence. The Quality Assurance Manager and the QIDP Manager will review the scope of all open investigations to assure all allegations receive appropriate examination and analysis.</p>	

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	<p>medication room when both engaged in a verbal altercation. As staff verbally redirected both consumers, they engaged in a physical altercation. [Client C] scratched [client A] in the face and hit him in the nose, causing it to bleed. Staff stepped between both consumers and diffused the situation and there were no further incidents."</p> <p>"Staff assessed [client A] and noted two scratches 1/4 inch long on his face; first aid was applied to stop [client A]'s nose from bleeding. The ResCare nurse and administrative team were notified of the incident. [Client A] was given emotional support after the incident. [Client A and C] both have a history of verbal and physical aggression that is addressed in their BSP's. Specifically, both [client A and C's] BSP's have been modified to include protective measures for positioning staff between each individual in the event of heightened agitation. Staff will be retrained and follow the proactive strategies as instructed in [client A and C's] modified BSP's. The team will meet to determine what additional safety measures are needed."</p> <p>The review did not indicate documentation of any investigation regarding clients A and C's 5/06/17 allegation of client to client</p>		<p>The QIDP with guidance from administrative staff will bring all elements of the interdisciplinary team together to review, re-assess and revise all clients' Behavior Support Plans with a focus on prevention of peer to peer aggression.</p> <p><b>PREVENTION:</b></p> <p>The QIDP Manager will maintain a tracking spreadsheet for incidents requiring investigation, follow-up and corrective/protective measures will be maintained and distributed daily to facility supervisors and the Operations Team, comprised of the Operations Managers, Program Managers, Nurse Manager, Registered Nurse, Executive Director, Quality Assurance Manager, Quality Assurance Coordinators and QIDP Manager. The QIDP Manger (Administrative level management/quality assurance) will meet with his/her QIDPs weekly to review the progress made on all investigations that are open for their homes. QIDPs will be required to attend and sign an in-service at these meetings stating that they are aware of which investigations with which they are required to assist, as well as the specific</p>	

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	<p>mistreatment/aggression. The review did not indicate documentation of IDT review or recommendation to develop or implement further protective measures.</p> <p>-BDDS report dated 4/15/17 indicated "[Client A and client C] were in the kitchen when both engaged in a verbal altercation. As staff verbally redirected both consumers, they engaged in a physical altercation. [Client C] scratched [client A] in the face. Staff stepped between both consumers and diffused the situation and there were no further incidents."</p> <p>"Staff assessed [client A] and noted a two inch scratch on his face. No skin was broken; first aid was applied and the nurse and administration team was (sic) notified of the incident. [Client A] was given emotional support after the incident. [Clients A and C] both have a history of verbal and physical aggression that is addressed in their BSP and staff followed their plans. The team will meet to determine what additional safety measures are needed. Specifically, both [client A and C]'s BSP's will be modified to include protective measures for positioning each client in the event of heightened agitation. Staff will be trained and follow the proactive strategies as instructed in [client A and C's] modified</p>		<p>components of the investigation for which they are responsible, within the five business day timeframe. The Quality Assurance Team will review each investigation to ensure that they are thorough –meeting regulatory and operational standards, and will not designate an investigation, as completed, if it does not meet these criteria. The Program Manager will also conduct spot checks of investigations, focusing on serious incidents that could potentially have occurred as a result of staff negligence. The Program Managers will provide weekly updates to the Executive Director and Quality Assurance Manager on the status of investigations. Failure to complete thorough investigations within the allowable five business day timeframe will result in progressive corrective action to all applicable team members.</p> <p>The QIDP will be retrained regarding the need to assure the interdisciplinary team meets to address incidents of peer to peer aggression to develop and implement appropriate protective measures. The QIDP will turn in documentation of IDT meetings to the QIDP Manager for follow-up. When incidents occur,</p>	

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	<p>BSP's."</p> <p>The review did not indicate documentation of any investigation regarding clients A and C's 4/14/17 allegation of client to client mistreatment/aggression. The review did not indicate documentation of IDT review or recommendation to develop or implement further protective measures.</p> <p>-BDDS report dated 4/10/17 indicated "While on an outing at [mall], the two individuals began arguing and staff redirected them verbally to exit the mall. Upon reaching the parking lot, [client A] kicked [client D] in the leg. Staff separated the individuals and they were able to calm themselves. During the ride back to their home in the van, they began to argue again and [client A] hit [client D] on the side of his face. They continued arguing in the front yard and neighbors called 911. Police arrived and arrested [client A].</p> <p>[Client D] sustained a 3.5 inch round red area on the right side of his face. Staff applied ice and provided him with emotional support. [Client A] remains incarcerated with preliminary charges of battery resulting in physical injury and battery. An initial hearing is scheduled for 4/11/17 at 1:00 PM. Bond has not</p>		<p>The QIDP Manager will guide the QIDP through the investigation and corrective measure implementation process providing follow-up as needed but no less than daily.</p> <p>The Residential Manager will be present, supervising active treatment during no less than five active treatment sessions per week, on varied shifts to assist with and monitor skills training including but not limited to assuring staff implement proactive and reactive behavior supports as written. The Area Supervisor will be present at the facility observing the staff's provision of skills training and documentation no less than twice weekly for the next 60 days and no less than weekly thereafter.</p> <p>Members of the Operations Team comprised of the Program Managers, Operations Manager, Nurse Manager, Registered Nurse, Executive Director, Quality Assurance Manager, QIDP Manager and Quality Assurance Coordinators will conduct observations during active Treatment sessions and documentation reviews no less than three times weekly for 30</p>	

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	<p>been set at \$150. ResCare has provided the jail with a list of [Client A]'s current medications and will work with the prosecutor's office to facilitate his release. Verbal and physical aggression are addressed in both individuals BSP's and staff followed the plans. The IDT will meet to review the circumstances of the incident and develop additional protective measures."</p> <p>The review did not indicate documentation of an Investigation Summary report or otherwise document a description or summary of events, an analysis of the incident including chronology, or recommendations to prevent future incidents in the investigation of clients A and D's 4/9/17 allegation of client to client mistreatment/aggression.</p> <p>-BDDS report dated 2/25/17 indicated "[Client D] was in his room when [client A] knocked on his door, [client D] asked him to stop. [Clients A and D] got into a physical altercation with [client A] getting scratched on his right arm. Staff separated them and redirected them away from each other. [Client D] then stated he was going to harm [client A's] girlfriend, in response [client A] hit [client D] in the back of his head. All administrative personnel have been notified of this</p>		<p>days and then no less than twice weekly until all staff demonstrate competence. At the conclusion of this period of enhanced administrative monitoring and support, the Executive Director and Regional Director will determine the level of ongoing support needed at the facility. Administrative monitoring is defined as:</p> <p>Mornings: Beginning at 6:30 AM and through morning transport and including the following: Medication administration, meal preparation and breakfast, morning hygiene and domestic skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day and overnight shifts.</p> <p>Evenings: Beginning at approximately 4:30 PM through the evening meal and including the following: domestic and hygiene skills training, leisure skills training, medication administration, meal preparation and dinner. Evening monitoring will also include unannounced spot checks later in the evening toward bed time.</p>	

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	<p>incident."</p> <p>"The staff following the BSP for both gentlemen separated them, completed first aid on [client A's] arm and after talking to the nurse took [client D] to the hospital to be evaluated medically. [Client D] was diagnosed with a head injury contusion and released with no new orders. The staff will continue to monitor both injuries and report any change in medical status. An investigation will be completed for this incident and the IDT will meet to discuss."</p> <p>The review did not indicate documentation of any investigation regarding clients A and D's 2/24/17 allegation of client to client mistreatment/aggression. The review did not indicate documentation of IDT review or recommendation to develop or implement further protective measures.</p> <p>-BDDS's report dated 2/18/17 indicated "[Client D] got into a physical altercation with [client A] while staff was looking for [client D's] personal identification card. Staff immediately intervened and separated both individuals. [Client D] has a red bruise on the back of his neck and [client A] has a 2 cm cut under his left eye. The cut under [client A's] eye did not</p>		<p>In addition to active treatment observations, Operations Team Members and/or the Residential Manager will perform spot checks at varied times on the overnight shift no less than twice monthly –more frequently if training issues or problems are discovered.</p> <p>The Executive Director and Director of Operations/Regional Manager (area manager) will review documentation of administrative level monitoring of the facility –making recommendations as appropriate. As stated above, the Executive Director will participate directly in administrative monitoring of the facility. Administrative support at the home will include but not be limited to assuring that specific training programs and interventions are in place to meet each client's assessed needs and that staff implement behavior supports as included in clients' plans and that corrective measures are developed and implemented in response to verified incidents of peer to peer aggression.</p>	

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	<p>bleed. Staff provided first aid. Both individuals were monitored to prevent additional incidents. The administration team is aware of the incident and the team will meet to determine what additional safety measures are needed."</p> <p>"Both individuals were provided emotional support. Staff will continue to provide support according to the BSP and will follow proactive and reactive strategies."</p> <p>The review did not indicate documentation of any investigation regarding clients A and D's 2/17/17 allegation of client to client mistreatment/aggression.</p> <p>Client A's record was reviewed on 6/14/17 at 12:51 PM. Client A's IDT form dated 2/21/17 indicated, "On 2/17/17 [client A] stated that he knocked on the bathroom door and on his walls and stated that he was playing around. [Client D] got mad and threatened him stating he was going to hit him. [Client A] stated [client D] hit him and he started punching [client D] back. [Client D] attempted to hit him and missed. [Client A] stated that he should not have played with [client D]." Client A's IDT form dated 2/21/17 indicated, "Due to others stating that they are afraid of [client A]</p>		<p>Through the process of administrative monitoring, when specific staff experience ongoing difficulty implementing behavior supports as written, the staff will receive formal re-certification training through the agency's positive behavior support curriculum.</p> <p><b>RESPONSIBLE PARTIES:</b> QIDP, Area Supervisor, Site Supervisor, Direct Support Staff, Operations Team, Regional Director</p>	

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	<p>and him being physically aggressive the team agreed that [client A] will do better at a different home that is more suitable for his needs."</p> <p>Client D's record was reviewed on 6/14/17 at 1:45 PM. Client D's IDT form dated 4/10/17 indicated, "On 4/19/17 [client D] and [client A] were in an altercation while at the [mall] that followed into the van and then onto (sic) the house. The van drive home being verbally aggressive towards [client A] and saying bad things about [client A's] girlfriend. The team agreed that each individual will not sit by one another while in the van. One will sit in the last row and the other will sit in the front."</p> <p>2. BDDS report dated 5/30/17 indicated "[Client D] was walking past [client B] when [client B] bit [client D]. [Client D] became agitated and began destroying property around the home. Staff called and reported the incident to police. After police interviewed the individuals and staff, they left the home without taking further action. No charges were filed. Staff assessed both individuals for injury. [Client B] was observed having two bite marks on his left shoulder and left forearm and was taken to [hospital] and was treated for self injurious behavior and released to ResCare staff with no</p>			



