

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

PRINTED: 07/11/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G157		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 06/22/2018	
NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN				STREET ADDRESS, CITY, STATE, ZIP CODE 3011 APACHE DR JEFFERSONVILLE, IN 47130			
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W 0000 Bldg. 00	<p>This visit was for an investigation of complaint #IN00261956.</p> <p>Complaint #IN00261956: Substantiated. Federal/state deficiencies related to the allegation are cited at W120, W149, W157 and W210.</p> <p>Survey Dates: June 6, 7, 8, 12, 21 and 22, 2018.</p> <p>Facility Number: 000693 Provider Number: 15G157 AIM Number: 100234510</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review of this report completed June 29, 2018 by #28194.</p>			W 0000			
W 0120 Bldg. 00	<p>483.410(d)(3) SERVICES PROVIDED WITH OUTSIDE SOURCES</p> <p>The facility must assure that outside services meet the needs of each client. Based on observation, record review and interview for 1 of 4 sampled clients (A), the facility failed to ensure the day services' placement met the supervision needs of client A regarding her ongoing behavioral management issues.</p> <p>Findings include:</p> <p>Observations were completed at the day services site on 6/12/18 at 1:00 PM until 2:15 PM. Client A was observed sitting with her peers in the common workshop floor area. There was no staff assigned to closely monitor her.</p>			W 0120	<p>W120: The facility must assure that outside services meet the needs of each client.</p> <p>Corrective Action: (Specific): The QIDP will be retrained on ensuring that day service providers have the most recent updated Programming plans and are trained in a timely manner on each plan.</p>		07/13/2018

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 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 workshop manager indicated (1:30 PM 6/12/18) a meeting was held on 6/11/18 to address client A's recent incident (6/8/18 at 11:30 AM at day services). Client A had used a peer's cell phone to go on a website and give out her personal information.</p> <p>The notes regarding the 6/11/18 meeting at day services regarding client A's access to phones, was reviewed on 6/12/18 at 2:01 PM. The meeting notes by the Day Services's Manager indicated client A's guardian/mother was concerned about exploitation of client A. The team members and guardian determined client A would not have access to phones for her personal protection. The interview indicated the staff to client workshop ratio was 1 staff for 16 clients. The manager was asked for client A's most recent BSP/Behavior Support Plan provided to them by the residential facility. The BSP the workshop had was dated 8/31/17.</p> <p>Client A's record was reviewed on 6/8/18 at 2:00 PM and indicated, in part, the 5/29/18 BSP/Behavior Support Plan written by Behavioral Clinician/BC #1 with a revision date of 6/4/18.</p> <p>Interview with Qualified Intellectual Disability Professional/QIDP #1 on 5/08/18 at 1:30 PM indicated client A's BSP had been revised to include the following information/strategies:</p> <p>"Phone Protocol: At this time [Client A] does not have a cell phone. She may of course use the house phone. Staff will dial for her and put on speaker phone. Once it is confirmed she is speaking to mom, she needs to stay in the same room with staff (due to 1:1) (one</p>				<p>How others will be identified: (Systemic): The QIDP, Program Manager and Quality Assurance Manager will meet weekly to ensure all programming plans are up to date.</p> <p>Measures to be put in place: The QIDP will be retrained on ensuring that day service providers have the most recent updated Programming plans and are trained in a timely manner on each plan.</p> <p>Monitoring of Corrective Action: The QIDP, Program Manager and Quality Assurance Manager will meet weekly to ensure all programming plans are up to date.</p>		

