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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G353 | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | X3) DATE SURVEY COMPLETED 03/21/2023 |
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| NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC | STREET ADDRESS, CITY, STATE, ZIP CODE 1012 PARKWAY DR ANDERSON, IN 46012 |
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| W 0000 Bldg. 00 | <p>This visit was for the investigation of complaints #IN00401300 and #IN00401402.</p> <p>Complaint #IN00401300: Substantiated, Federal and State deficiencies related to the allegation(s) were cited at: W104 and W159.</p> <p>Complaint #IN00401402: Substantiated, Federal and State deficiencies related to the allegation(s) were cited at: W249 and W287.</p> <p>Dates of Survey: March 14, 15, 16, 17, and 21, 2023.</p> <p>Facility Number: 000869 Provider Number: 15G353 AIMS Number: 100244230</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review of this report completed by #27547 on 4/6/23.</p> | W 0000 | | |
| W 0104 Bldg. 00 | <p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on record review and interview for 1 of 3 sampled clients (B), the governing body failed to exercise general policy, budget and operating direction over the facility to ensure oversight of client B's social security benefits.</p> <p>Findings include:</p> | W 0104 | <p>W104 – Governing Body the governing body failed to exercise general policy, budget and operating direction over the facility to ensure oversight of client B's social security benefits.</p> <p>1. What corrective action will be accomplished?</p> | 04/21/2023 |

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
| Rachel Downing | Area Director | 04/22/2023 |

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

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| | <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 3/14/23 at 11:45 AM and indicated the following:</p> <p>A BDDS report dated 2/7/23 indicated, "...[LTO (Long Term Ombudsman) #1], called [SC (Service Coordinator) #1] and explained that she (LTO #1) got an email from [client B's relative]. [Client B's relative] wrote that [client B] has been with Indiana Mentor SGL (Supervised Group Living) for 3 years and [name of service provider] prior to that. She states that the family has asked Indiana Mentor about Social Security for [client B]. She states that she gets the 'run around' and that the person who filed for it (from Indiana Mentor) is no longer working there, and took the files with her. [Client B] also works at [name of store] 2 days a week and never sees that money either... She further states that his clothes 'always seem to come up missing.' He lives with 7 other men... She further states that they (client B's family) have asked Indiana Mentor to get in touch with his case manager (service coordinator from BDDS) and they would not help them with this. The family would like to make sure things are right and that the company is not stealing [client B's] money..."</p> <p>TMNRFII (The Mentor Network Report Form for Internal Investigation) dated 3/9/23 indicated the following:</p> <p>"...Background Information on the client, the placement, the staff or mentor. [Client B] is an individual who resides in an Indiana Mentor group home located at [name of group home] in [city, state]. [Client B] moved into the [name of group home] in October of 2019. Prior to that he has resided in [name of</p> | | <ul style="list-style-type: none"> · Program Director and Area Director will do an audit of all individuals' benefits. They will work with individual funds specialists to ensure they have necessary information/documents to ensure benefits are active. · Program Director and Area Director will have regular follow up meetings with individual funds specialist/intake coordinators to ensure new admissions have benefits in place rep payeeship paperwork submitted promptly, etc. · Will ensure that Client Bs social security benefits have been reinstated. <p>2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> · All residents have the potential to be affected by the same deficient practice. · Program Director and Area Director will do an audit of all individuals' benefits. They will work with individual funds specialists to ensure they have necessary information/documents to ensure benefits are active. · Program Director and Area Director will have regular follow up meetings with individual funds specialist/intake coordinators to ensure new admissions have benefits in place rep payeeship paperwork submitted promptly, | |