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	<p>new orders."</p> <p>"[Clients B and D] were both offered emotional support. Aggressive behavior and self injurious behavior are both addressed in [client B's] BSP. Property damage and physical aggression are both addressed in [client D's] BSP. The administrative team is aware and the IDT will meet to discuss further protective measures."</p> <p>The review did not indicate documentation of any investigation regarding clients B and D's 5/28/17 allegation of client to client mistreatment/aggression. The review did not indicate documentation of IDT review or recommendation to develop or implement further protective measures.</p> <p>-BDDS report dated 5/2/17 indicated "Staff reported that after dinner time med pass, [client B] became agitated and grabbed [client F] and bit his upper left side of his chest leaving a small round size red bruise. Staff verbally redirected [client B] to his room where [client B] grabbed [client E] and bit him on the wrist leaving no visible marks."</p> <p>"Staff administered first aid to [client F]. Staff offered emotional support to all that were involved. [Client B] moved into his</p>			

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	<p>current home on 3/24/17 and her (sic) BSP, which is being developed, will address physical aggression. In the interim, staff will use agency approved You're safe, I'm safe preventative and reactive procedures as needed to address aggressive behavior. The administrative team will meet to determine what additional safety measures are needed."</p> <p>The review did not indicate documentation of any investigation regarding clients B, E, and F's 4/30/17 allegation of client to client mistreatment/aggression. The review did not indicate documentation of IDT review or recommendation to develop or implement further protective measures.</p> <p>-BDDS report dated 4/24/17 indicated "[Client D] had a verbal disagreement with a housemate and the housemate told [client C] that [client D] had called him a profane name. [Client C] approached [client D] and placed his hands around [client D's] neck. Staff separated the two individuals immediately and they were able to calm them selves without further incident."</p> <p>"[Client D] was not injured during the incident and staff provided him with emotional support. [Client C] recently moved into this home and he has a</p>			

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	<p>history of physical aggression which will be addressed in his BSP. [Client C] will remain on enhanced supervision, line of sight observation in common areas of his home and 15-minute checks in private areas, during his initial 30-day assessment period and staff will follow the guidelines in ResCare's You're Safe, I'm Safe positive behavior support curriculum."</p> <p>The review did not indicate documentation of any investigation regarding clients C and D's 4/23/17 allegation of client to client mistreatment/aggression. The review did not indicate documentation of IDT review or recommendation to develop or implement further protective measures.</p> <p>-BDDS report dated 4/8/17 indicated "[Client B] was sitting at the dining room table in the kitchen and he grabbed [client E] by the shirt. [Client E] pushed him off of him and [client B] fell to the floor and began kicking his feet - a common behavior addressed in his plan. [Client A] was also sitting at the kitchen table and as [client B] was getting up he grabbed [client A] by the right hand biting him under his thumb. [Client B] then slapped [client H] on the left side of his face with an open hand. Staff separated all of the individuals and when</p>			
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	<p>they had calmed themselves, contacted the ResCare nurse and the supervisor."</p> <p>"Staff performed physical assessments on each individual. [Client H] did not have any injuries to his face and did not indicate any discomfort. The fingernail on [client A's] hand was bleeding and torn. Staff completed first aid. [Client E] had a small bruise on the palm of his right hand but the skin was not broken by the bite. [Client B] has a BSP that addresses physical aggression, staff followed the plan appropriately. The staff will continue to monitor all of the injuries until they are healed and offer emotional support. The IDT will meet to discuss this incident."</p> <p>The review did not indicate documentation of any investigation regarding clients A, B, E and H's 4/7/17 allegation of client to client mistreatment/aggression.</p> <p>Client B's record was reviewed on 6/20/17 at 11:15 AM. Client B's IDT (Interdisciplinary Team) form dated 4/10/17 indicated, "On 4/8/17, [client B] bit housemate [client E]. No skin was broken but was bruised. Aggression towards [client A] causing his finger to bleed and smacked his housemate in the face. No injury. The individuals were</p>			

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	<p>separated and [client B] went into his room. [Client B's mom] stated that he needs to be in a program or school. She stated that due to the crowdedness (sic) and his routine is broken and could be another reason for his behaviors. [QIDP (Qualified Intellectual Disabilities Professional) #2] will fill out an application for ResCare day program to attend 3 days a week, 3 hours a day and the team will meet in 30 days to determine if his hours can increase. [Client B] has a psych appointment at [psychological services] next week. [Client B] will be placed on 15 minute checks with line of sight. When he's in his room, he will be monitored by staff every 15 minutes. Staff will ensure that he has objects available to draw and color."</p> <p>Client B's record did not indicate documentation of additional IDT review or recommendations regarding client B's behavioral and programming needs.</p> <p>Staff #2 was interviewed on 6/14/17 at 6:50 AM. Staff #2 indicated client A's behaviors included yelling, cursing, and physical aggression.</p> <p>Staff #3 was interviewed on 6/14/17 at 7:29 AM. Staff #3 indicated client B's behaviors included biting his peers. Staff</p>			

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	<p>#3 stated, "[Client B] should be a one to one ratio staff." Staff #3 indicated client B needed additional staff support to prevent behaviors. Staff #3 indicated the home environment was loud due to client A's yelling and cursing behaviors.</p> <p>RM (Resident Manager) #1 was interviewed on 6/14/17 at 7:53 AM. RM #1 indicated client B did not attend a day service or vocational program. RM #1 indicated the facility was in the process of obtaining day services for client B. RM #1 stated, "[Client B] doesn't like it when [client A] is agitated. [Client D] is the main person. He targets [client B]." RM #1 indicated client B remained at the home throughout the day. RM #1 indicated client B did not like the noise in the home and would become agitated or go to his room.</p> <p>Staff #4 was interviewed on 6/14/17 at 8:33 AM. Staff #4 stated, "[Client B] needs his own room and a one to one ratio staff." Staff #4 indicated client B had behaviors when the home was loud. When asked if client D was fearful or intimidated, staff #4 stated, "[Client A] does lots of yelling. [Client D] said he is scared of him. He's cried plenty of times about it, telling me he's afraid."</p> <p>Staff #5 was interviewed on 6/14/17 at</p>			

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	<p>9:06 AM. Staff #5 stated, "[Client B] needs a one to one ratio staff." Staff #5 indicated client B had bitten his peers. Staff #5 indicated client B did not like the noise in the home and would become agitated.</p> <p>Guardian #1 was interviewed on 6/14/17 at 12:23 PM. Guardian #1 indicated client D had been staying with her while BDDS located a new group home for client D to reside. Guardian #1 indicated client D was not returning to the group home due to concerns of him being hit by client A or bitten by client B. Guardian #1 stated, "The guy beating him up taunts him, follows him around, bangs on doors and [client D] gets punched." Guardian #1 indicated the facility staff tell him to stay with staff. When asked if client D had expressed fear or intimidation at the group home, Guardian #1 stated, "Yes, he is afraid. He is afraid of him, [client A]. Actually he's afraid of being there period. He had been hit by another client but that was a one time thing. [Client D] gets along with several of them there but just within the last couple of months they brought in the bully. [Client D] calls me saying he is scared. Whenever we tell him he has to go back to the home after being home for visits he says he's scared. He doesn't want to go back. He just can't handle it and has meltdowns. Wants to</p>			

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	<p>leave."</p> <p>QIDP #1 was interviewed on 6/14/17 at 1:43 PM. QIDP #1 indicated the facility's 2/2011 Abuse and Neglect policy should be implemented, all allegations of abuse, neglect and mistreatment should be thoroughly investigated and corrective measures to prevent recurrence should be developed and implemented.</p> <p>The facility's policy and procedures were reviewed on 6/20/17 at 2:30 PM. The facility's Abuse, Neglect, Exploitation and Mistreatment policy dated 2/26/11 indicated the following:</p> <p>- "Adept (ResCare) staff actively advocate for the rights and safety of all individuals. All allegations or occurrences of abuse, neglect, exploitation, or mistreatment shall be reported to the appropriate authorities through the appropriate supervisory channels and will be thoroughly investigated under the policies of Adept, ResCare and local state and federal guidelines."</p> <p>- "Program intervention neglect: failure to provide goods and/or services necessary for the individual to avoid physical harm. Failure to implement a support plan, inappropriate application of intervention without a qualified person</p>			



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W 0154 Bldg. 00	<p>notification/review."</p> <p>This federal tag relates to complaint #IN00227048.</p> <p>9-3-2(a)</p> <p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on record review and interview for 10 of 14 allegations of abuse, neglect and mistreatment reviewed, the facility failed to thoroughly investigate 10 separate incidents/allegations of client to client aggression for clients A, B, C, D, E and F.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports, IR (Incident Reports) and Investigations were reviewed on 6/13/17 at 12:58 PM. The review indicated the following:</p> <p>1. BDDS report dated 6/12/17 indicated, "Both [clients A and B] reside in a supervised group living home with 6 other males. Staff reported that [Client A] went into [client B's] bedroom and</p>	W 0154	<p><b>CORRECTION:</b></p> <p><i>The facility must have evidence that all alleged violations are thoroughly investigated.</i></p> <p>Specifically: the Operations Team, including the Operations Managers, Program Managers, Nurse Manager, Registered Nurse, Executive Director, Quality Assurance Manager, Quality Assurance Coordinators and QIDP Manager, will directly oversee all investigations. The Residential Manager will receive additional training toward assisting with gathering evidence, including conducting thorough witness interviews, with all potential witnesses including but not limited to discovered injuries, injuries resulting from falls and peer to peer aggression. The QIDP and Quality Assurance Team (Quality Assurance Manager, Quality Assurance</p>	07/21/2017

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	<p>sprayed [client B] with a toy water gun. [Client B] became agitated and attempted to bite [client A]. Staff verbally redirected [clients B and A] to their respective bedrooms. There were no injuries observed.</p> <p>[Client B] was offered emotional support from staff. PA (Physical Aggression) is addressed in both [clients A and B's] BSPs (Behavior Support Plans). The administrative team is aware of the incident and the IDT (Interdisciplinary Team) will meet to discuss further protective measures."</p> <p>The review did not indicate documentation of an investigation regarding clients A and B's 6/12/17 allegation of client to client mistreatment/aggression.</p> <p>-BDDS report dated 5/7/17 indicated "[Client A] and [client C] were in the medication room when both engaged in a verbal altercation. As staff verbally redirected both consumers, they engaged in a physical altercation. [Client C] scratched [client A] in the face and hit him in the nose, causing it to bleed. Staff stepped between both consumers and diffused the situation and there were no further incidents."</p>		<p>Coordinators and QIDP Manager) will assure that conclusions are developed that match the collected evidence. The Governing Body will assume complete responsibility for investigating any discovered injuries that require outside medical treatment and any allegations of sexual abuse. When any evidence of staff negligence is uncovered or alleged the Operations Team will take control of all aspects of the investigation process. Additionally, the QIDP Manager (QA Manager responsible for ICF facilities) will provide direct oversight and hands-on coaching of the QIDP throughout the investigation process for the next 90 days, including but not limited to assuring the investigation reconciles discrepancies between witness testimony and documentary evidence. The Quality Assurance Manager and the QIDP Manager will review the scope of all open investigations to assure all allegations receive appropriate examination and analysis.</p> <p><b>PREVENTION:</b></p> <p>The QIDP Manager will maintain a tracking spreadsheet for incidents requiring investigation,</p>	

