

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G811	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/21/2023
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NAME OF PROVIDER OR SUPPLIER RES-CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135
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W 0000 Bldg. 00	<p>This visit was for the PCR (Post Certification Revisit) to the investigation of complaint #IN00402349 completed on 3/28/23.</p> <p>This visit was done in conjunction with the pre-determined full recertification and state licensure survey and the investigation of complaint #IN00405103.</p> <p>Complaint #IN00402349: Not corrected.</p> <p>Dates of Survey: 6/12/23, 6/13/23, 6/14/23, 6/15/23, 6/16/23, 6/19/23, 6/20/23 and 6/21/23.</p> <p>Facility Number: 013405 Provider Number: 15G811 AIMS Number: 201267570</p> <p>These deficiencies also reflect state findings in accordance with 410 IAC 16.2-5. Quality Review of this report completed by #15068 on 7/13/23.</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 observation and interview for 5 of 5 sample clients (#1, #2, #3, #4, and #5), plus 15 additional clients (#6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, and #20), the governing body failed to exercise general policy, budget, and operating direction over the facility to ensure a sink in the common bathroom had a working drain, clients #10 and #15's shared bathroom had a working sink, and common</p>	W 0104	To correct the deficient practice all staff have been re-trained to ensure the facility is kept clean to an acceptable standard, and reporting maintenance issues immediately. The maintenance supervisor has been trained to ensure all reported issues are completed as soon as possible.	08/12/2023

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Patrick O'Heran	QAM	07/29/2023

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>shower rooms and private bathrooms used by clients #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, and #20 were clean.</p> <p>Findings include:</p> <p>Observations were conducted in the facility on 6/12/23 from 1:40 pm to 3:30 pm and from 5:00 pm to 6:00 pm and on 6/13/23 from 8:00 am to 10:00 am and from 11:30 am to 12:30 pm. Clients #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, and #20 were present in the facility throughout the observation periods.</p> <p>On 6/12/23 at 1:45 pm, the surveyor walked through the facility with Quality Assurance Coordinator (QAC).</p> <p>1. In clients #3 and #17's shared bathroom, there was no toilet paper available.</p> <p>2. In clients #2 and #11's shared bathroom, there was a puddle of liquid on the floor by the toilet. There was a strong odor in the room. QAC went into the bathroom and stated, "That looks and smells like urine."</p> <p>3. In clients #4 and #6's shared bathroom, there was a puddle of liquid on the floor by the toilet. The seat of the toilet was smeared with a brown substance. The brown substance was on the floor in a trail leading to client #6's bedroom. On 6/12/23 at 2:00 pm, Residential Manager (RM) #2 went into the bathroom and stated, "That's feces. It's a behavior for [client #6], but sometimes [client #4] does it to get [client #6] in trouble."</p> <p>4. In the community shower room next to the laundry room there was a wet towel on the floor. In one of the showers, there was a white cream on</p>		<p>The broken drainpipe and drain has been repaired. The facility has been deep cleaned, and will be maintained by a daily cleaning list for staff and Rm's. Additional oversight will be completed by the QAC, PM, QIDP, or RM completing walk throughs five times a day and documenting on the facility cleaning list. Any discrepancies found during the walk through will be addressed immediately. Ongoing monitoring will be achieved by the QAC completing twice daily walk throughs of the facility to ensure the standard of cleanliness is achieved.</p>	

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	<p>the floor and wall of the shower. The grout lines of the tiles in the showers were black where the floor and walls met. There were missing tiles on the floor and walls.</p> <p>5. In the bathroom between clients #1 and #19's bedrooms, the garbage was overflowing, and paper towels were on the floor. The toilet had dust and a yellow substance built up on the seat and back of the toilet.</p> <p>6. In clients #7, #12, and #16's shared bathroom, there was a strong odor.</p> <p>7. In the community shower room between clients #12 and #16's bedroom and client #7's bedroom, there was a band-aid, a deodorant lid, and 4 wet wash cloths on the floor. There was one wet wash cloth in the bathtub.</p> <p>8. In clients #13 and #14's shared bathroom, there was a puddle of urine on the floor by the toilet and a strong odor.</p> <p>9. In clients #5 and #18's shared bathroom, the inside of the toilet bowl was splattered with feces. There was dried toothpaste on the sink.</p> <p>10. In clients #10 and #15's shared bathroom, there was no drain pipe in the sink, and the sink cabinet had been pulled away from the door. The inside of the toilet bowl was splattered with feces. There was a white cream smeared on the floor. There was no toilet paper in the bathroom. Paper towels were overflowing the garbage can and were on the floor.</p> <p>Client #10 was interviewed on 6/12/23 at 2:20 pm and stated, "We have to ask for toilet paper when we need it."</p>			