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W 0149 Bldg. 00	<p>staff to one client supervision) but she can turn off speaker to speak to her mother privately.</p> <p>CURRENT SUPERVISION (As of 6/4/18) [Client A] is to be 1:1 with staff when at [facility] and in the community. She is not required to be in sight of staff at [day services]. Documentation is at [facility] to document this supervision and is to be signed off by staff on each shift."</p> <p>According to interview with Program Manager #1 on 6/21/18 at 9:03 AM, client A had gotten peers' cell phones on two occasions since the 6/8/18 incident at the workshop.</p> <p>On 6/22/18 at 3:11 PM, meeting notes from the day services/workshop provider dated 6/21/18, were reviewed. The meeting notes indicated client A had gotten a peer's cell phone on 6/20/18. The meeting notes indicated client A had a history of cell phone misuse and there was a "zero tolerance of cell phones for [client A]."</p> <p>This federal tag relates to Complaint #IN00261956.</p> <p>9-3-1(a)</p> <p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview for 1 of 4 sampled clients (client A), the facility failed to implement policies and procedures to prevent staff to client neglect. The facility failed to implement measures to prevent the client from eloping and to prevent client A from exploitation in regards to cell phone use. The facility failed to protect client A from staff intimidation.</p>			W 0149	<p>W149: The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p>Corrective Action: (Specific): All staff in the home will be</p>		07/13/2018

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	<p>Findings include:</p> <p>The facility's Bureau of Developmental Disabilities Services/BDDS reports, incident reports and investigations were reviewed on 06/07/18 at 12:30 PM and on 6/12/18 at 3:30 PM and indicated the following:</p> <p>1. A BDDS report dated 6/01/18 indicated on 5/31/18 at 8:00 PM former staff #6 was reportedly taunting client A and had taken her cell phone and had run water over it. The allegation was investigated and intimidation by staff #6 of client A was substantiated. Staff #6 left employment and has been deemed "not rehireable."</p> <p>2. A BDDS report dated 6/8/18 indicated an incident on 6/8/18 at 11:30 AM at day services wherein client A had used a peer's cell phone to go on a website and give out her personal information.</p> <p>The notes regarding the 6/11/18 meeting at day services regarding client A's access to phones was reviewed on 6/12/18 at 2:01 PM. The meeting notes by the Day Services's Manager indicated client A's guardian/mother was concerned about exploitation of client A. The team members and guardian determined client A would not have access to phones for her personal protection. According to an interview with Program Manager #1 on 6/21/18 at 9:03 AM, client A had gotten peers' cell phones on two occasions since the 6/8/18 incident at the workshop.</p> <p>3. A "Police Involvement Investigation" dated 5/28/18 indicated client A had eloped from the facility on 5/28/18. The report indicated after staff had completed a 15 minute check on client A,</p>				<p>re-trained on the operation standard for reporting and investigating allegations of abuse, neglect, exploitation, mistreatment and violation of individual rights.</p> <p>How others will be identified: (Systemic): Quality Assurance will review all incidents daily to ensure that incidents of abuse and neglect are addressed and have preventative measures put in place per policy and will notify the team of any incidents that are reported that need an investigation. They will then submit the BDDS report and start an investigation. The Peer review team and the administrator will review the investigation within five days. The QA Manager will oversee QA coordinators to ensure that all incidents of abuse and neglect are addressed and have preventative measures implemented.</p> <p>Measures to be put in place: All staff in the home will be re-trained on the operation standard for reporting and investigating allegations of abuse, neglect, exploitation, mistreatment and violation of individual rights.</p> <p>Monitoring of Corrective Action: Quality Assurance will review all incidents daily to ensure that incidents of abuse and neglect are addressed and have preventative measures put in place</p>		

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	<p>client A eloped. Staff # 6 called the police. Client A called the residential manager and asked to be picked up in a neighboring city at 1:30 AM. The report indicated client A said her boyfriend texted her and she left to see him. The report indicated client A was to stay 1:1 staff supervision during waking hours while at the facility. Client A was 15 minute staff checks during the overnight hours.</p> <p>On 6/22/18 at 3:11 PM, meeting notes from the day services/workshop provider dated 6/21/18 were reviewed. The meeting notes indicated client A had gotten a peer's cell phone on 6/20/18. The meeting notes indicated client had a history of cell phone misuse and there was a "zero tolerance of cell phones for [client A]." The facility had failed to ensure corrective measures were implemented at the workshop to prevent exploitation for client A.</p> <p>Client A's record was reviewed on 6/8/18 at 2:00 PM and indicated, in part, the 5/29/18 BSP/Behavior Support Plan written by Behavioral Clinician/BC #1 with a revision date of 6/4/18. The review indicated the following:</p> <p>"BEHAVIORAL HISTORY</p> <p>[Client A] moved into ResCare in 2010. She has struggled with many behaviors over the years. She has periods where she is eager to please staff and times when she is very difficult to deal with. [Client A] has issues with elopement, sexually inappropriate behavior, verbal and physical aggression and lying.</p> <p>TARGET BEHAVIORS AND GOALS</p> <p>Social Withdrawal: Any occurrence of isolation, crying, display disinterest in a preferred activity,</p>				<p>per policy and will notify the team of any incidents that are reported that need an investigation. They will then submit the BDDS report and start an investigation. The Peer review team and the administrator will review the investigation within five days. The QA Manager will oversee QA coordinators to ensure that all incidents of abuse and neglect are addressed and have preventative measures implemented.</p>		