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| | <p>provider]. [Client B's] grandmother was his guardian until he turned 18...</p> <p>Factual Findings Review of Documentation: Finances: October 2022 [client B] has numerous transactions for talk to text messages... October 2022 purchased pops for his housemates-[client B] signed off as him doing this. November 2022 purchases made at [name of restaurant], [name of department store] and [name of department store]. December 2022 withdrew \$20 cash to take home with him, purchases at [name of department store], [name of restaurant], gas station. January 2023 purchases [name of movie theatre] movies. February 2023 purchases made eating out, [name of department store]- multiple purchases, Gas Stations, [name of department store], [name of store], [name of department store], and [name of department store]...</p> <p>[IC (Intake Coordinator) #1] (per email and conversation 2/28/2023) (email) When asked to look into his case, during the Covid SS (Social Security) shut down, I (IC #1) contacted them and was told that I could not create an individual account to submit the application, as that is not allowed, if you are submitting it as an Institutional Representative Payee Application. (email) Was also told that he (IC #1) could not send it certified mail, as there were only a few employees at each office, and they were only allowing mail drop off in their mail box at that time. (email) He (IC #1) did mail an application to the [name of city] SS office though, as he</p> | | <p>etc.</p> <ul style="list-style-type: none"> Will ensure that Client Bs social security benefits have been reinstated. <p>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> Program Director and Area Director will do an audit of all individuals' benefits. They will work with individual funds specialists to ensure they have necessary information/documents to ensure benefits are active. Program Director and Area Director will have regular follow up meetings with individual funds specialist/intake coordinators to ensure new admissions have benefits in place rep payeeship paperwork submitted promptly, etc. <p>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> Program Director and Area Director will do an audit of all individuals' benefits. They will work with individual funds specialists to ensure they have necessary information/documents to ensure benefits are active. Program Director and Area Director will have regular follow up meetings with individual funds | |

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| | <p>remembers stressing about including a - in his (IC #1's) name, and if that was allowed on an application. (email) He (IC #1) may have also submitted another application after his local SS reopened in May of 2022. Stated if the individual was working he (client B) wouldn't have been entitled to social security unless they were sending in his paystubs and then only if he made below a certain amount he might received a partial payment from social security.</p> <p>[SSC (Social Security Coordinator) #1] Stated she has been in this position for about 3 months. Stated she has been working on [client B] since 1/17/2023 Stated she talked to Social Security yesterday. Stated she submitted an application for us to become Representative Payee for him on January 20th, 2023. Stated she was told yesterday that it could take anywhere from 2-6 weeks to get looked at. Stated she was informed also that he is missing other paperwork as well and needs an disabled adult child application in order to draw social security off of his parents and apply for SSDI (Social Security Disability Insurance). Stated she is submitting the application online. Stated she has an appointment set for 3/16/2023 at 9am to talk to social security.</p> <p>[IFS (Individual Finance Specialist) #1] Stated at the time [client B] moved into Indiana MENTOR services, [client B] was a juvenile and his grandmother was receiving his social security.</p> | | <p>specialist/intake coordinators to ensure new admissions have benefits in place rep payeeship paperwork submitted promptly, etc.</p> <ul style="list-style-type: none"> Will ensure that Client Bs social security benefits have been reinstated. <p>5. What is the date by which the systemic changes will be completed?</p> <p>4-21-2023</p> | |

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| | <p>Stated to her (IFS #1's) knowledge he was working since he has been in our services. Stated he doesn't pay a liability. Stated is (sic) she received pay stubs for him she would have sent them to [IC #1] . Stated according to RFMS (Resident Fund Management Service), she only shows his paychecks deposited and those stopped in August (2022), when he lost his job. Stated if he is eligible for back pay, his prior pay stubs or wage history would need to be turned in to social security...</p> <p>Conclusion of Facts Evidence supports that there has been a breakdown in communication regarding securing benefits for [client B] since his employment has ended. This writer was unable to determine how long [client B] had been working.</p> <p>Evidence supports there has been recent contact with the Social Security Administration in regards applying for Indiana MENTOR to be representative payee for [client B] as well him applying for social security. At this time, it was learned that there were additional forms that would need to be filled out and sent in...".</p> <p>A review of TMNRFII dated 3/9/23 indicated client B moved into the group home in October 2019. The review indicated the administration attempted to contact the Social Security Administration during the Covid Social Security shut down (April 2020). The review indicated a second attempt to contact and obtain Social Security benefits was attempted in May 2022. The review did not indicate attempts to follow up or complete the process of obtaining social security</p> | | | |