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	<p>A focused observation was conducted in clients #10 and #15's shared bathroom on 6/14/23 at 3:15 pm. The sink had not been fixed, and the bathroom had not been cleaned.</p> <p>11. The community bathroom between clients #10 and #15's bedroom had the drain pipe under the sink removed.</p> <p>Direct Support Professional (DSP) #13 was interviewed on 6/14/23 at 12:43 pm and stated, "We're constantly cleaning the day room. We try to keep the building as clean as possible." DSP #13 stated, "[QAC] writes up a list of what rooms are dirty, and we try to get the guys to clean up their rooms." DSP #13 stated, "There is no cleaning schedule that I'm aware of."</p> <p>RM #3 was interviewed on 6/14/23 at 11:50 am and stated, "In the morning, we come in, and the CNAs (Certified Nursing Assistants) will make the beds and clean the rooms. Sometimes staff need reminders of the bathrooms. They forget about them." RM #3 stated, "The staff are responsible for checking the bathrooms to make sure they're clean."</p> <p>Program Manager (PM) was interviewed on 6/14/23 at 1:55 pm and stated, "The staff do have a checklist that they should be cleaning and prompting the clients to clean. They should be going through at shift changes to make sure everything is clean from the shift before."</p> <p>Quality Assurance Manager (QAM) was interviewed on 6/14/23 at 4:10 pm and stated, "Staff should work with the clients to keep their home clean. If staff notice a dirty bathroom it should be addressed immediately."12. Observations were conducted at the facility on</p>			

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W 0149 Bldg. 00	<p>6/12/23 from 1:37 PM to 3:25 PM, 6/12/23 from 4:54 PM to 6:09 PM, 6/13/23 from 8:51 AM to 9:54 AM, 6/13/23 from 11:38 AM to 12:35 PM, and 6/13/23 from 4:03 PM to 4:33 PM. During the observations, client #3's and client #17's toilet bowl was covered in feces in and around the rim and on the toilet seat. During the observations, client #10's and client #15's toilet bowl was covered in feces in and around the rim and on the toilet seat.</p> <p>On 6/12/23 at 2:28 PM, client #17 indicated his toilet was dirty and he did not want to use it in the current condition due to the feces in and on the toilet. Client #17 stated it was "disgusting." Client #17 indicated the feces was from the peer he shares a restroom with (client #3).</p> <p>This deficiency was cited on 3/28/23. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>This federal tag relates to complaint #IN00402349.</p> <p>5-1.3(a)(1-2)(a)(b)(c) 5-1.5(a) 483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on observation, record review and interview for 5 of 5 sampled clients (#1, #2, #3, #4 and #5) and 15 additional clients (#6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19 and #20), the facility failed to implement its written policy and procedures to prevent a pattern of client to client aggression where client #14 was the aggressor and to develop and implement</p>	W 0149	To correct the deficient practice all site staff have been trained in ResCare ANEM policy/procedure and all client BSP's. All supervisory staff and investigators have been trained on ensuring the IDT meets the needs of the clients to prevent patterns of client to	08/12/2023