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	<p>"Staff assessed [client A] and noted two scratches 1/4 inch long on his face; first aid was applied to stop [client A]'s nose from bleeding. The ResCare nurse and administrative team were notified of the incident. [Client A] was given emotional support after the incident. [Client A and C] both have a history of verbal and physical aggression that is addressed in their BSP's. Specifically, both [clients A and C's] BSP's have been modified to include protective measures for positioning staff between each individual in the event of heightened agitation. Staff will be retrained and follow the proactive strategies as instructed in [clients A and C's] modified BSP's. The team will meet to determine what additional safety measures are needed."</p> <p>The review did not indicate documentation of any investigation regarding clients A and C's 5/06/17 allegation of client to client mistreatment/aggression.</p> <p>-BDDS report dated 4/15/17 indicated "[Client A and client C] were in the kitchen when both engaged in a verbal altercation. As staff verbally redirected both consumers, they engaged in a physical altercation. [Client C] scratched [client A] in the face. Staff stepped between both consumers and diffused the</p>		<p>follow-up and corrective/protective measures will be maintained and distributed daily to facility supervisors and the Operations Team, comprised of the Operations Managers, Program Managers, Nurse Manager, Registered Nurse, Executive Director, Quality Assurance Manager, Quality Assurance Coordinators and QIDP Manager. The QIDP Manager (Administrative level management/quality assurance) will meet with his/her QIDPs weekly to review the progress made on all investigations that are open for their homes. QIDPs will be required to attend and sign an in-service at these meetings stating that they are aware of which investigations with which they are required to assist, as well as the specific components of the investigation for which they are responsible, within the five business day timeframe. The Quality Assurance Team will review each investigation to ensure that they are thorough –meeting regulatory and operational standards, and will not designate an investigation, as completed, if it does not meet these criteria. The Program Manager will also conduct spot checks of investigations, focusing on serious incidents that could potentially have occurred as a</p>	

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	<p>situation and there were no further incidents."</p> <p>"Staff assessed [client A] and noted a two inch scratch on his face. No skin was broken; first aid was applied and the nurse and administration team was (sic) notified of the incident. [Client A] was given emotional support after the incident. [Clients A and C] both have a history of verbal and physical aggression that is addressed in their BSP and staff followed their plans. The team will meet to determine what additional safety measures are needed, Specifically, both [client A and C]'s BSP's will be modified to include protective measures for positioning each client in the event of heightened agitation. Staff will be trained and follow the proactive strategies as instructed in [client A and C's] modified BSP's."</p> <p>The review did not indicate documentation of any investigation regarding clients A and C's 4/14/17 allegation of client to client mistreatment/aggression.</p> <p>-BDDS report dated 4/10/17 indicated "While on an outing at [mall], the two individuals began arguing and staff redirected them verbally to exit the mall. Upon reaching the parking lot, [client A]</p>		<p>result of staff negligence. The Program Managers will provide weekly updates to the Executive Director and Quality Assurance Manager on the status of investigations. Failure to complete thorough investigations within the allowable five business day timeframe will result in progressive corrective action to all applicable team members.</p> <p><b>RESPONSIBLE PARTIES:</b> QIDP, Area Supervisor, Site Supervisor, Direct Support Staff, Operations Team, Regional Director</p>	

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	<p>kicked [client D] in the leg. Staff separated the individuals and they were able to calm themselves. During the ride back to their home in the van, they began to argue again and [client A] hit [client D] on the side of his face. They continued arguing in the front yard and neighbors called 911. Police arrived and arrested [client A].</p> <p>[Client D] sustained a 3.5 inch round red area on the right side of his face. Staff applied ice and provided him with emotional support. [Client A] remains incarcerated with preliminary charges of battery resulting in physical injury and battery. An initial hearing is scheduled for 4/11/17 at 1:00 PM. Bond has not been set at \$150. ResCare has provided the jail with a list of [Client A]'s current medications and will work with the prosecutor's office to facilitate his release. Verbal and physical aggression are addressed in both individuals BSP's and staff followed the plans. The IDT will meet to review the circumstances of the incident and develop additional protective measures."</p> <p>The review did not indicate documentation of an Investigation Summary report or otherwise document a description or summary of events, an analysis of the incident including</p>			

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	<p>chronology, or recommendations to prevent future incidents in the investigation of clients A and D's 4/9/17 allegation of client to client mistreatment/aggression.</p> <p>-BDDS report dated 2/25/17 indicated "[Client D] was in his room when [client A] knocked on his door, [client D] asked him to stop. [Clients A and D] got into a physical altercation with [client A] getting scratched on his right arm. Staff separated them and redirected them away from each other. [Client D] then stated he was going to harm [client A's] girlfriend in response, [client A] hit [client D] in the back of his head. All administrative personnel have been notified of this incident."</p> <p>"The staff following the BSP for both gentlemen separated them and completed first aid on [client A's] arm and after talking to the nurse took [client D] to the hospital to be evaluated medically. [Client D] was diagnosed with a head injury contusion and released with no new orders. The staff will continue to monitor both injuries and report any change in medical status. An investigation will be completed for this incident and the IDT will meet to discuss."</p>			

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	<p>The review did not indicate documentation of any investigation regarding clients A and D's 2/24/17 allegation of client to client mistreatment/aggression.</p> <p>-BDDS report dated 2/18/17 indicated "[Client D] got into a physical altercation with [client A] while staff was looking for [client D's] personal identification card. Staff immediately intervened and separated both individuals. [Client D] has a red bruise on the back of his neck and [client A] has a 2 cm cut under his left eye. The cut under [client A's] eye did not bleed. Staff provided first aid. Both individuals were monitored to prevent additional incidents. The administration team is aware of the incident and the team will meet to determine what additional safety measures are needed."</p> <p>"Both individuals were provided emotional support. Staff will continue to provide support according to the BSP and will follow proactive and reactive strategies."</p> <p>The review did not indicate documentation of any investigation regarding clients A and D's 2/17/17 allegation of client to client mistreatment/aggression.</p>			

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	<p>2. BDDS report dated 5/30/17 indicated "[Client D] was walking past [client B] when [client B] bit [client D]. [Client D] became agitated and began destroying property around the home. Staff called and reported the incident to police. After police interviewed the individuals and staff, they left the home without taking further action. No charges were filed. Staff assessed both individuals for injury. [Client B] was observed having two bite marks on his left shoulder and left forearm and was taken to [hospital] and was treated for self injurious behavior and released to ResCare staff with no new orders."</p> <p>"[Clients B and D] were both offered emotional support. Aggressive behavior and self injurious behavior are both addressed in [client B's] BSP. Property damage and physical aggression are both addressed in [client D's] BSP. The administrative team is aware and the IDT will meet to discuss further protective measures."</p> <p>The review did not indicate documentation of any investigation regarding clients B and D's 5/28/17 allegation of client to client mistreatment/aggression.</p> <p>-BDDS report dated 5/2/17 indicated</p>			



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	<p>"Staff reported that after dinner time med pass, [client B] became agitated and grabbed [client F] and bit his upper left side of his chest leaving a small round size red bruise. Staff verbally redirected [client B] to his room where [client B] grabbed [client E] and bit him on the wrist leaving no visible marks."</p> <p>"Staff administered first aid to [client F]. Staff offered emotional support to all that were involved. [Client B] moved into his current home on 3/24/17 and her (sic) BSP, which is being developed, will address physical aggression. In the interim, staff will use agency approved You're safe, I'm safe preventative and reactive procedures as needed to address aggressive behavior. The administrative team will meet to determine what additional safety measures are needed."</p> <p>The review did not indicate documentation of any investigation regarding clients B, E, and F's 4/30/17 allegation of client to client mistreatment/aggression.</p> <p>-BDDS report dated 4/24/17 indicated "[Client D] had a verbal disagreement with a housemate and the housemate told [client C] that [client D] had called him a profane name. [Client C] approached [client D] and placed his hands around</p>			

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	<p>[client D's] neck. Staff separated the two individuals immediately and they were able to calm them selves without further incident."</p> <p>"[Client D] was not injured during the incident and staff provided him with emotional support. [Client C] recently moved into this home and he has a history of physical aggression which will be addressed in his BSP. [Client C] will remain on enhanced supervision, line of sight observation in common areas of his home and 15-minute checks in private areas, during his initial 30-day assessment period and staff will follow the guidelines in ResCare's You're Safe, I'm Safe positive behavior support curriculum."</p> <p>The review did not indicate documentation of any investigation regarding clients C and D's 4/23/17 allegation of client to client mistreatment/aggression.</p> <p>-BDDS report dated 4/8/17 indicated "[Client B] was sitting at the dining room table in the kitchen and he grabbed [client E] by the shirt. [Client E] pushed him off of him and [client B] fell to the floor and began kicking his feet - a common behavior addressed in his plan. [Client A] was also sitting at the kitchen</p>			

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	<p>table and as [client B] was getting up he grabbed [client A] by the right hand biting him under his thumb. [Client B] then slapped [client H] on the left side of his face with an open hand. Staff separated all of the individuals and when they had calmed themselves, contacted the ResCare nurse and the supervisor."</p> <p>"Staff performed physical assessments on each individual. [Client H] did not have any injuries to his face and did not indicate any discomfort. The fingernail on [client A's] hand was bleeding and torn. Staff completed first aid. [Client E] had a small bruise on the palm of his right hand but the skin was not broken by the bite. [Client B] has a BSP that addresses physical aggression and staff followed the plan appropriately. The staff will continue to monitor all of the injuries until they are healed and offer emotional support. The IDT will meet to discuss this incident."</p> <p>The review did not indicate documentation of any investigation regarding clients A, B, E and H's 4/7/17 allegation of client to client mistreatment/aggression.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 6/14/17 at 1:43 PM. QIDP #1 indicated</p>						

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W 0157 Bldg. 00	<p>all allegations of abuse, neglect and mistreatment should be thoroughly investigated.</p> <p>This federal tag relates to complaint #IN00227048.</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 record review and interview for 10 of 14 allegations of abuse, neglect and mistreatment reviewed, the facility failed to develop and implement corrective measures to prevent recurrence of incidents of client to client aggression between clients A, B, C, D, E and F.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports, IR (Incident Reports) and Investigations were reviewed on 6/13/17 at 12:58 PM. The review indicated the following:</p> <p>1. BDDS report dated 6/12/17 indicated, "Both [clients A and B] reside in a</p>	W 0157	<p><b>CORRECTION:</b></p> <p><i>If the alleged violation is verified, appropriate corrective action must be taken. Specifically, the QIDP with guidance from administrative staff will bring all elements of the interdisciplinary team together to review, re-assess and revise all clients' Behavior Support Plans with a focus on prevention of peer to peer aggression.</i></p> <p><b>PREVENTION:</b></p> <p>The QIDP will be retrained regarding the need to assure the interdisciplinary team meets to address incidents of peer to peer aggression to develop and</p>	07/21/2017