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| | <p>benefit for client B following the attempts in April 2020 or May 2022. The review indicated a third attempt to contact Social Security Administration and obtain social security benefits for client B was completed in January 2023 and SSC #1 was working with the Social Security Administration to complete the process of obtaining Social Security benefits for client B.</p> <p>Client B's record was reviewed on 3/16/23 at 9:11 AM.</p> <p>Client B's RMFS stated dated 3/1/22 through current did not indicate documentation of any deposits pertaining to client B's social security benefits.</p> <p>An email correspondence from SSC #1 dated 3/16/23 was reviewed on 3/16/23 at 10:14 AM. The email correspondence indicated the following:</p> <p>"...[Client B] lost his benefits because the SSA (Social Security Administration) sent a document to be completed, and it was not returned. The SSA did not tell me (SSC #1) what the document was. When his benefits were suspended, the decision was not appealed, so they were stopped altogether. I completed this interview to reapply for benefits..."</p> <p>SSC #1 was interviewed on 3/16/23 at 2:16 PM. SSC #1 was asked if she had any documentation regarding the application and status of client B's attempts to obtain social security benefits when he first moved into Indiana Mentor's services. SSC #1 stated, "No." SSC #1 indicated she had only been working in the position for a few months and stated, "First email I got about him (client B) was January 17th (2023). I filed for rep payee and social security benefits for [client B] on</p> | | | |

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

PRINTED: 05/08/2023

FORM APPROVED

OMB NO. 0938-039

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| | <p>January 20th (2023)." SSC #1 was asked when she took over, was there any paperwork provided to her regarding prior attempts of obtaining social security benefits for [client B]. SSC #1 indicated she did not receive any paperwork. SSC #1 stated, "I just have what I have started when I took over in January and have been working on it. Now I keep a tracker so I could keep dates regarding what I am doing but if people before me didn't keep the documentation I have nothing to go off of."</p> <p>RD (Regional Director) #1 was interviewed on 3/16/23 at 12:36 PM. RD #1 was asked about the facility's policy/procedure and timeline pertaining to obtaining social security for a client upon admission. RD #1 stated, "When an individual is admitted, if the family chooses us to become payee, we as the provider are supposed to start the payee process." RD #1 was asked about the facility obtaining social security benefits and rep payee for client B. RD #1 stated, "He (client B) moved in with us in October 2019. The requests were made. I'll be honest we didn't keep all the requests we made. Our Social Security Coordinator at the time is no longer with us and I didn't keep the communication we had with him from back then. He (Former Social Security Coordinator) is no longer with us because of performance issues and not requesting/completing things in a timely manner. I think we did drop the ball. We have changed Social Security Coordinators four times and it was dropped (obtaining the social security benefits for client B)." RD #1 indicated the new SSC (Social Security Coordinator) had been working with client B since January and has continued to complete the process for obtaining his social security benefits." RD #1 was asked if the facility had any documentation pertaining to the status of</p> | | | |

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| W 0159 Bldg. 00 | <p>client B's social security benefits when first applied for. RD #1 stated, "Had the application gone through, we should have received a letter indicating his application was accepted or denied and would have outlined what his liability would have been to live in our home. We should have received a letter and I don't know if we did, or where the letter is." RD #1 indicated the facility should have followed up and completed the process of obtaining client B's social security benefits when he first moved in.</p> <p>This federal tag relates to complaint #IN00401300.</p> <p>9-3-1(a)</p> <p>483.430(a) QIDP</p> <p>Each client's active treatment program must be integrated, coordinated and monitored by a qualified intellectual disability professional who-</p> <p>Based on record review and interview for 1 of 3 sampled clients (B), the facility's QIDP (Qualified Intellectual Disabilities Professional) failed to ensure oversight over client B's social security benefits.</p> <p>Findings include:</p> <p>The facility's QIDP failed to ensure oversight of client B's social security benefits. Please see W104.</p> <p>This federal tag relates to complaint #IN00401300.</p> <p>9-3-3(a)</p> | W 0159 | <p>W159- QIDP</p> <p>Based on record review and interview for 1 of 3 sampled clients (B), the facility's QIDP (Qualified Intellectual Disabilities Professional) failed to ensure oversight over client B's social security benefits</p> <p>1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · Program Director and Area Director will do an audit of all individuals' benefits. They will work with individual funds specialists to ensure they have necessary information/documents to ensure benefits are active. · Program Director and Area | 04/21/2023 |