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	<p>effective corrective measures to prevent further incidents; to prevent an incident of neglect regarding clients #13, #14, #15 and #17 and to complete the recommended corrective action regarding the incident; to prevent two incidents of ingesting non-edible items regarding clients #8 and #16; to prevent substantiated staff physical abuse towards client #4; to prevent additional incidents of client to client aggression regarding clients #2, #4, #5, #13, #17, #20; to report an allegation of staff sleeping on duty to the Bureau of Developmental Disabilities Services (BDDS) within 24 hours and to conduct thorough investigations regarding incidents of client to client aggression and an allegation of staff abuse of client #8.</p> <p>Findings include:</p> <p>1. An observation was conducted at the facility on 6/13/23 from 4:03 PM to 4:33 PM. Qualified Intellectual Disabilities Professional (QIDP) #1 was supervising clients #10, #14 and #19 in the yard. QIDP #1 was the only staff present outside. Client #19 was sitting at the picnic table while QIDP #1 and clients #10 and #14 walked around the yard interacting with each other.</p> <p>On 6/12/23 at 2:30 PM and on 6/13/23 at 8:00 AM, a review of the facility's incident/investigative reports was conducted and indicated the following:</p> <p>1a) A 5/20/23 BDDS report indicated, "On 05/19/2023 at 3:10 PM, [client #14] for no apparent reason and without precursors, [client #14] engaged in physical aggression towards a peer (client #10). He hit the peer in the back as he was walking through the day room. He was redirected to his bedroom to calm down and to use his</p>		<p>client, completing investigation recommendations, reporting allegations to BDDS within 24 hours, and investigating all episodes of client to client. Client #14 IDT will meet to discuss current patterns and further safety measures. The QA department will track all incoming incident reports to ensure BDDS reports are completed within 24hrs. The QAM will assign all investigations and track on the IR spread sheet for timely completion. Additional monitoring will be achieved by the administrative staff completing five times a week facility observation for one month. To ensure no others were affected the QAM will review the last six months of incidents and investigations to ensure BDDS reports were completed timely and investigations were completed. Ongoing monitoring will be achieved by the QAC, PM, and QIDP completing routine observations of the facility as well as monthly site reviews to be completed by ResCare administration.</p>	

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	<p>coping skills. Plan to Resolve: Staff will continue to follow [client #14's] guardian and HRC (Human Rights Committee) approved BSP (Behavior Support Plan) and ISP (Individual Support Plan) regarding verbal and physical aggression, threats, (sic) coping skills. Staff will continue to educate [client #14] on using his coping skills when he becomes upset".</p> <p>A 5/25/23 Client to Client Aggression Investigation (CCAI) included the following recommendations: "Staff will continue to monitor [client #10] for any further injuries. Staff will continue to educate [client #14] on using his coping skills when he becomes upset and respecting his peers personal space. Will continue to follow current BSP's (sic) and offer alternative activities. Team will follow up with [Psychiatrist] on 5/30/23 on campus to discuss the ineffective PRN (as needed) of Haldol 5mg (milligrams/for behaviors) and a possible recommendation. Staff will be trained on serving as an assigned staff when [client #14] is demonstrating precursors. The assigned staff will be responsible for remaining between [client #14] and peers when possible and encouraging separate programming to keep peers safe".</p> <p>1b) A 5/20/23 BDDS report indicated, "On 5/19/23 at 3:20 pm, [client #14] was in day room with staff and peers he was visibly agitated (sic). He kicked a peers (sic) (client #9) leg, he was placed in a two person escort, so he could go to his room and calm down, use his coping skills (sic). He continued PA (physical aggression) with staff hit them several times and tried urinating on them (sic). They tried having him use his coping skills again but he was unable to calm himself down. Nurse called [Psychiatrist] for permission to give 2nd PRN. PRN was given. Plan to Resolve: Staff</p>			

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	<p>will continue to follow [client #14's] guardian and HRC approved BSP and ISP regarding verbal and physical aggression, threats (sic) PRN protocol and coping skills. Staff will continue to educate [client #14] on using his coping skills when he becomes upset".</p> <p>A 5/25/23 CCAI included the following recommendations: "Staff will continue to monitor [client #9] for any further injuries. Staff will continue to educate [client #14] on using his coping skills when he becomes upset and respecting his peers personal space. Will continue to follow current BSP's (sic) and offer alternative activities. Team will follow up with [Psychiatrist] on 5/30/23 on campus to discuss the ineffective PRN of Haldol 5mg and a possible recommendation. Staff will be trained on serving as an assigned staff when [client #14] is demonstrating precursors. The assigned staff will be responsible for remaining between [client #14] and peers when possible and encouraging separate programing to keep peers safe".</p> <p>1c) A 5/22/23 BDDS report indicated, "On May 21, 2023 at 12:46 pm [client #14] and [client #19] were standing in the front yard when [client #19] began to instigate [client #14] by taking his ball and pretending the (sic) he was going to throw it at [client #14]. [Client #14] became agitated and began to shout at [client #19]. [Client #19] retaliated by using his right fist to punch [client #14] in the left side of his face. [Client #14] then attempted to chase [client #19] due to being agitated at him for punching him. Staff redirected [client #19] back inside the residential building. Staff educated both clients on respecting their peers personal space. [Client #14] agreed with this education and returned to normal programming. [Client #19] did not agree with staffs education</p>			