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	<p>supervised group living home with 6 other males. Staff reported that [Client A] went into [client B's] bedroom and sprayed [client B] with a toy water gun. [Client B] became agitated and attempted to bite [client A]. Staff verbally redirected [clients B and A] to their respective bedrooms. There were no injuries observed.</p> <p>[Client B] was offered emotional support from staff. PA (Physical Aggression) is addressed in both [clients A and B's] BSPs (Behavior Support Plans). The administrative team is aware of the incident and the IDT (Interdisciplinary Team) will meet to discuss further protective measures."</p> <p>The review did not indicate documentation of IDT review or recommendations to develop or implement further protective measures.</p> <p>-BDDS report dated 5/7/17 indicated "[Client A] and [client C] were in the medication room when both engaged in a verbal altercation. As staff verbally redirected both consumers, they engaged in a physical altercation. [Client C] scratched [client A] in the face and hit him in the nose, causing it to bleed. Staff stepped between both consumers and diffused the situation and there were no</p>		<p>implement appropriate protective measures. The QIDP will turn in documentation of IDT meetings to the QIDP Manager for follow-up. When incidents occur, The QIDP Manager will guide the QIDP through the investigation and corrective measure implementation process providing follow-up as needed but no less than daily.</p> <p>The Residential Manager will be present, supervising active treatment during no less than five active treatment sessions per week, on varied shifts to assist with and monitor skills training including but not limited to assuring staff implement proactive and reactive behavior supports as written. The Area Supervisor will be present at the facility observing the staff's provision of skills training and documentation no less than twice weekly for the next 60 days and no less than weekly thereafter.</p> <p>Members of the Operations Team comprised of the Program Managers, Operations Manager, Nurse Manager, Registered Nurse, Executive Director, Quality Assurance Manager, QIDP Manager and Quality Assurance</p>	

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	<p>further incidents."</p> <p>"Staff assessed [client A] and noted two scratches 1/4 inch long on his face; first aid was applied to stop [client A]'s nose from bleeding. The ResCare nurse and administrative team were notified of the incident. [Client A] was given emotional support after the incident. [Clients A and C] both have a history of verbal and physical aggression that is addressed in their BSP's. Specifically, both [clients A and C] BSP's have been modified to include protective measures for positioning staff between each individual in the event of heightened agitation. Staff will be retrained and follow the proactive strategies as instructed in [clients A and C] modified BSP's. The team will meet to determine what additional safety measures are needed."</p> <p>The review did not indicate documentation of IDT review or recommendation to develop or implement further protective measures.</p> <p>-BDDS report dated 4/15/17 indicated "[Client A and client C] were in the kitchen when both engaged in a verbal altercation. As staff verbally redirected both consumers, they engaged in a physical altercation. [Client C] scratched [client A] in the face. Staff stepped</p>		<p>Coordinators will conduct observations during active Treatment sessions and documentation reviews no less than three times weekly for 30 days and then no less than twice weekly until all staff demonstrate competence. At the conclusion of this period of enhanced administrative monitoring and support, the Executive Director and Regional Director will determine the level of ongoing support needed at the facility. Administrative monitoring is defined as:</p> <p>Mornings: Beginning at 6:30 AM and through morning transport and including the following: Medication administration, meal preparation and breakfast, morning hygiene and domestic skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day and overnight shifts.</p> <p>Evenings: Beginning at approximately 4:30 PM through the evening meal and including the following: domestic and hygiene skills training, leisure skills training, medication administration, meal preparation</p>	

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	<p>between both consumers and diffused the situation and there were no further incidents."</p> <p>"Staff assessed [client A] and noted a two inch scratch on his face. No skin was broken; first aid was applied and the nurse and administration team was (sic) notified of the incident. [Client A] was given emotional support after the incident. [Clients A and C] both have a history of verbal and physical aggression that is addressed in their BSP and staff followed their plans. The team will meet to determine what additional safety measures are needed. Specifically, both [clients A and C] BSP's will be modified to include protective measures for positioning each client in the event of heightened agitation. Staff will be trained and follow the proactive strategies as instructed in [client A and C's] modified BSP's."</p> <p>The review did not indicate documentation of IDT review or recommendation to develop or implement further protective measures.</p> <p>-BDDS report dated 4/10/17 indicated "While on an outing at [mall], the two individuals began arguing and staff redirected them verbally to exit the mall. Upon reaching the parking lot, [client A]</p>		<p>and dinner. Evening monitoring will also include unannounced spot checks later in the evening toward bed time.</p> <p>In addition to active treatment observations, Operations Team Members and/or the Residential Manager will perform spot checks at varied times on the overnight shift no less than twice monthly –more frequently if training issues or problems are discovered.</p> <p>The Executive Director and Director of Operations/Regional Manager (area manager) will review documentation of administrative level monitoring of the facility –making recommendations as appropriate. As stated above, the Executive Director will participate directly in administrative monitoring of the facility. Administrative support at the home will include but not be limited to assuring that specific training programs and interventions are in place to meet each client's assessed needs and that staff implement behavior supports as included in clients' plans and that corrective measures are developed and implemented in response to</p>	

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	<p>kicked [client D] in the leg. Staff separated the individuals and they were able to calm themselves. During the ride back to their home in the van, they began to argue again and [client A] hit [client D] on the side of his face. They continued arguing in the front yard and neighbors called 911. Police arrived and arrested [client A].</p> <p>[Client D] sustained a 3.5 inch round red area on the right side of his face. Staff applied ice and provided him with emotional support. [Client A] remains incarcerated with preliminary charges of battery resulting in physical injury and battery. An initial hearing is scheduled for 4/11/17 at 1:00 PM. Bond has not been set at \$150. ResCare has provided the jail with a list of [Client A]'s current medications and will work with the prosecutor's office to facilitate his release. Verbal and physical aggression are addressed in both individuals BSP's and staff followed the plans. The IDT will meet to review the circumstances of the incident and develop additional protective measures."</p> <p>The review did not indicate documentation of recommendations to prevent future incidents in the investigation of clients A and D's 4/9/17 allegation of client to client</p>		<p>verified incidents of peer to peer aggression.</p> <p>Through the process of administrative monitoring, when specific staff experience ongoing difficulty implementing behavior supports as written, the staff will receive formal re-certification training through the agency's positive behavior support curriculum.</p> <p><b>RESPONSIBLE PARTIES:</b> QIDP, Area Supervisor, Residential Manager, Direct Support Staff, Operations Team, Regional Director</p>	



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	<p>mistreatment/aggression.</p> <p>-BDDS report dated 2/25/17 indicated "[Client D] was in his room when [client A] knocked on his door, [client D] asked him to stop. [Clients A and D] got into a physical altercation with [client A] getting scratched on his right arm. Staff separated them and redirected them away from each other. [Client D] then stated he was going to harm [client A's] girlfriend, in response [client A] hit [client D] in the back of his head. All administrative personnel have been notified of this incident."</p> <p>"The staff following the BSP for both gentlemen separated them, and completed first aid on [client A's] arm and after talking to the nurse took [client D] to the hospital to be evaluated medically. [Client D] was diagnosed with a head injury contusion and released with no new orders. The staff will continue to monitor both injuries and report any change in medical status. An investigation will be completed for this incident and the IDT will meet to discuss."</p> <p>The review did not indicate documentation of IDT review or recommendation to develop or implement further protective measures.</p>			

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	<p>-BDDS report dated 2/18/17 indicated "[Client D] got into a physical altercation with [client A] while staff was looking for [client D's] personal identification card. Staff immediately intervened and separated both individuals. [Client D] has a red bruise on the back of his neck and [client A] has a 2 cm cut under his left eye. The cut under [client A's] eye did not bleed. Staff provided first aid. Both individuals were monitored to prevent additional incidents. The administration team is aware of the incident and the team will meet to determine what additional safety measures are needed."</p> <p>"Both individuals were provided emotional support. Staff will continue to provide support according to the BSP and will follow proactive and reactive strategies."</p> <p>Client A's record was reviewed on 6/14/17 at 12:51 PM. Client A's IDT form dated 2/21/17 indicated, "On 2/17/17 [client A] stated that he knocked on the bathroom door and on his walls and stated that he was playing around. [Client D] got mad and threatened him stating he was going to hit him. [Client A] stated [client D] hit him and he started punching [client D] back. [Client D] attempted to hit him and missed. [Client</p>			

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	<p>A] stated that he should not have played with [client D]." Client A's IDT form dated 2/21/17 indicated, "Due to others stating that they are afraid of [client A] and him being physically aggressive the team agreed that [client A] will do better at a different home that is more suitable for his needs."</p> <p>Client D's record was reviewed on 6/14/17 at 1:45 PM. Client D's IDT form dated 4/10/17 indicated, "On 4/19/17 [client D] and [client A] were in an altercation while at the [mall] that followed into the van and then onto (sic) the house. The van drive home being verbally aggressive towards [client A] and saying bad things about [client A's] girlfriend. The team agreed that each individual will not sit by one another while in the van. One will sit in the last row and the other will sit in the front."</p> <p>2. BDDS report dated 5/30/17 indicated "[Client D] was walking past [client B] when [client B] bit [client D]. [Client D] became agitated and began destroying property around the home. Staff called and reported the incident to police. After police interviewed the individuals and staff, they left the home without taking further action. No charges were filed. Staff assessed both individuals for injury. [Client B] was observed having two bite</p>			

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	<p>marks on his left shoulder and left forearm and was taken to [hospital] and was treated for self injurious behavior and released to ResCare staff with no new orders."</p> <p>"[Clients B and D] were both offered emotional support. Aggressive behavior and self injurious behavior are both addressed in [client B's] BSP. Property damage and physical aggression are both addressed in [client D's] BSP. The administrative team is aware and the IDT will meet to discuss further protective measures."</p> <p>The review did not indicate documentation of IDT review or recommendation to develop or implement further protective measures.</p> <p>-BDDS report dated 5/2/17 indicated "Staff reported that after dinner time med pass, [client B] became agitated and grabbed [client F] and bit his upper left side of his chest leaving a small round size red bruise. Staff verbally redirected [client B] to his room where [client B] grabbed [client E] and bit him on the wrist leaving no visible marks."</p> <p>"Staff administered first aid to [client F]. Staff offered emotional support to all that were involved. [Client B] moved into his</p>			

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	<p>current home on 3/24/17 and her (sic) BSP, which is being developed, will address physical aggression. In the interim, staff will use agency approved You're safe, I'm safe preventative and reactive procedures as needed to address aggressive behavior. The administrative team will meet to determine what additional safety measures are needed."</p> <p>The review did not indicate documentation of IDT review or recommendation to develop or implement further protective measures.</p> <p>-BDDS report dated 4/24/17 indicated "[Client D] had a verbal disagreement with a housemate and the housemate told [client C] that [client D] had called him a profane name. [Client C] approached [client D] and placed his hands around [client D's] neck. Staff separated the two individuals immediately and they were able to calm them selves without further incident."</p> <p>"[Client D] was not injured during the incident and staff provided him with emotional support. [Client C] recently moved into this home and he has a history of physical aggression which will be addressed in his BSP. [Client C] will remain on enhanced supervision, line of sight observation in common areas of his</p>			

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	<p>home and 15-minute checks in private areas, during his initial 30-day assessment period and staff will follow the guidelines in ResCare's You're Safe, I'm Safe positive behavior support curriculum."</p> <p>The review did not indicate documentation of IDT review or recommendation to develop or implement further protective measures.</p> <p>-BDDS report dated 4/8/17 indicated "[Client B] was sitting at the dining room table in the kitchen and he grabbed [client E] by the shirt. [Client E] pushed him off of him and [client B] fell to the floor and began kicking his feet - a common behavior addressed in his plan. [Client A] was also sitting at the kitchen table and as [client B] was getting up he grabbed [client A] by the right hand biting him under his thumb. [Client B] then slapped [client H] on the left side of his face with an open hand. Staff separated all of the individuals and when they had calmed themselves, contacted the ResCare nurse and the supervisor."</p> <p>"Staff performed physical assessments on each individual. [Client H] did not have any injuries to his face and did not indicate any discomfort. The fingernail on [client A's] hand was bleeding and</p>			