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	<p>irritability or sleep disturbance lasting more than 15 minutes that prevents participation in active treatment. Goal: [Client A] will have 3 or fewer episodes of anti-social behaviors for three consecutive months by 05/29/19</p> <p>Suicidal Ideation/SIB: any occurrence of biting self, hitting self, banging her own head, cutting self, slamming body parts in the door, and other behaviors intentionally done to harm/hurt self. Also includes telling others she "wants to die" or wants to hurt herself. Goal: [Client A] will have 3 or fewer episodes of suicidal ideation for three consecutive months by 05/29/19.</p> <p>Verbal Aggression: any occurrence of yelling, making threats, calling others' offensive names, or cursing in an agitated tone of voice. Goal: [Client A] will have 3 or fewer episodes of verbal aggression for three consecutive months by 05/29/19.</p> <p>Physical Aggression: Anytime [Client A] grabs, hits, or attempts to hit, shove or slap another person. Goal: [Client A] will have 3 or fewer episodes of physical aggression for three consecutive months by 05/29/19.</p> <p>Property Destruction: any occurrence of hitting, kicking, slamming, or other physical action that results in or could result in an object not functioning as designed. Goal: [Client A] will have 3 or fewer episodes of property destruction for three consecutive months by 05/29/19.</p> <p>Manipulation: any time she is negotiating with another individual into doing something that she</p>						

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	<p>is supposed to do herself, asking another person after not getting the answer she wanted from a previous person, or other such acts that she is using to get around interacting with, doing, or possessing the things she wants regardless of what she has been previously told.</p> <p>Goal: [Client A] will have 3 or fewer episodes of manipulation per month for three consecutive months by 05/29/2019.</p> <p>False Statements: any time she is giving false statements to others when the truth is already known. This does not include allegations as those must be written down and sent for investigation before the truth is known so that everyone's safety can be ensured.</p> <p>Goal: [Client A] will have 3 or fewer episodes of false statements per month for three consecutive months by 05/29/2019.</p> <p>Noncompliance: any time she does not comply with a programmatic request within three (3) verbal prompts spaced out at least 5 minutes apart</p> <p>Goal: [Client A] will have 3 or fewer episodes of non-compliance for three consecutive months by 05/29/19.</p> <p>Stealing: any time she takes something that is not hers from another individual in the home or community or even shoplifting while out in the community</p> <p>Goal: [Client A] will have 3 or fewer episodes of Stealing for three consecutive months by 5/29/19.</p> <p>Leaving Assigned Area: any occurrence of leaving the area without staff permission but staff still have her within eye view.</p> <p>Goal: [Client A] will have 3 episodes of leaving assigned area per month for three consecutive months by 05/29/2019.</p>						