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| | | | <p>Director will have regular follow up meetings with individual funds specialist/intake coordinators to ensure new admissions have benefits in place rep payeeship paperwork submitted promptly, etc.</p> <ul style="list-style-type: none"> · Will ensure that Client Bs social security benefits have been reinstated. <p>2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> · All residents have the potential to be affected by the same deficient practice. · Program Director and Area Director will do an audit of all individuals' benefits. They will work with individual funds specialists to ensure they have necessary information/documents to ensure benefits are active. · Program Director and Area Director will have regular follow up meetings with individual funds specialist/intake coordinators to ensure new admissions have benefits in place rep payeeship paperwork submitted promptly, etc. · Will ensure that Client Bs social security benefits have been reinstated. <p>3. What measures will be put into place or what systemic</p> | |

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| | | | <p>changes will be made to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> Program Director and Area Director will do an audit of all individuals' benefits. They will work with individual funds specialists to ensure they have necessary information/documents to ensure benefits are active. Program Director and Area Director will have regular follow up meetings with individual funds specialist/intake coordinators to ensure new admissions have benefits in place rep payeeship paperwork submitted promptly, etc. <p>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> Program Director and Area Director will do an audit of all individuals' benefits. They will work with individual funds specialists to ensure they have necessary information/documents to ensure benefits are active. Program Director and Area Director will have regular follow up meetings with individual funds specialist/intake coordinators to ensure new admissions have benefits in place rep payeeship paperwork submitted promptly, etc. Will ensure that Client Bs social security benefits have been reinstated. | |

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| W 0249 Bldg. 00 | <p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on record review and interview for 1 of 3 sampled clients (A), the facility failed to ensure client A's BSP (Behavioral Support Plan) was implemented as written.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 3/14/23 at 11:45 AM and indicated the following:</p> <p>A BDDS reported dated 2/8/23 indicated, "... On 2/7/23 an individual from the [name of group home] reported to staff that on 2/5/23 he (client B) witnessed house staff strapping [client A] to a chair with a gait belt. [Client A] has behaviors of running around the house, stripping off clothes, and throwing items. Staff wrapped a gait belt around him and tied it to a chair to prevent him from those behaviors. [Client A] had no marks or injuries... Staff involved (staff #2) was suspended</p> | W 0249 | <p>Program Director and Area Director will have retraining on benefits processes</p> <p>5. What is the date by which the systemic changes will be completed?</p> <p>4-21-2023</p> <p>W249 – program implementation Based on record review and interview for 1 of 3 sampled clients (A), the facility failed to ensure client A's BSP (Behavioral Support Plan) was implemented as written.</p> <p>1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> The Program Supervisor will do home observations weekly to ensure staff are implementing the plans of clients and the client's needs are being met. The Program Director and/or Area Director will do home observations bi-weekly to ensure staff are implementing the plans of clients and the client's needs are being met. Staff training will be completed regarding ISPs/BSPs of the individuals in the home. | 04/21/2023 |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G353 | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | | X3) DATE SURVEY COMPLETED 03/21/2023 |
| NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC | | | STREET ADDRESS, CITY, STATE, ZIP COD 1012 PARKWAY DR ANDERSON, IN 46012 | | |
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| | <p>immediately. Investigation started. Staff training on abuse and neglect, reporting, and restraints scheduled. PS (Program Supervisor), PD (Program Director), AD (Area Director) notified..."</p> <p>TMNRFII (The Mentor Network Report Form for Internal Investigation) dated 2/14/23 indicated the following:</p> <p>- "...Documents or Files Reviewed ISP (Individual Support Plan) - It is not documented in [client A's] ISP that he requires a gait belt. BSP (Behavior Support Plan) - It is not in [client A's] BSP to strap a gait belt on him to prevent vacating. Training's (sic) - It is documented that [staff #1] had been trained on [client A's] BSP.</p> <p>Site Visits Yes. Gait belt could not fit around PS (Program Supervisor) and chair to restrain individual (client A is taller and larger than the PS)...</p> <p>Interview 02/10/2023 [Staff #2] ...[Staff #2] stated [client A] had been having behaviors of running around the house and drinking other people's drinks... [Staff #2] stated he had to take the trash out and was worried that [client A] would run off. [Staff #2] stated he put a gait belt around [client A's] waist in case he ran off he (staff #2) could stop him from (sic) grabbing onto the bait belt. [Staff #2] stated he sat [client A] in a chair in front of the front door while he (staff #2) took the trash out. [Staff #2] stated he did not tie or secure [client A] to the chair.</p> | | <p>o Follow BSPs as written and not changing the plan without prior approval and IDT meeting.</p> <p>2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> · All residents have the potential to be affected by the same deficient practice. · The Program Supervisor will do home observations weekly to ensure staff are implementing the plans of clients and the client's needs are being met. · The Program Director and/or Area Director will do home observations bi-weekly to ensure staff are implementing the plans of clients and the client's needs are being met. · Staff training will be completed regarding ISPs/BSPs of the individuals in the home. <p>o Follow BSPs as written and not changing the plan without prior approval and IDT meeting.</p> <p>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> · The Program Supervisor will do home observations weekly to ensure staff are implementing the plans of clients and the client's | | |