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	<p>and engaged in verbal aggression towards them by cussing at them and shouting at them. Staff continued to monitor [client #19]. Nurse assessed both clients and noted no injuries. There were no further issues. Plan to Resolve: Staff will continue to follow [client #19] and [client #14's] guardian and HRC approved BSP and ISP regarding verbal and physical aggression, threats, YSIS intervention, PRN protocol and coping skills. Both clients report they feel safe and neither wished to file a grievance. Staff will continue to educate [client #19] and [client #14] to talk with staff and use coping skills when he is upset".</p> <p>There was no documentation indicating the facility conducted an investigation regarding the client to client aggression.</p> <p>On 6/14/23 at 10:00 AM, the Quality Assurance Manager (QAM) was interviewed and indicated an investigation should have been completed. The QAM stated, "It was not done. It was assigned to the Q (QIDP #1) and he did not complete them (investigations)".</p> <p>1d) A 5/22/23 BDDS report indicated, "On May 21, 2023 at 3:25pm while in the dayroom, for no apparent reason and without precursors, [client #14] began to shout at his peer [client #4]. [Client #14] then walked up to [client #4] and engaged in physical aggression towards [client #4] by using his right hand to hit [client #4] in his left shoulder. [Client #4] did not retaliate. Staff was able to intervene and redirected [client #14] away from his peer to another area of the dayroom and educated [client #14] on respecting his peers personal space. [Client #14] seemed to agree with this education. Both clients returned to normal programming. Nurse assessed both clients and noted no injuries. There were no further issues.</p>			

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

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FORM APPROVED

OMB NO. 0938-039

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	<p>Plan to Resolve: Staff will continue to follow [client #14's] guardian and HRC approved BSP and ISP regarding verbal and physical aggression (sic) threats, YSIS (You're Safe, I'm Safe/behavioral intervention) intervention, PRN protocol and coping skills. Both clients report they feel safe and neither wished to file a grievance. Staff will continue to educate [client #14] on personal space and using his coping skills when he is upset".</p> <p>There was no documentation indicating the facility conducted an investigation regarding the client to client aggression.</p> <p>On 6/14/23 at 10:00 AM, the QAM was interviewed and indicated an investigation should have been completed. The QAM stated, "It was not done. It was assigned to the Q (QIDP #1) and he did not complete them (investigations)".</p> <p>1e) A 5/24/23 BDDS report indicated, "On May 23, 2023 at 7:21 am [client #14] had just finished eating breakfast and began to walk around the dayroom. For no apparent reason and without precursors [client #14] began to target his peer [client #10] by engaging in verbal aggression towards him by instigating him and threatening him. Staff educated [client #14] on using kind words but [client #14] did not agree and engaged in physical aggression towards [client #10] by using his right hand to slap the right side of [client #10's] face and then used both hands to push a chair into [client #10's] right leg. [Client #10] did not retaliate. Staff was able to intervene and redirected [client #14] away from his peer and to another part of the dayroom. Staff also educated [client #14] on not engaging in physical aggression towards his peers. [Client #14] stated 'I didn't do it, [imaginary person] did ([imaginary</p>			

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	<p>person] is not a real person)'. He then returned to walking around the dayroom without further issues. Nurse assessed both clients and noted no injuries. Plan to Resolve: Staff will continue to follow [client #14's] guardian and HRC approved BSP and ISP regarding verbal and physical aggression, threats, YSIS intervention, PRN protocol and coping skills. Both clients report they feel safe and neither wished to file a grievance. Staff will continue to educate [client #14] on personal space and using his coping skills when he becomes upset. IDT (interdisciplinary team) will meet to discuss recent peer to peer occurrences involving [client #14]".</p> <p>There was no documentation indicating the facility conducted an investigation regarding the client to client aggression.</p> <p>On 6/14/23 at 10:00 AM, the QAM was interviewed and indicated an investigation should have been completed. The QAM stated, "It was not done. It was assigned to the Q (QIDP #1) and he did not complete them (investigations)".</p> <p>1f) A 5/26/23 BDDS report indicated, "On May 25, 2023 at 11:13 am [client #11] and [client #14] were in the dayroom. For no apparent reason and without precursors, [client #14] engaged in verbal aggressioin (sic) towards [client #11] by threatening to hit him. [Client #14] also got close to [client #11] and acted like he was going to hit him. Staff prompted him not to hurt his peer. [Client #14] ignored staffs (sic) prompts and engaged in physical aggression towards [client #11] by using his left hand to grab [client #11's] right arm and began to pinch him and dig his nails into [client #11's] right arm. [Client #11] did not retaliate. Staff was able to intervene and separated both clients. Staff redirected [client #14] to</p>			