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	<p>Elopement: any occurrence of leaving the area without staff supervision at home or in community and staff have not got her within eye view. Goal: [Client A] will have 3 or fewer occurrences of elopement per month for three consecutive months by 05/29/2019.</p> <p>DATA COLLECTION Data will be collected on the [Client A]'s Structured A-B-C (Antecedent-Behavior-Consequence) Data Collection Sheet across all shifts. Instruction to fill out the data sheets are provided on the data sheets themselves.</p> <p>AXIS DIAGNOSIS & MEDICATION:</p> <p>AXIS I ADHD, Depressive D/O NOS, Conduct D/O, Childhood onset Borderline Intellectual functioning, Borderline and Historic Personality Disorder Traits</p> <p>AXIS II Mild Mental Retardation</p> <p>AXIS III Overweight, Hx: Blood clot in lung, Anemia"</p> <p>The plan indicated client A received the following medications to address her inappropriate behaviors: Medication Reduction Plan:</p> <p>Melatonin used for Depression and Insomnia.</p> <p>Latuda (anti-psychotic) for Depression, Verbal Aggression, Suicidal Ideation/SIB (self -injurious behavior), and Social Withdrawal.</p> <p>Topiramate (anticonvulsant) used for Depression, Verbal Aggression and Suicidal Ideation/SIB.</p>						

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	<p>Trintellix used for Depression, Verbal Aggression, Suicidal Ideation/SIB and Noncompliance.</p> <p>Interview with the Qualified Intellectual Disability Professional/QIDP #1 on 5/08/18 at 1:30 PM indicated client A's BSP had been revised to include the following information/strategies:</p> <p>"Phone Protocol: At this time [Client A] does not have a cell phone. She may of course use the house phone. Staff will dial for her and put on speaker phone. Once it is confirmed she is speaking to mom, she needs to stay in the same room with staff (due to 1:1) (one staff to one client supervision) but she can turn off speaker to speak to her mother privately.</p> <p>CURRENT SUPERVISION (As of 6/4/18) [Client A] is to be 1:1 with staff when at [facility] and in the community. She is not required to be in sight of staff at [day services]. Documentation is at [facility] to document this supervision and is to be signed off by staff on each shift."</p> <p>The agency's "Operation Standard Reporting and Investigating Abuse, Neglect, Exploitation, Mistreatment or Violation of an Individual's Rights" dated 3/08/2018 was reviewed on 6/8/18 at 3:30 PM and indicated the agency prohibited, reported, investigated and implemented corrective measures in regards to abuse/neglect/exploitation/mistreatment of the clients it served. The review of the agency's policy indicated, in part, the following:</p> <p>..."ResCare strictly prohibits abuse, neglect, exploitation, mistreatment or violation of an Individual's rights....Program Implementation/Intervention: Failure to provide goods and/or services necessary for the</p>						

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W 0157 Bldg. 00	<p>individual to avoid physical harm and /or intentional failure to implement a support plan, inappropriate application of intervention, etc. which may result in jeopardy without qualified person notification/review.... Any situation involving weapons, regardless if abuse, neglect, mistreatment or violation of an Individual's rights is suspected, will be immediately investigated.</p> <p>All employees receive training upon hire regarding definitions/causes of different types of, how to identify, prevent, document, remedial action to be taken, timely debriefing following the incident and how to report abuse, neglect, exploitation, mistreatment or violation of an Individual's rights, as well as what to expect from an investigation. All employees receive this training upon hire and annually, thereafter.</p> <p>Procedures: 1. Any ResCare staff person who suspects an individual is the victim of abuse, neglect, exploitation or mistreatment of an individual should immediately notify the Program Manager, and then complete an Incident Report. The Program Manager will then notify the Executive Director immediately.</p> <p>This federal tag relates to Complaint #IN00261956.</p> <p>9-3-2(a)</p> <p>483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken. Based on observation, record review and interview for 1 of 4 sampled clients (A), the facility failed to ensure the day services' placement met the supervision needs of client A regarding her</p>			W 0157	<p>W157: If alleged violation is verified, appropriate corrective action must be taken.</p>		07/13/2018