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	<p>torn. Staff completed first aid. [Client E] had a small bruise on the palm of his right hand but the skin was not broken by the bite. [Client B] has a BSP that addresses physical aggression and staff followed the plan appropriately. The staff will continue to monitor all of the injuries until they are healed and offer emotional support. The IDT will meet to discuss this incident."</p> <p>Client B's record was reviewed on 6/20/17 at 11:15 AM. Client B's IDT (Interdisciplinary Team) form dated 4/10/17 indicated, "On 4/8/17, [client B] bit housemate [client E]. No skin was broken but was bruised. Aggression towards [client A] causing his finger to bleed and smacked his housemate in the face. No injury. The individuals were separated and [client B] went into his room. [Client B's mom] stated that he needs to be in a program or school. She stated that due to the crowdedness (sic) and that his routine is broken could be another reason for his behaviors. [QIDP (Qualified Intellectual Disabilities Professional) #2] will fill out an application for ResCare day program to attend 3 days a week, 3 hours a day and the team will meet in 30 days to determine if his hours can increase. [Client B] has a psych appointment at [psychological services] next week.</p>			

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	<p>[Client B] will be placed on 15 minute checks with line of sight. When he's in his room, he will be monitored by staff every 15 minutes. Staff will ensure that he has objects available to draw and color."</p> <p>Client B's record did not indicate documentation of additional IDT review or recommendations regarding client B's behavioral and programming needs.</p> <p>Staff #2 was interviewed on 6/14/17 at 6:50 AM. Staff #2 indicated client A's behaviors included yelling, cursing, and physical aggression.</p> <p>Staff #3 was interviewed on 6/14/17 at 7:29 AM. Staff #3 indicated client B's behaviors included biting his peers. Staff #3 stated, "[Client B] should be a one to one ratio staff." Staff #3 indicated client B needed additional staff support to prevent behaviors. Staff #3 indicated the home environment was loud due to client A's yelling and cursing behaviors.</p> <p>RM (Resident Manager) #1 was interviewed on 6/14/17 at 7:53 AM. RM #1 indicated client B did not attend a day service or vocational program. RM #1 indicated the facility was in the process of obtaining day services for client B. RM #1 stated, "[Client B] doesn't like it</p>			



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	<p>when [client A] is agitated. [Client D] is the main person. He targets [client B]." RM #1 indicated client B remained at the home throughout the day. RM #1 indicated client B did not like the noise in the home and would become agitated or go to his room.</p> <p>Staff #4 was interviewed on 6/14/17 at 8:33 AM. Staff #4 stated, "[Client B] needs his own room and a one to one ratio staff." Staff #4 indicated client B had behaviors when the home was loud. When asked if client D was fearful or intimidated, staff #4 stated, "[Client A] does lots of yelling. [Client D] said he is scared of him. He's cried plenty of times about it, telling me he's afraid."</p> <p>Staff #5 was interviewed on 6/14/17 at 9:06 AM. Staff #5 stated, "[Client B] needs a one to one ratio staff." Staff #5 indicated client B had bitten his peers. Staff #5 indicated client B did not like the noise in the home and would become agitated.</p> <p>Guardian #1 was interviewed on 6/14/17 at 12:23 PM. Guardian #1 indicated client D had been staying with her while BDDS located a new group home for client D to reside. Guardian #1 indicated client D was not returning to the group home due to concerns of him being hit by</p>			

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	<p>client A or bitten by client B. Guardian #1 stated, "The guy beating him up taunts him, follows him around, bangs on doors and [client D] gets punched." Guardian #1 indicated the facility staff tell him to stay with staff. When asked if client D had expressed fear or intimidation at the group home, Guardian #1 stated, "Yes, he is afraid. He is afraid of him, [client A]. Actually he's afraid of being there period. He had been hit by another client but that was a one time thing. [Client D] gets along with several of them there but just within the last couple of months they brought in the bully. [Client D] calls me saying he is scared. Whenever we tell him he has to go back to the home after being home for visits he says he's scared. He doesn't want to go back. He just can't handle it and has meltdowns. He wants to leave."</p> <p>QIDP #1 was interviewed on 6/14/17 at 1:43 PM. QIDP #1 indicated corrective measures to prevent recurrence should be developed and implemented to prevent recurrence of incidents of abuse, neglect and mistreatment.</p> <p>This federal tag relates to complaint #IN00227048.</p> <p>9-3-2(a)</p>			

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W 0159 Bldg. 00	<p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Based on observation, record review and interview for 1 of 4 sampled clients (B), the QIDP (Qualified Intellectual Disabilities Professional) failed to integrate, coordinate and monitor client B's active treatment program regarding his sensory and day programming needs.</p> <p>Findings include:</p> <p>1. Observations were conducted at the group home on 6/14/17 from 6:45 AM through 9:30 AM. Client B did not attend a day service program. Client B ate breakfast and returned to his bedroom and was asleep in his bed throughout the observation period.</p> <p>Observations were conducted at the group home on 6/14/17 from 12:45 PM through 1:30 PM. Client B's right and left ears were red. Client B's left ear had chafing (skin rubbed/damaged top layer).</p>	W 0159	<p><b>CORRECTION:</b></p> <p><i>Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Specifically the governing body will assure that:</i></p> <p>The QIDP will secure appropriate day activity programming for client B and until such a time as day service placement is obtained, the QIDP will develop a schedule of meaningful day time activities for client B. Additionally, the QIDP will modify the proactive strategies in client B's Behavior Support Plan to include providing client B with the opportunity to separate from his housemates during periods of loud noise and boisterous behavior. The Residential Manager and Area Supervisor, with assistance from the governing body will assure</p>	07/21/2017
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	<p>Staff #2 was interviewed on 6/14/17 at 6:50 AM. Staff #2 indicated client B's behaviors included yelling, cursing and physical aggression.</p> <p>Staff #3 was interviewed on 6/14/17 at 7:29 AM. Staff #3 indicated client B's behaviors included biting his peers. Staff #3 stated, "[Client B] should be a one to one ratio staff." Staff #3 indicated client B needed additional staff support to prevent behaviors. Staff #3 indicated the home environment was loud due to client A's yelling and cursing behaviors.</p> <p>RM (Resident Manager) #1 was interviewed on 6/14/17 at 7:53 AM. RM #1 indicated client B did not attend a day service or vocational program. RM #1 indicated the facility was in the process of obtaining day services for client B. RM #1 stated, "[Client B] doesn't like it when [client A] is agitated. [Client D] is the main person. He targets [client B]." RM #1 indicated client B remained at the home throughout the day. RM #1 indicated client B did not like the noise in the home and would become agitated or go to his room.</p> <p>Staff #4 was interviewed on 6/14/17 at 8:33 AM. Staff #4 stated, "[Client B] needs his own room and a one to one ratio staff." Staff #4 indicated client B</p>		<p>adequate staff are on duty to implement the revised plan and all staff will be trained on the modified plan. Through observation, interview and review of documentation, the governing body determined this deficient practice did not affect additional consumers.</p> <p><b>PREVENTION:</b></p> <p>The QIDP will be retrained regarding the need to address clients' day programming and other needs including but not limited to sensory needs.</p> <p>The Residential Manager will be present, supervising active treatment during no less than five active treatment sessions per week, on varied shifts to assist with and monitor skills training including but not limited to assuring that staff implement support plans as written. Members of the Operations Team, comprised of the Executive Director, Operations Managers, Program Managers, Quality Assurance Manager, QIDP Manager, Quality Assurance Coordinators, Nurse Manager and Registered Nurse, and the QIDP will conduct observations during</p>	

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	<p>had behaviors when the home was loud.</p> <p>Staff #5 was interviewed on 6/14/17 at 9:06 AM. Staff #5 stated, "[Client B] needs a one to one ratio staff." Staff #5 indicated client B had bitten his peers. Staff #5 indicated client B did not like the noise in the home and would become agitated.</p> <p>Guardian #1 was interviewed on 6/14/17 at 12:23 PM. Guardian #1 stated, "The place is so noisy for him, [client B]. His ears are raw from trying to stick his fingers in them. Every time I'm in the home I see him trying to cover his ears. His ears are raw. The noise is an agitation. It's chaotic and noisy." Guardian #1 indicated client B had behaviors and bit his peers when he was agitated from the noise.</p> <p>Client B's record was reviewed on 6/20/17 at 11:15 AM. Client B's IDT (Interdisciplinary Team) form dated 4/10/17 indicated, "[Client B's mom] stated that he needs to be in a program or school. She stated that due to the crowdedness (sic) and his routine is broken and could be another reason for his behaviors. [QIDP (Qualified Intellectual Disabilities Professional) #2] will fill out an application for ResCare day program to attend 3 days a week, 3</p>		<p>active Treatment sessions and documentation reviews no less than three times weekly for 30 days and then no less than twice weekly until all staff demonstrate competence. At the conclusion of this period of intensive administrative monitoring and support, the Operations Team will determine the level of ongoing support needed at the facility. Active Treatment sessions to be monitored are defined as:</p> <p>Mornings: Beginning at 6:30 AM and through morning transport and including the following: Medication administration, meal preparation and breakfast, morning hygiene and domestic skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day and overnight shifts.</p> <p>Evenings: Beginning at approximately 4:30 PM through the evening meal and including the following: domestic and hygiene skills training, leisure skills training, medication administration, meal preparation and dinner. Evening monitoring will also include unannounced spot checks later in the evening</p>	

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	<p>hours a day and the team will meet in 30 days to determine if his hours can increase."</p> <p>Client B's record did not indicate documentation of additional IDT review or recommendations regarding client B's behavioral and programming needs.</p> <p>AS (Area Supervisor) #1 was interviewed on 6/15/17 at 10:04 AM. AS #1 indicated she was not aware of client B's ears being red. AS #1 indicated client B wore headphones to reduce noise. AS #1 indicated client B would become agitated when the home was noisy or go to his room.</p> <p>9-3-3(a)</p>		<p>toward bed time.</p> <p>In addition to active treatment observations, Operations Team Members and/or the Residential Manager will perform spot checks at varied times on the overnight shift no less than twice monthly –more frequently if training issues or problems are discovered.</p> <p>The Executive Director and Director of Operations/Regional Manager (area manager) will review documentation of administrative level monitoring of the facility –making recommendations as appropriate. As stated above, the Executive Director will participate directly in administrative monitoring of the <i>facility</i>. Administrative support at the home will include assuring staff administer medications without error. Administrative oversight will include assuring that clients participate in meaningful day activities and that support plans are monitored and modified to meet current needs.</p> <p><b>RESPONSIBLE PARTIES:</b> QIDP, Area Supervisor, Site</p>	