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| | <p>[Staff #2] stated [client A] was able to undo the gait belt...</p> <p>[Staff #2] stated [client A] had the gait belt on just for him ([staff #2]) to take the trash out...</p> <p>Interview 02/06/2023 [Staff #3] ...[Staff #3] stated she seen (sic) [client A] with a gait belt on as she was walking to the med (medication) room but he was not tied to anything...</p> <p>Conclusions of Fact...</p> <p>Evidence supports staff put a gait belt on [client A] although it was not written in his BSP (Behavioral Support Plan) or Risk Plan that he should use which is a restriction of [client A's] rights.</p> <p>Evidence supports that the intent of the staff person to utilize the gait belt as a method to prevent [client A] from vacating is not an approved intervention..."</p> <p>Client A's record was reviewed on 3/15/23 at 11:22 AM.</p> <p>Client A's BSP dated 12/13/22 did not include the intervention of using a gait belt for behavioral intervention or reactive strategy.</p> <p>Client B was interviewed on 3/15/23 at 7:24 AM. Client B was asked about incident involving client A and staff placing a gait belt around him (client A). Client B stated, "Staff (staff #2) put a belt around [client A] and sat him in a chair." Client B indicated the belt was placed around client A's waist. Client B stated, "[Client A] doesn't need a belt (gait belt). Staff (staff #2) just put it around [client A] to help stop him (client A) from running</p> | | <p>needs are being met.</p> <ul style="list-style-type: none"> The Program Director and/or Area Director will do home observations bi-weekly to ensure staff are implementing the plans of clients and the client's needs are being met. Staff training will be completed regarding ISPs/BSPs of the individuals in the home. <ul style="list-style-type: none"> Follow BSPs as written and not changing the plan without prior approval and IDT meeting. <p>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> The Program Supervisor will do home observations weekly to ensure staff are implementing the plans of clients and the client's needs are being met. The Program Director and/or Area Director will do home observations bi-weekly to ensure staff are implementing the plans of clients and the client's needs are being met. Staff training will be completed regarding ISPs/BSPs of the individuals in the home. <ul style="list-style-type: none"> Follow BSPs as written and not changing the plan without prior approval and IDT meeting. New staff hired to work at the site will receive client specific training for each individual prior to working a shift. This training | | |

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| | <p>around and throwing things or taking off his clothes." Client B indicated he had never seen it used (use of the gait belt around client A) before and stated, "Staff usually just stay with him (client A) or sit with him until he calms down."</p> <p>Staff #1 was interviewed on 3/15/23 at 8:03 AM. Staff #1 indicated no client at the group home utilized a gait belt. Staff #1 stated, "We are not trained to utilize any (mechanical) restraints." Staff #1 was asked if staff should ever utilize an unapproved intervention method if a client were having presenting behaviors. Staff #1 stated, "No."</p> <p>PS (Program Supervisor) #1 was interviewed on 3/15/23 at 8:30 AM. PS #1 stated, "He (client A) does not use a gait belt for anything. No clients here use a gait belt." PS #1 indicated staff should never utilize an unapproved intervention method or restraint.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 3/16/23 at 9:55 AM. QIDP #1 was asked if any clients at the group home have any proactive or reactive measures that include the use of mechanical restraints. QIDP #1 stated, "No." QIDP #1 was asked if any of the clients at the group home utilize a gait belt. QIDP #1 stated, "No." QIDP #1 was asked of staff should ever utilize a gait belt or any other adaptive equipment if it is not approved or addressed to be utilized in a client's plan. QIDP #1 stated, "No." QIDP #1 indicated client A's BSP was not implemented as written.</p> <p>This federal tag relates to complaint #IN00401402.</p> <p>9-3-4(a)</p> | | <p>includes items such as: client's diets, risk plans, ISP's, BSP's, programming, and medication review.</p> <p>· On-going the Area Director will review Program Director's weekly supervisory visits forms and will follow up with the appropriate individual to ensure the concerns are addressed.</p> <p>5. What is the date by which the systemic changes will be completed 4-21-2023</p> | | |