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	<p>ongoing behavioral management issues.</p> <p>Findings include:</p> <p>Observations were completed at the day services site on 6/12/18 at 1:00 PM until 2:15 PM. Client A was observed sitting with her peers in the common workshop floor area. There was no staff assigned to closely monitor her.</p> <p>The workshop manager indicated (1:30 PM 6/12/18) a meeting was held on 6/11/18 to address client A's recent incident (6/8/18 at 11:30 AM at day services). Client A had used a peer's cell phone to go on a website and give out her personal information.</p> <p>The notes regarding the 6/11/18 meeting at day services regarding client A's access to phones was reviewed on 6/12/18 at 2:01 PM. The meeting notes by the Day Services's Manager indicated client A's guardian/mother was concerned about exploitation of client A. The team members and guardian determined client A would not have access to phones for her personal protection. The interview indicated the staff to client workshop ratio was 1 staff for 16 clients. The manager was asked for client A's most recent BSP/Behavior Support Plan provided by the residential facility. The BSP the workshop had was dated 8/31/17.</p> <p>Client A's record was reviewed on 6/8/18 at 2:00 PM and indicated, in part, the 5/29/18 BSP/Behavior Support Plan written by Behavioral Clinician/BC #1 with a revision date of 6/4/18.</p> <p>Interview with Qualified Intellectual Disability Professional/QIDP #1 on 5/08/18 at 1:30 PM indicated client A's BSP had been revised to include the following information/strategies:</p>				<p>Corrective Action: (Specific): All staff in the home will be re-trained on the operation standard for reporting and investigating allegations of abuse, neglect, exploitation, mistreatment and violation of individual rights. The staff in the home will be retrained all client Programming plans. The QIDP will be retrained on ensuring successful measures are implemented in the programming plans.</p> <p>How others will be identified: (Systemic): Quality Assurance will review all incidents daily to ensure that incidents of abuse and neglect are addressed and have preventative measures put in place per policy and will notify the team of any incidents that are reported that need an investigation. They will then submit the BDDS report and start an investigation. The Peer review team and the administrator will review the investigation within five days. The QA Manager will oversee QA coordinators to ensure that all incidents of abuse and neglect are addressed and have preventative measures implemented. The Program Manager will meet and review client Incident reports and Programming plans with the QIDP to ensure that preventive measures are put in place.</p>		

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	<p>"Phone Protocol: At this time [Client A] does not have a cell phone. She may of course use the house phone. Staff will dial for her and put on speaker phone. Once it is confirmed she is speaking to mom, she needs to stay in the same room with staff (due to 1:1) (one staff to one client supervision) but she can turn off speaker to speak to her mother privately.</p> <p>CURRENT SUPERVISION (As of 6/4/18) [Client A] is to be 1:1 with staff when at [facility] and in the community. She is not required to be in sight of staff at [day services}. Documentation is at [facility] to document this supervision and is to be signed off by staff on each shift."</p> <p>According to interview with Program Manager #1 on 6/21/18 at 9:03 AM, client A had gotten peers' cell phones on two occasions since the 6/8/18 incident at the workshop.</p> <p>On 6/22/18 at 3:11 PM, meeting notes from the day services/workshop provider dated 6/21/18 were reviewed. The meeting notes indicated client A had gotten a peer's cell phone on 6/20/18. The meeting notes indicated client A had a history of cell phone misuse and there was a "zero tolerance of cell phones for [client A]."</p> <p>This federal tag relates to Complaint #IN00261956.</p> <p>9-3-2(a)</p>				<p>Measures to be put in place: All staff in the home will be re-trained on the operation standard for reporting and investigating allegations of abuse, neglect, exploitation, mistreatment and violation of individual rights. The staff in the home will be retrained all client Programming plans. The QIDP will be retrained on ensuring successful measures are implemented in the programming plans.</p> <p>Monitoring of Corrective Action: Quality Assurance will review all incidents daily to ensure that incidents of abuse and neglect are addressed and have preventative measures put in place per policy and will notify the team of any incidents that are reported that need an investigation. They will then submit the BDDS report and start an investigation. The Peer review team and the administrator will review the investigation within five days. The QA Manager will oversee QA coordinators to ensure that all incidents of abuse and neglect are addressed and have preventative measures implemented. The Program Manager will meet and review client Incident reports and Programming plans with the QIDP to ensure that preventive measures are put in place.</p>		