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W 0318  Bldg. 00	<p>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, the facility failed to meet the Condition of Participation: Health Care Services for 4 of 4 sampled clients (A, B, C and D), plus 1 additional client (E), the facility nursing services failed to ensure client G received a dermatology assessment, to ensure clients A, B, C, D and E received a continuous supply of their medications from the pharmacy and to ensure clients A, B, C, D and E's medications were administered as ordered.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. The facility's nursing services failed to ensure client G received a dermatology assessment. Please see W338.</li> <li>2. The facility's nursing services failed to ensure clients A, B, C, D and E received a continuous supply of their medications from the pharmacy. Please see W361.</li> <li>3. The facility's nursing services failed to</li> </ol>	W 0318	<p>Supervisor, Direct Support Staff, Operations Team, Regional Director</p> <p><b>CORRECTION:</b></p> <p><i>The facility must ensure that specific health care services requirements are met. Specifically:</i></p> <p>Client G will receive a dermatology assessment. Through observation, interview and review of documentation, the governing body determined this deficient practice did not affect additional clients.</p> <p>Residential Manager and facility medical coach will be retrained toward assuring that medications that are not routinely resupplied in the 30-day refill cycle are ordered sufficiently far in advance. Additionally, the facility nurse will monitor medication supplies during weekly audits and facilitate re-ordering as needed. All facility staff will be re-trained on medication administration procedures as well as notifying</p>	07/21/2017

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	<p>ensure clients A, B, C, D and E's medications were administered as ordered. Please see W368.</p> <p>9-3-6(a)</p>		<p>facility supervisors and nursing when medication is running low and needs to be reordered.</p> <p>When new clients move into the facility, the facility nurse and the Residential Manager will check the required 30-day supply of medication delivered by the previous residential provider or family member against the physicians orders, to assure all prescribed medications are present and to facilitate obtaining any missing medication without delay.</p> <p><b>PERVENTION:</b></p> <p>Supervisory and direct support staff will be retrained regarding the need to notify the nurse of emerging medical concerns immediately to assure prompt provision of needed assessment and treatment.</p> <p>The Residential Manager will be present, supervising active treatment during no less than five active treatment sessions per week, on varied shifts to assist with and monitor skills training including but not limited to</p>	



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			<p>assuring that emerging medical concerns are addressed and medications are available and administered as ordered.</p> <p>Members of the Operations Team, comprised of the Executive Director, Operations Managers, Program Managers, Quality Assurance Manager, QIDP Manager, Quality Assurance Coordinators, Nurse Manager and Registered Nurse, and the QIDP will conduct observations during active Treatment sessions and documentation reviews no less than three times weekly for 30 days and then no less than twice weekly until all staff demonstrate competence. At the conclusion of this period of intensive administrative monitoring and support, the Operations Team will determine the level of ongoing support needed at the facility. Active Treatment sessions to be monitored are defined as:</p> <p>Mornings: Beginning at 6:30 AM and through morning transport and including the following: Medication administration, meal preparation and breakfast, morning hygiene and domestic skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day and overnight shifts.</p>	

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

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W 0338 Bldg. 00	<p>483.460(c)(3)(v) NURSING SERVICES</p> <p>Nursing services must include, for those clients certified as not needing a medical care plan, a review of their health status which must result in any necessary action (including referral to a physician to address client health problems).</p> <p>Based on observation and interview for 1 additional client (G), the facility's nursing services failed to ensure client G received a dermatology assessment.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 6/14/17 from 6:45 AM through 9:30 AM. Client G's bed did not have sheets on the mattress.</p> <p>Client G was interviewed on 6/14/17 at</p>	W 0338	<p>the home will include assuring staff administer medications without error. Administrative oversight will include assuring that emerging medical concerns are addressed and medications are available and administered as ordered.</p> <p><b>RESPONSIBLE PARTIES:</b> QIDP, Residential Manager, facility nurse, Direct Support Staff, Operations Team</p> <p><b>CORRECTION:</b></p> <p><i>Nursing services must include, for those clients certified as not needing a medical care plan, a review of their health status which must result in any necessary action (including referral to a physician to address client health problems). Specifically, client G will receive a dermatology assessment. Through observation, interview and review of documentation, the governing body determined this deficient practice did not affect</i></p>	07/21/2017

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	<p>9:15 AM. Client G indicated he did not have sheets on his mattress. Client G indicated the sheets made his skin itch. Client G stated, "I think it's the detergent. It makes me itchy." Client G indicated he had been scratching his upper back area. Client G had an area on his left upper shoulder/back with small red bumps (rash). Client G indicated the area itched.</p> <p>LPN (Licensed Practical Nurse) #1 was interviewed on 6/15/17 at 10:04 AM. LPN #1 indicated she was not aware of client G's complaints regarding his self-reported itchy skin or red areas on his back. LPN #1 indicated client G did not have a history of skin sensitivities. LPN #1 indicated client G should have a dermatology assessment.</p> <p>9-3-6(a)</p>		<p>additional clients.</p> <p><b>PERVENTION:</b></p> <p>Supervisory and direct support staff will be retrained regarding the need to notify the nurse of emerging medical concerns immediately to assure prompt provision of needed assessment and treatment.</p> <p>The Residential Manager will be present, supervising active treatment during no less than five active treatment sessions per week, on varied shifts to assist with and monitor skills training including but not limited to assuring emerging medical concerns are addressed. Members of the Operations Team, comprised of the Executive Director, Operations Managers, Program Managers, Quality Assurance Manager, QIDP Manager, Quality Assurance Coordinators, Nurse Manager and Registered Nurse, and the QIDP will conduct observations during active Treatment sessions and documentation reviews no less than three times weekly for 30 days and then no less than twice weekly until all staff demonstrate competence. At the conclusion of</p>		

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

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W 0361 Bldg. 00	483.460(i) PHARMACY SERVICES The facility must provide or make arrangements for the provision of routine and emergency drugs and biologicals to its		<p>Members and/or the Residential Manager will perform spot checks at varied times on the overnight shift no less than twice monthly –more frequently if training issues or problems are discovered.</p> <p>The Executive Director and Director of Operations/Regional Manager (area manager) will review documentation of administrative level monitoring of the facility –making recommendations as appropriate. As stated above, the Executive Director will participate directly in administrative monitoring of the <i>facility</i>. Administrative support at the home will include assuring staff administer medications without error. Administrative oversight will include assuring emerging medical concerns are addressed.</p> <p><b>RESPONSIBLE PARTIES:</b> QIDP, Residential Manager, facility nurse, Direct Support Staff, Operations Team</p>	

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	<p>clients. Drugs and biologicals may be obtained from community or contract pharmacists or the facility may maintain a licensed pharmacy.</p> <p>Based on record review and interview for 4 of 4 sampled clients (A, B, C and D), plus 1 additional client (E), the facility failed to ensure clients A, B, C, D and E received a continuous supply of their medications from the pharmacy.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports, IR (Incident Reports) and Investigations were reviewed on 6/13/17 at 12:58 PM. The review indicated the following:</p> <p>1. Client A's record was reviewed on 6/14/17 at 12:51 PM. Client A's POs (Physician's Orders) dated May 2017 indicated the following:</p> <p>- "Divalproex Tablet 500 milligrams ER (Extended Release) (oppositional defiance). Give one tablet by mouth three times daily."</p> <p>- "Quetiapine Tablet 50 milligrams (oppositional defiance). Give one tablet by mouth three times daily."</p> <p>Client A's MAR (Medication</p>	W 0361	<p><b>CORRECTION:</b></p> <p><i>The facility must provide or make arrangements for the provision of routine and emergency drugs and biologicals to its clients.</i></p> <p>Specifically, the Residential Manager and facility medical coach will be retrained toward assuring that medications that are not routinely resupplied in the 30-day refill cycle are ordered sufficiently far in advance. Additionally, the facility nurse will monitor medication supplies during weekly audits and facilitate re-ordering as needed. All facility staff will be re-trained on medication administration procedures as well as notifying facility supervisors and nursing when medication is running low and needs to be reordered.</p> <p>When new clients move into the facility, the facility nurse and the Residential Manager will check the required 30-day supply of medication delivered by the previous residential provider or family member against the physicians orders, to assure all prescribed medications are present and to facilitate obtaining any missing medication without</p>	07/21/2017	

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	<p>Administration Record) dated 4/1/17 through 4/30/17 indicated client A had not received his prescribed Quetiapine 50 milligram one tablet by mouth three times daily doses from 4/1/17 through 4/30/17. Client A's Quetiapine was out of supply during the month of April 2017.</p> <p>-Client A's MAR dated 5/1/17 through 5/31/17 indicated client A had a physician's order for Olanzapine 5 milligram tablet (antipsychotic) one tablet by mouth at bedtime. Client A did not receive his Olanzapine 5 milligram tablet by mouth at bedtime from 5/20/17 through 5/31/17.</p> <p>-Client A's MAR dated 5/1/17 through 5/31/17 indicated client A's date of admission to the group home was 1/13/17.</p> <p>2. BDDS report dated 5/31/17 indicated "Staff reported while reviewing the medication supply, [client B] is out of his prescribed Clorpronazine (sic) 100 mg to be given at 7 am and PM; Gabapentin cap 300 mg to be given at 7 am, PM, and 9 pm; and Guanfacine 1 mg to be given at 7 am, 12 pm, and 9 am."</p> <p>"[Client B] did not appear to experience any adverse effects from the missed medication. [Client B's] primary care</p>		<p>delay.</p> <p><b>PERVENTION:</b></p> <p>The Residential Manager will be present, supervising active treatment during no less than five active treatment sessions per week, on varied shifts to assist with and monitor skills training including but not limited to assuring medications available as prescribed. Members of the Operations Team, comprised of the Executive Director, Operations Managers, Program Managers, Quality Assurance Manager, QIDP Manager, Quality Assurance Coordinators, Nurse Manager and Registered Nurse, and the QIDP will conduct observations during active Treatment sessions and documentation reviews no less than three times weekly for 30 days and then no less than twice weekly until all staff demonstrate competence. At the conclusion of this period of intensive administrative monitoring and support, the Operations Team will determine the level of ongoing support needed at the facility. Active Treatment sessions to be monitored are defined as:</p>	



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	<p>physician has been notified of the error. The ResCare nurse put in an order to refill the medications at the [pharmacy] located at [address]. Staff responsible for not assuring the medication was reordered will receive performance action and retraining per ResCare's medication policy."</p> <p>-BDDS report dated 5/25/17 indicated "Upon reviewing medication supply, staff reported that [client B] was not administered his prescribed Gabapentin cap 300 mg on 5/22/17 at 5 pm and 5/23/17 at 5 pm. [Client B] was also not administered his prescribed Guanfacine tab 1 mg on 5/22/17 at 5 pm and 5/23/17 at 5 pm."</p> <p>"[Client B] did not appear to experience any adverse effects from the missed medication. [Client B's] primary care physician has been notified of the error. Staff responsible for the error will receive performance action and retraining per ResCare's medication administration policy."</p> <p>-BDDS report dated 3/30/17 indicated "When [client B] moved into his current home, his previous residential provider sent a supply of his routine medication. The supply was not sufficient to last until monthly refills were scheduled to arrive</p>		<p>Mornings: Beginning at 6:30 AM and through morning transport and including the following: Medication administration, meal preparation and breakfast, morning hygiene and domestic skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day and overnight shifts.</p> <p>Evenings: Beginning at approximately 4:30 PM through the evening meal and including the following: domestic and hygiene skills training, leisure skills training, medication administration, meal preparation and dinner. Evening monitoring will also include unannounced spot checks later in the evening toward bed time.</p> <p>In addition to active treatment observations, Operations Team Members and/or the Residential Manager will perform spot checks at varied times on the overnight shift no less than twice monthly –more frequently if training issues or problems are discovered.</p>		