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| W 0287 Bldg. 00 | <p>483.450(b)(3) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR</p> <p>Techniques to manage inappropriate client behavior must never be used for the convenience of staff.</p> <p>Based on record review and interview for 1 of 3 sampled clients (A), the facility failed to ensure staff utilized only appropriate behavioral management techniques as indicated in client A's BSP (Behavioral Support Plan).</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 3/14/23 at 11:45 AM and indicated the following:</p> <p>A BDDS reported dated 2/8/23 indicated, "... On 2/7/23 an individual from the [name of group home] reported to staff that on 2/5/23 he (client B) witnessed house staff strapping [client A] to a chair with a gait belt. [Client A] has behaviors of running around the house, stripping off clothes, and throwing items. Staff wrapped a gait belt around him and tied it to a chair to prevent him from those behaviors. [Client A] had no marks or injuries... Staff (staff #2) involved was suspended immediately. Investigation started. Staff training on abuse and neglect, reporting, and restraints scheduled. PS (Program Supervisor), PD (Program Director), AD (Area Director) notified..."</p> <p>TMNRFII (The Mentor Network Report Form for Internal Investigation) dated 2/14/23 indicated the following:</p> <p>-"...Documents or Files Reviewed ISP (Individual Support Plan) - It is not</p> | W 0287 | <p>W287 – MGMT of inappropriate client behavior</p> <p>Techniques to manage inappropriate client behavior must never be used for the convenience of staff. This STANDARD is not met as evidenced by: W 287</p> <p>Based on record review and interview for 1 of 3 sampled clients (A), the facility failed to ensure staff utilized only appropriate behavioral management techniques as indicated in client A's BSP (Behavioral Support Plan).</p> <p>1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · The Program Supervisor will do home observations weekly to ensure staff are implementing the plans of clients and the client's needs are being met. · The Program Director and/or Area Director will do home observations bi-weekly to ensure staff are implementing the plans of clients and the client's needs are being met. · Staff training will be completed regarding ISPs/BSPs of the individuals in the home. <ul style="list-style-type: none"> o Follow BSPs as written and not changing the plan without prior | 04/21/2023 | |

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| | <p>documented in [client A's] ISP that he requires a gait belt.</p> <p>BSP (Behavior Support Plan) - It is not in [client A's] BSP to strap a gait belt on him to prevent vacating.</p> <p>Training's (sic) - It is documented that [staff #1] had been trained on [client A's] BSP.</p> <p>Site Visits Yes. Gait belt could not fit around PS (Program Supervisor) and chair to restrain individual (client A is taller and larger than the PS)...</p> <p>Interview 02/10/2023 [Staff #2] ...[Staff #2] stated [client A] had been having behaviors of running around the house and drinking other people's drinks... [Staff #2] stated he had to take the trash out and was worried that [client A] would run off. [Staff #2] stated he put a gait belt around [client A's] waist in case he ran off he (staff #2) could stop him from (sic) grabbing onto the bait belt. [Staff #2] stated he sat [client A] in a chair in front of the front door while he (staff #2) took the trash out. [Staff #2] stated he did not tie or secure [client A] to the chair. [Staff #2] stated [client A] was able to undo the gait belt... [Staff #2] stated [client A] had the gait belt on just for him ([staff #2]) to take the trash out...</p> <p>Interview 02/06/2023 [Staff #3] ...[Staff #3] stated she seen (sic) [client A] with a gait belt on as she was walking to the med (medication) room but he was not tied to</p> | | <p>approval and IDT meeting.</p> <ul style="list-style-type: none"> Staff that conducted inappropriate restraint will be retrained on PIA as well. <p>2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> All residents have the potential to be affected by the same deficient practice. The Program Supervisor will do home observations weekly to ensure staff are implementing the plans of clients and the client's needs are being met. The Program Director and/or Area Director will do home observations bi-weekly to ensure staff are implementing the plans of clients and the client's needs are being met. Staff training will be completed regarding ISPs/BSPs of the individuals in the home. <ul style="list-style-type: none"> Follow BSPs as written and not changing the plan without prior approval and IDT meeting. Staff that conducted inappropriate restraint will be retrained on PIA as well. <p>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> The Program Supervisor will | |