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W 0210 Bldg. 00	<p>483.440(c)(3) INDIVIDUAL PROGRAM PLAN</p> <p>Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission.</p> <p>Based on observation, record review and interview for 1 of 4 sampled clients (A), the facility failed to reassess client A regarding her ongoing behavioral management needs in regards to the best setting/placement for addressing her skill acquisition.</p> <p>Findings include:</p> <p>Observations were completed at the facility on the evening of 6/6/18 from 10:10 PM until 12:00 AM. And on 6/7/2018 from 12:00 AM until 12:25 AM. There were two direct contact staff at the facility during the observations. Clients A, B, C, E, F, and G were at the facility. Client A was observed to have a staff assigned to her as a one on one (1:1), one staff to one client supervision.</p> <p>On 6/7/18 clients A, B, C, E and G were observed (5:00 PM until 6:30 PM) to be at the facility's administrative office with Residential Manager #1 and Direct Support Professional #1. Quality Assurance Manager #1 was conducting an investigation and was doing private interviews with staff and clients. Client F was at the residential facility, she had indicated she had no information concerning the investigation. Client D had been taken on a visit by her sister and was absent.</p> <p>Observations of the evening meal and subsequent tasks were conducted at the facility on 6/7/18 from 7:00 PM until 8:15 PM.</p>			W 0210	<p>W210: Individual Program Plans: within 30 days after admission, the interdisciplinary team must perform accurate assessments as needed to supplement the preliminary evaluation conducted prior to admission.</p> <p>Corrective Action: (Specific): The QIDP will review all assessments to ensure they are accurate and no changes need to be made.</p> <p>How others will be identified: (Systemic): The QIDP, Program Manager, Area Supervisor and Quality Assurance Manager will meet weekly to ensure all programming plans and assessments are current.</p> <p>Measures to be put in place: The QIDP will review all assessments to ensure they are accurate and no changes need to be made.</p> <p>Monitoring of Corrective Action: The QIDP, Program Manager, Area Supervisor and Quality Assurance Manager will</p>		07/13/2018

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	<p>Client A was observed to have DSP #3 as her one on one staff (enhanced supervision) during the mealtime. Client A had the facility's phone at the dining table and dialed her mother's number while the device was on the speaker setting. Client A let staff hear her mother's voice, then took the phone off of the speaker setting and began a conversation at the dining table while her peers continued their evening meal. RM #1 and DSP #3 had verbally redirected client A regarding following her BSP/Behavior Support Plan but client A was non-compliant.</p> <p>Client A's record was reviewed on 6/8/18 at 2:00 PM and indicated, in part, the 5/29/18 BSP/Behavior Support Plan written by Behavioral Clinician/BC #1 with a revision date of 6/4/18.</p> <p>"BEHAVIORAL HISTORY</p> <p>[Client A] moved into Rescare in 2010. She has struggled with many behaviors over the years. She has periods where she is eager to please staff and times when she is very difficult to deal with. [Client A] has issues with elopement, sexually inappropriate behavior, verbal and physical aggression and lying.</p> <p>TARGET BEHAVIORS AND GOALS</p> <p>Social Withdrawal: Any occurrence of isolation, crying, display disinterest in a preferred activity, irritability or sleep disturbance lasting more than 15 minutes that prevents participation in active treatment.</p> <p>Goal: [Client A] will have 3 or fewer episodes of anti-social behaviors for three consecutive months by 05/29/19</p> <p>Suicidal Ideation/SIB: any occurrence of biting</p>				meet weekly to ensure all programming plans and assessments are current.		