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	<p>from his new pharmacy. ResCare nursing made multiple attempts to have additional medication sent from the pharmacy but as of the morning of 3/29/17, the pharmacy had not delivered the medication. As a result, [client B] did not receive the following: Cetirizine 10 mg, Gabapentin 300 mg, Guanfacine 1 mg, and Thorazine 100 mg."</p> <p>"The medication has been delivered and on 3/30/17, [client B] resumed taking his prescribed medications. [Client B] did not appear to experience any adverse effects from the missed medication and his primary care physician has been notified of the incident. ResCare nursing will work with the pharmacy to assure that as soon as individuals are admitted to ResCare services, an adequate supply of medication is on hand at all times."</p> <p>Client B's record was reviewed on 6/20/17 at 11:15 AM. Client B's May 2017 MAR indicated the following:</p> <p>-"Cetirizine tablet 10 milligrams (allergies), give one tablet by mouth at bedtime."</p> <p>-"Chlorpromazine 100 milligram tablet (antipsychotic), give one tablet by mouth twice daily."</p>		<p>The Executive Director and Director of Operations/Regional Manager (area manager) will review documentation of administrative level monitoring of the facility –making recommendations as appropriate. As stated above, the Executive Director will participate directly in administrative monitoring of the <i>facility</i>.Administrative support at the home will include assuring staff administer medications without error. Administrative oversight will include assuring medications are available as ordered.</p> <p><b>RESPONSIBLE PARTIES:</b> QIDP, Residential Manager, facility nurse, Direct Support Staff, Operations Team</p>	

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	<p>- "Gabapentin capsule 300 milligrams (seizures), give one capsule by mouth three times daily."</p> <p>- "Guanfacine tablet 1 milligram (attention deficit/hyper activity), give one tablet by mouth three times daily."</p> <p>- Client B's May 2017 MAR indicated client B did not have a supply of and did not receive doses of Cetirizine tablet 10 milligrams on 5/28/17 at 9 PM through 5/31/17 at 9 PM.</p> <p>- Client B's May 2017 MAR indicated client B did not have a supply of and did not receive doses of Chlorpromazine 100 milligram tablet at 7 AM or 9 PM from 5/30/17 through 5/31/17.</p> <p>- Client B's May 2017 MAR indicated client B did not have a supply of and did not receive doses of Gabapentin capsule 300 milligrams on 5/30/17 at 7 AM, 5 PM or 9 PM through 5/31/17 7 AM, 5 PM and 9 PM.</p> <p>- Client B's May 2017 MAR indicated client B did not have a supply of and did not receive doses of Guanfacine tablet 1 milligram for his 7 AM, 5 PM or 9 PM doses from 5/30/17 through 5/31/17.</p> <p>3. BDDS report dated 3/30/17 indicated,</p>			

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	<p>"[Client C, age, gender and diagnoses]. When [client C] moved into his current home, his previous residential provider sent a supply of his routine medications. This supply was not sufficient to last until monthly refills were scheduled to arrive from his new pharmacy. ResCare nursing made multiple attempts to have additional medication sent for the pharmacy but as of the morning of 3/29/17, the pharmacy had not delivered the medication. as a result, [client C] did not receive the following Aripiprazole 5 milligrams (antipsychotic) and Guanfacine ER (Extended Release) 12 milligrams (attention deficit/hyper activity)." The medication(s) has (sic) been delivered and on 3/30/17, [client C] resumed taking his prescribed medications. [Client C] did not appear to experience any adverse effects from the missed medication and his primary care physician has been notified of the incident ResCare nursing will work with the pharmacy to assure that as soon as individuals are admitted to ResCare services, an adequate supply of medication is on hand at all times."</p> <p>4. BDDS report dated 2/23/17 indicated "During a routine audit, the ResCare nurse discovered that on 2/21/17, [client D] did not receive his bedtime medication. Specifically, he did not</p>			

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	<p>receive Ranitidine 150 mg, Melatonin 15 mg, Divalproex 500 mg, Metformin 500 mg and Trazodone 150 mg. [Client D's] primary care physician has been notified of the error."</p> <p>"[Client D] did not appear to experience any adverse effects from the missed medication. The staff responsible for the error will receive performance action and retraining per ResCare's medication administration policy."</p> <p>Client D's record was reviewed on 6/14/17 at 1:45 PM. Client D's MAR dated June 2017 indicated the following:</p> <p>- "Divalproex tablet 500 milligrams ER (autistic disorder), take 1 tablet by mouth three times daily."</p> <p>- "Melatonin tablet 5 milligrams (insomnia), give three tablets by mouth at bedtime."</p> <p>- "Ranitidine tablet 150 milligrams (allergies), give one tablet by mouth twice daily."</p> <p>- "Trazodone tablet 150 milligrams (insomnia), give one tablet by mouth at bedtime."</p> <p>- "Chlorhexidine 0.12% solution</p>			

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	<p>(gingivitis), rinse mouth with 15 milliliters then spit twice daily."</p> <p>-Client D's MAR dated June 2017 indicated client D was out of supply of and did not receive doses of Chlorhexidine 0.12% solution from 6/1/17 through the 6/14/17 date of review.</p> <p>5. Client E's record was reviewed on 6/21/17 at 9:00 AM. Client E's MAR dated June 2017 indicated the following:</p> <p>-"Chlorhexidine 0.12% solution (gingivitis). Rinse mouth with 15 milliliters then spit twice daily for gingivitis."</p> <p>Client E's June 2017 MAR indicated client E had been out of supply of Chlorhexidine 0.12% oral solution from 6/1/17 through 6/14/17.</p> <p>LPN (Licensed Practical Nurse) #1 was interviewed on 6/15/17 at 10:04 AM. LPN #1 indicated the facility had encountered difficulty in obtaining timely medication refills from the pharmacy. LPN #1 indicated the facility had attempted to resolve continuity of prescription orders from prescribing physicians as well as resolve insurance issues preventing timely pharmacy</p>			

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W 0368 Bldg. 00	<p>fulfillment of medications. LPN #1 indicated facility staff had also been retrained regarding re-ordering medications in a timely manner to ensure continuity of supply.</p> <p>9-3-6(a)</p> <p>483.460(k)(1) DRUG ADMINISTRATION</p> <p>The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. Based on record review and interview for 4 of 4 sampled clients (A, B, C and D), plus 1 additional client (E), the facility failed to ensure clients A, B and D's medications were administered as ordered.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports, IR (Incident Reports) and Investigations were reviewed on 6/13/17 at 12:58 PM. The review indicated the following:</p>	W 0368	<p><b>CORRECTION:</b></p> <p><i>The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. Specifically, the Residential Manager and facility medical coach will be retrained toward assuring that medications that are not routinely resupplied in the 30-day refill cycle are ordered sufficiently far in advance. Additionally, the facility nurse will monitor medication supplies during weekly audits and facilitate re-ordering as needed. All facility staff will be re-trained on medication administration</i></p>	07/21/2017

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	<p>1. BDDS report dated 5/25/17 indicated "Upon reviewing medication supply, staff reported that [client A] was not administered his prescribed medication, Divalproex tab 500 mg ER, on May 23, 2017."</p> <p>"[Client A] did not appear to experience any adverse effects from the missed medication. [Client A]'s primary care physician has been notified of the error. Staff responsible for the error will receive performance action and retraining per ResCare's medication administration policy."</p> <p>-BDDS report dated 5/12/17 indicated "During a routine review of medication and documentation, the ResCare nurse discovered that on 5/9/17 (sic) [Client A] did not receive his 5:00 PM dose of Divalproex ER 500 mg. [Client A] did not appear to experience any adverse effects from the missed medication and his primary care physician has been notified."</p> <p>"The staff responsible for the error will receive performance action and retraining per ResCare's medication administration policy."</p> <p>Client A's record was reviewed on 6/14/17 at 12:51 PM. Client A's POs</p>		<p>procedures as well as notifying facility supervisors and nursing when medication is running low and needs to be reordered.</p> <p>When new clients move into the facility, the facility nurse and the Residential Manager will check the required 30-day supply of medication delivered by the previous residential provider or family member against the physicians orders, to assure all prescribed medications are present and to facilitate obtaining any missing medication without delay.</p> <p><b>PREVENTION:</b></p> <p>The Residential Manager will be present, supervising active treatment during no less than five active treatment sessions per week, on varied shifts to assist with and monitor skills training including but not limited to assuring medications available and administered as ordered. Members of the Operations Team, comprised of the Executive Director, Operations Managers, Program Managers, Quality Assurance Manager, QIDP Manager, Quality Assurance Coordinators, Nurse Manager and</p>	



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	<p>(Physician's Orders) dated May 2017 indicated the following:</p> <p>-"Divalproex Tablet 500 milligrams ER (Extended Release) (oppositional defiance). Give one tablet by mouth three times daily."</p> <p>-"Quetiapine Tablet 50 milligrams (oppositional defiance). Give one tablet by mouth three times daily."</p> <p>-Client A's MAR (Medication Administration Record) dated 4/1/17 through 4/30/17 indicated client A had not received his prescribed Quetiapine 50 milligram one tablet by mouth three times daily doses from 4/1/17 through 4/30/17. Client A's Quetiapine was out of supply during the month of April 2017.</p> <p>-Client A's MAR dated 5/1/17 through 5/31/17 indicated client A had a physician's order for Olanzapine 5 milligram tablet (antipsychotic) one tablet by mouth at bedtime. Client A did not receive his Olanzapine 5 milligram tablet by mouth at bedtime from 5/20/17 through 5/31/17.</p> <p>2. BDDS report dated 5/31/17 indicated "Staff reported while reviewing the medication supply, [client B] is out of his prescribed Clorpronazine (sic) 100 mg to</p>		<p>Registered Nurse, and the QIDP will conduct observations during active Treatment sessions and documentation reviews no less than three times weekly for 30 days and then no less than twice weekly until all staff demonstrate competence. At the conclusion of this period of intensive administrative monitoring and support, the Operations Team will determine the level of ongoing support needed at the facility. Active Treatment sessions to be monitored are defined as:</p> <p>Mornings: Beginning at 6:30 AM and through morning transport and including the following: Medication administration, meal preparation and breakfast, morning hygiene and domestic skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day and overnight shifts.</p> <p>Evenings: Beginning at approximately 4:30 PM through the evening meal and including the following: domestic and hygiene skills training, leisure skills training, medication administration, meal preparation and dinner. Evening monitoring</p>	