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| | <p>anything...</p> <p>Conclusions of Fact...</p> <p>Evidence supports staff put a gait belt on [client A] although it was not written in his BSP (Behavioral Support Plan) or Risk Plan that he should use which is a restriction of [client A's] rights.</p> <p>Evidence supports that the intent of the staff person to utilize the gait belt as a method to prevent [client A] from vacating is not an approved intervention..."</p> <p>Client A's record was reviewed on 3/15/23 at 11:22 AM.</p> <p>Client A's BSP dated 12/13/22 did not indicate utilization of a gait belt for behavioral intervention or reactive strategy.</p> <p>Client B was interviewed on 3/15/23 at 7:24 AM. Client B was asked about incident involving client A and staff placing a gait belt around him (client A). Client B stated, "Staff (staff #2) put a belt around [client A] and sat him in a chair." Client B indicated the belt was placed around client A's waist. Client B stated, "[Client A] doesn't need a belt (gait belt). Staff (staff #2) just put it around [client A] to help stop him (client A) from running around and throwing things or taking off his clothes." Client B indicated he had never seen it used (use of the gait belt around client A) before and stated, "Staff usually just stay with him (client A) or sit with him until he calms down."</p> <p>Staff #1 was interviewed on 3/15/23 at 8:03 AM. Staff #1 indicated no client at the group home utilized a gait belt. Staff #1 stated, "We are not trained to utilize any (mechanical) restraints." Staff #1 was asked if staff should ever utilize an</p> | | <p>do home observations weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</p> <ul style="list-style-type: none"> · The Program Director and/or Area Director will do home observations bi-weekly to ensure staff are implementing the plans of clients and the client's needs are being met. · Staff training will be completed regarding ISPs/BSPs of the individuals in the home. <ul style="list-style-type: none"> o Follow BSPs as written and not changing the plan without prior approval and IDT meeting. · Staff that conducted inappropriate restraint will be retrained on PIA as well. <p>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> · The Program Supervisor will do home observations weekly to ensure staff are implementing the plans of clients and the client's needs are being met. · The Program Director and/or Area Director will do home observations bi-weekly to ensure staff are implementing the plans of clients and the client's needs are being met. · Staff training will be completed regarding ISPs/BSPs of the individuals in the home. <ul style="list-style-type: none"> o Follow BSPs as written and not changing the plan without prior | |

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| | <p>unapproved intervention method if a client were having presenting behaviors. Staff #1 stated, "No."</p> <p>PS (Program Supervisor) #1 was interviewed on 3/15/23 at 8:30 AM. PS #1 stated, "He (client A) does not use a gait belt for anything. No clients here use a gait belt." PS #1 indicated staff should never utilize an unapproved intervention method or restraint.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 3/16/23 at 9:55 AM. QIDP #1 was asked if any clients at the group home have any proactive or reactive measures that include the use of mechanical restraints. QIDP #1 stated, "No." QIDP #1 was asked if any of the clients at the group home utilize a gait belt. QIDP #1 stated, "No." QIDP #1 was asked of staff should ever utilize a gait belt or any other adaptive equipment if it is not approved or addressed to be utilized in a client's plan.</p> <p>This federal tag relates to complaint #IN00401402.</p> <p>9-3-5(a)</p> | | <p>approval and IDT meeting.</p> <ul style="list-style-type: none"> New staff hired to work at the site will receive client specific training for each individual prior to working a shift. This training includes items such as: client's diets, risk plans, ISP's, BSP's, programming, and medication review. On-going the Area Director will review Program Director's weekly supervisory visits forms and will follow up with the appropriate individual to ensure the concerns are addressed. <p>5. What is the date by which the systemic changes will be completed 4-21-2023</p> | | |