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	<p>self, hitting self, banging her own head, cutting self, slamming body parts in the door, and other behaviors intentionally done to harm/hurt self. Also includes telling others she "wants to die" or wants to hurt herself.</p> <p>Goal: [Client A] will have 3 or fewer episodes of suicidal ideation for three consecutive months by 05/29/19.</p> <p>Verbal Aggression: any occurrence of yelling, making threats, calling others' offensive names, or cursing in an agitated tone of voice.</p> <p>Goal: [Client A] will have 3 or fewer episodes of verbal aggression for three consecutive months by 05/29/19.</p> <p>Physical Aggression: Anytime [Client A] grabs, hits, or attempts to hit, shove or slap another person.</p> <p>Goal: [Client A] will have 3 or fewer episodes of physical aggression for three consecutive months by 05/29/19.</p> <p>Property Destruction: any occurrence of hitting, kicking, slamming, or other physical action that results in or could result in an object not functioning as designed.</p> <p>Goal: [Client A] will have 3 or fewer episodes of property destruction for three consecutive months by 05/29/19.</p> <p>Manipulation: any time she is negotiating with another individual into doing something that she is supposed to do herself, asking another person after not getting the answer she wanted from a previous person, or other such acts that she is using to get around interacting with, doing, or possessing the things she wants regardless of what she has been previously told.</p> <p>Goal: [Client A] will have 3 or fewer episodes of manipulation per month for three consecutive</p>						

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	<p>months by 05/29/2019.</p> <p>False Statements: any time she is giving false statements to others when the truth is already known. This does not include allegations as those must be written down and sent for investigation before the truth is known so that everyone's safety can be ensured. Goal: [Client A] will have 3 or fewer episodes of false statements per month for three consecutive months by 05/29/2019.</p> <p>Noncompliance: any time she does not comply with a programmatic request within three (3) verbal prompts spaced out at least 5 minutes apart Goal: [Client A] will have 3 or fewer episodes of non-compliance for three consecutive months by 05/29/19.</p> <p>Stealing: any time she takes something that is not hers from another individual in the home or community or even shoplifting while out in the community Goal: [Client A] will have 3 or fewer episodes of Stealing for three consecutive months by 5/29/19.</p> <p>Leaving Assigned Area: any occurrence of leaving the area without staff permission but staff still have her within eye view. Goal: [Client A] will have 3 episodes of leaving assigned area per month for three consecutive months by 05/29/2019.</p> <p>Elopement: any occurrence of leaving the area without staff supervision at home or in community and staff have not got her within eye view. Goal: [Client A] will have 3 or fewer occurrences of elopement per month for three consecutive months by 05/29/2019.</p> <p>DATA COLLECTION</p>						

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	<p>Data will be collected on the [Client A]'s Structured A-B-C (Antecedent-Behavior-Consequence) Data Collection Sheet across all shifts. Instruction to fill out the data sheets are provided on the data sheets themselves.</p> <p>AXIS DIAGNOSIS & MEDICATION:</p> <p>AXIS I ADHD, Depressive D/O NOS, Conduct D/O, Childhood onset Borderline Intellectual functioning, Borderline and Historic Personality Disorder Traits</p> <p>AXIS II Mild Mental Retardation</p> <p>AXIS III Overweight, Hx: Blood clot in lung, Anemia"</p> <p>The plan indicated client A received the following medications to address her inappropriate behaviors: Medication Reduction Plan:</p> <p>Melatonin used for Depression and Insomnia.</p> <p>Latuda (anti-psychotic) for Depression, Verbal Aggression, Suicidal Ideation/SIB (self -injurious behavior),and Social Withdrawal</p> <p>Topiramate (anticonvulsant) used for Depression, Verbal Aggression and Suicidal Ideation/SIB.</p> <p>Trintellix used for Depression, Verbal Aggression, Suicidal Ideation/SIB and Noncompliance.</p> <p>Interview with the Qualified Intellectual Disability Professional/QIDP #1 on 5/08/18 at 1:30 PM indicated client A's BSP had been revised to include the following information/strategies:</p>						

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	<p>"Phone Protocol: At this time [Client A] does not have a cell phone. She may of course use the house phone. Staff will dial for her and put on speaker phone. Once it is confirmed she is speaking to mom, she needs to stay in the same room with staff (due to 1:1) (one staff to one client supervision) but she can turn off speaker to speak to her mother privately.</p> <p>CURRENT SUPERVISION (As of 6/4/18) [Client A] is to be 1:1 with staff when at [facility] and in the community. She is not required to be in sight of staff at [day services}. Documentation is at [facility] to document this supervision and is to be signed off by staff on each shift."</p> <p>This federal tag relates to Complaint #IN00261956.</p> <p>9-3-4(a)</p>						