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	<p>be given at 7 am and PM; Gabapentin cap 300 mg to be given at 7 am, PM, and 9pm; and Guanfacine 1 mg to be given at 7 am, 12pm, and 9 am."</p> <p>"[Client B] did not appear to experience any adverse effects from the missed medication. [Client B's] primary care physician has been notified of the error. The ResCare nurse put in an order to refill the medications at the [pharmacy] located at [address]. Staff responsible for not assuring the medication was reordered will receive performance action and retraining per ResCare's medication policy."</p> <p>-BDDS report dated 5/25/17 indicated "Upon reviewing medication supply, staff reported that [client B] was not administered his prescribed Gabapentin cap 300 mg on 5/22/17 at 5pm and 5/23/17 at 5pm. [Client B] was also not administered his prescribed Guanfacine tab 1 mg on 5/22/17 at 5pm and 5/23/17 at 5pm."</p> <p>"[Client B] did not appear to experience any adverse effects from the missed medication. [Client B's] primary care physician has been notified of the error. Staff responsible for the error will receive performance action and retraining per ResCare's medication administration</p>		<p>will also include unannounced spot checks later in the evening toward bed time.</p> <p>In addition to active treatment observations, Operations Team Members and/or the Residential Manager will perform spot checks at varied times on the overnight shift no less than twice monthly –more frequently if training issues or problems are discovered.</p> <p>The Executive Director and Director of Operations/Regional Manager (area manager) will review documentation of administrative level monitoring of the facility –making recommendations as appropriate. As stated above, the Executive Director will participate directly in administrative monitoring of the <i>facility</i>. Administrative support at the home will include assuring staff administer medications without error. Administrative oversight will include assuring medications are available and administered as ordered.</p> <p><b>RESPONSIBLE PARTIES:</b> QIDP, Residential Manager,</p>	

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	<p>policy."</p> <p>-BDDS report dated 3/30/17 indicated "When [client B] moved into his current home, his previous residential provider sent a supply of his routine medication. The supply was not sufficient to last until monthly refills were scheduled to arrive from his new pharmacy. ResCare nursing made multiple attempts to have additional medication sent from the pharmacy but as of the morning of 3/29/17, the pharmacy had not delivered the medication. As a result, [client B] did not receive the following: Cetirizine 10 mg, Gabapentin 300 mg, Guanfacine 1 mg, and Thorazine 100 mg."</p> <p>"The medication has been delivered and on 3/30/17, [client B] resumed taking his prescribed medications. [Client B] did not appear to experience any adverse effects from the missed medication and his primary care physician has been notified of the incident. ResCare nursing will work with the pharmacy to assure that as soon as individuals are admitted to ResCare services, an adequate supply of medication is on hand at all times."</p> <p>Client B's record was reviewed on 6/20/17 at 11:15 AM. Client B's May 2017 MAR indicated the following:</p>		<p>facility nurse, Direct Support Staff, Operations Team</p>	

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	<p>- "Cetirizine tablet 10 milligrams (allergies), give one tablet by mouth at bedtime."</p> <p>- "Chlorpromazine 100 milligram tablet (antipsychotic), give one tablet by mouth twice daily."</p> <p>- "Gabapentin capsule 300 milligrams (seizures), give one capsule by mouth three times daily."</p> <p>- "Guanfacine tablet 1 milligram (attention deficit/hyper activity), give one tablet by mouth three times daily."</p> <p>- Client B's May 2017 MAR indicated client B did not have a supply of and did not receive doses of Cetirizine tablet 10 milligrams on 5/28/17 at 9 PM through 5/31/17 at 9 PM.</p> <p>- Client B's May 2017 MAR indicated client B did not have a supply of and did not receive doses of Chlorpromazine 100 milligram tablet at 7 AM or 9 PM from 5/30/17 through 5/31/17.</p> <p>- Client B's May 2017 MAR indicated client B did not have a supply of and did not receive doses of Gabapentin capsule 300 milligrams on 5/30/17 at 7 AM, 5 PM or 9 PM through 5/31/17 7 AM, 5 PM and 9 PM.</p>			

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	<p>-Client B's May 2017 MAR indicated client B did not have a supply of and did not receive doses of Guanfacine tablet 1 milligram for his 7 AM, 5 PM or 9 PM doses from 5/30/17 through 5/31/17</p> <p>3. BDDS report dated 3/30/17 indicated, "[Client C, age, gender and diagnoses]. When [client C] moved into his current home, his previous residential provider sent a supply of his routine medications. This supply was not sufficient to last until monthly refills were scheduled to arrive from his new pharmacy. ResCare nursing made multiple attempts to have additional medication sent for the pharmacy but as of the morning of 3/29/17, the pharmacy had not delivered the medication. As a result, [client C] did not receive the following Aripiprazole 5 milligrams (antipsychotic) and Guanfacine ER (Extended Release) 12 milligrams (attention deficit/hyper activity)." The medication(s) has (sic) been delivered and on 3/30/17, [client C] resumed taking his prescribed medications. [Client C] did not appear to experience any adverse effects from the missed medication and his primary care physician has been notified of the incident ResCare nursing will work with the pharmacy to assure that as soon as individuals are admitted to ResCare</p>			

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	<p>services, an adequate supply of medication is on hand at all times."</p> <p>4. BDDS report dated 2/23/17 indicated "During a routine audit, the ResCare nurse discovered that on 2/21/17, [client D] did not receive his bedtime medication. Specifically, he did not receive Ranitidine 150 mg, Melatonin 15 mg, Divalproex 500 mg, Metformin 500 mg and Trazodone 150 mg. [Client D's] primary care physician has been notified of the error."</p> <p>"[Client D] did not appear to experience any adverse effects from the missed medication. The staff responsible for the error will receive performance action and retraining per ResCare's medication administration policy."</p> <p>Client D's record was reviewed on 6/14/17 at 1:45 PM. Client D's MAR dated June 2017 indicated the following:</p> <p>- "Divalproex tablet 500 milligrams ER (autistic disorder), take 1 tablet by mouth three times daily."</p> <p>- "Melatonin tablet 5 milligrams (insomnia), give three tablets by mouth at bedtime."</p> <p>- "Ranitidine tablet 150 milligrams</p>			

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	<p>(allergies), give one tablet by mouth twice daily."</p> <p>-"Trazodone tablet 150 milligrams (insomnia), give one tablet by mouth at bedtime."</p> <p>-"Chlorhexidine 0.12% solution (gingivitis), rinse mouth with 15 milliliters then spit twice daily."</p> <p>-Client D's MAR dated June 2017 indicated client D was out of supply of and did not receive doses of Chlorhexidine 0.12% solution from 6/1/17 through the 6/14/17 date of review.</p> <p>5. Client E's record was reviewed on 6/21/17 at 9:00 AM. Client E's MAR dated June 2017 indicated the following:</p> <p>-"Chlorhexidine 0.12% solution (gingivitis). Rinse mouth with 15 milliliters then spit twice daily for gingivitis."</p> <p>Client E's June 2017 MAR indicated client E had been out of supply of Chlorhexidine 0.12% oral solution from 6/1/17 through 6/14/17.</p> <p>LPN (Licensed Practical Nurse) #1 was interviewed on 6/15/17 at 10:04 AM.</p>			

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W 0435 Bldg. 00	<p>LPN #1 indicated clients A, B and D's medications should be administered as ordered by their physicians. LPN #1 indicated facility staff had been retrained on medication administration procedures.</p> <p>9-3-6(a)</p> <p>483.470(g)(1) SPACE AND EQUIPMENT The facility must provide sufficient space and equipment in dining, living, health services, recreation, and program areas (including adequately equipped and sound treated areas for hearing and other evaluations if they are conducted in the facility) to enable staff to provide clients with needed services as required by this subpart and as identified in each client's individual program plan.</p> <p>Based on observation and interview for 1 of 4 sampled clients (D), plus 1 additional client (G), the facility failed to ensure clients D and G's bedroom had sufficient space to open the bedroom door and adequate space to enter and exit the room.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 6/14/17 from 6:45 AM through 9:30 AM. Clients D and G shared a bedroom. Upon opening the door to enter clients D and G's bedroom</p>	W 0435	<p><b>CORRECTION:</b></p> <p><i>The facility must provide sufficient space and equipment in dining, living, health services, recreation, and program areas (including adequately equipped and sound treated areas for hearing and other evaluations if they are conducted in the facility) to enable staff to provide clients with needed services as required by this subpart and as identified in each client's individual program plan. Specifically, the furnishings in client D and G's bedroom will be rearranged to allow the door to open completely and provide</i></p>	07/21/2017



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G814	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  06/21/2017
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NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 8307 CASTLETON BLVD INDIANAPOLIS, IN 46256
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	<p>the door could not be fully opened. The door opened 24 inches and then was blocked from opening by client D's bed. Client D's bed was positioned 24 inches away from the wall in which the door was located. To enter the room there was a 24 inch space to enter the door and walk between the wall and client D's bed. At the end of client D's bed were two dressers and the end of client G's bed. The space to walk between the end of clients D and G's beds was 16 inches. Entry and exiting the room required walking through a path/route ranging from 16 inches to 24 inches.</p> <p>Client G was interviewed on 6/14/17 at 9:15 AM. Client G indicated the door to his bedroom could not be fully opened. Client G indicated the dressers at the end of client D's bed created a narrow space in which to walk.</p> <p>RM (Resident Manager) #1 was interviewed on 6/14/17 at 9:25 AM. RM #1 indicated clients D and G's bedroom door could not be fully opened due to client D's bed. RM #1 indicated client D's bed and dresser should be moved away from the wall to ensure adequate space to enter and exit the room.</p> <p>9-3-7(a)</p>		<p>sufficient space to enter and exit the room comfortably. Observation of the remainder of the residence indicated this deficient practice did not affect any additional clients.</p> <p><b>PREVENTION:</b></p> <p>Supervisory and direct support staff will be retrained regarding the need to keep egresses clear of obstructions at all times.</p> <p>The Residential Manager will be present, supervising active treatment during no less than five active treatment sessions per week, on varied shifts to assist with and monitor skills training including but not limited to assuring egresses are free of obstruction. Members of the Operations Team, comprised of the Executive Director, Operations Managers, Program Managers, Quality Assurance Manager, QIDP Manager, Quality Assurance Coordinators, Nurse Manager and Registered Nurse, and the QIDP will conduct observations during active Treatment sessions and documentation reviews no less than three times weekly for 30 days and then no less than twice</p>	

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			<p>weekly until all staff demonstrate competence. At the conclusion of this period of intensive administrative monitoring and support, the Operations Team will determine the level of ongoing support needed at the facility. Active Treatment sessions to be monitored are defined as:</p> <p>Mornings: Beginning at 6:30 AM and through morning transport and including the following: Medication administration, meal preparation and breakfast, morning hygiene and domestic skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day and overnight shifts.</p> <p>Evenings: Beginning at approximately 4:30 PM through the evening meal and including the following: domestic and hygiene skills training, leisure skills training, medication administration, meal preparation and dinner. Evening monitoring will also include unannounced spot checks later in the evening toward bed time.</p>	

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			<p>In addition to active treatment observations, Operations Team Members and/or the Residential Manager will perform spot checks at varied times on the overnight shift no less than twice monthly –more frequently if training issues or problems are discovered.</p> <p>The Executive Director and Director of Operations/Regional Manager (area manager) will review documentation of administrative level monitoring of the facility –making recommendations as appropriate. As stated above, the Executive Director will participate directly in administrative monitoring of the <i>facility</i>. Administrative support at the home will include assuring staff administer medications without error. Administrative oversight will include assuring egresses are free of obstruction.</p> <p><b>RESPONSIBLE PARTIES:</b> QIDP, Area Supervisor, Residential Manager, Direct Support Staff, Operations Team, Regional Director</p>	