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	<p>another area of the dayroom and educated him on respecting his peers personal space and not hurting them. He then walked to his bedroom. Nurse assessed both clients and noted no injuries on [client #14]. Nurse noted that the scab on [client #11's] right arm from a blood draw earlier in the day was scratched off by [client #14] and bleeding. Nurse cleaned the area and bandaged it. There were no other injuries noted on [client #11]. Both clients returned to normal programming without further issues. Plan to Resolve: Staff will continue to follow [client #14's] guardian and HRC approved BSP and ISP regarding verbal and physical aggression, threats, YSIS intervention, PRN protocol and coping skills. Both clients report they feel safe and neither of them wished to file a grievance. Staff will continue to educate [client #14] on personal space and using his coping skills when he is upset. IDT met to discuss recent peer to peer occurrences involving [client #14] and have put him on a list to see the psychiatrist on May 30, 2023 as well as assigning a staff to keep an eye on [client #14] and help him de-escalate when he gets agitated".</p> <p>A 5/31/23 CCAI included the following recommendations: "Staff will continue to monitor [client #11] for any further injuries. Staff will continue to educate [client #14] on using his coping skills when he becomes upset. Will continue to follow current BSP's (sic) and offer alternative activities. Team will follow up with [Psychiatrist] to discuss the ineffective PRN of Haldol 5mg and a possible recommendation. Staff will be trained on serving as an assigned staff when [client #14] is demonstrating precursors. The assigned staff will be responsible for remaining between [client #14] and peers when possible and encouraging separate programming to keep peers safe".</p>			

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	<p>1g) A 5/26/23 BDDS report indicated, "On May 25, 2023 at 3:29 pm [client #14] was in Pacer's hallway following around his QIDP (QIDP #1) when for no apparent reason he began to engage in verbal aggression towards staff and his peers by threatening them. Staff prompted [client #14] to walk with him to his bedroom for separate programming per his plan. He was compliant and began to walk with staff. As [client #14] walked past his peer [client #11], who was walking around the dayroom, he engaged in physical aggression towards [client #11] by using his left elbow to elbow [client #11] in his left elbow. [Client #14] then spit on [client #11's] face. [Client #11] did not retaliate. Staff educated [client #14] on respecting his peers personal space and continued walking with him towards his bedroom in Colt's hallway. When [client #14] passed his peer [client #5], he engaged in physical aggression towards him by spitting on [client #5] and then using his right leg to kick [client #5] in his left leg. [Client #5] retaliated by using both of his hands to shove [client #14] and then ran to his room. [Client #14] then engaged in physical aggression towards staff by using both hands to hit them and grab their breasts. After staff educated him on not engaging in physical aggression, [client #14] walked with staff back to the dayroom. Once in the dayroom, [client #14] engaged in physical aggression towards his peer [client #1], who was playing on his phone, by using his left foot to kick [client #1] in his left shin. Staff redirected [client #14] to his bedroom. He was compliant with staff request and walked with them to his bedroom where they were able to assist him in calming down. He returned to the dayroom without further issues. Nurse assessed all clients and noted no injuries. Plan to Resolve: Staff will continue to follow [client #14's] guardian and HRC approved</p>			

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	<p>BSP and ISP regarding verbal and physical aggression, threats, YSIS intervention, PRN protocol and coping skills. All clients report they feel safe and none of them wished to file a grievance. Staff will continue to educate [client #14] on personal space and using his coping skills when he is upset. IDT met to discuss recent peer to peer occurrences involving [client #14] and have put him on a list to see the psychiatrist on May 30, 2023 as well as assigning a staff to keep an eye on [client #14] and help him de-escalate when he gets agitated".</p> <p>A 6/2/23 CCAI included the following recommendations: "Staff will continue to monitor [client #11], [client #5] and [client #1] for any further injuries. Staff will continue to educate [client #14] on using his coping skills when he becomes upset and respecting his peers personal space. Will continue to follow current BSP's (sic) and offer alternative activities. Team will follow up with [Psychiatrist] to discuss the ineffective PRN of Haldol 5mg and a possible recommendation 6/6/23. Staff will be trained on serving as an assigned staff when [client #14] is demonstrating precursors as of 6-1-23. The assigned staff will be responsible for remaining between [client #14] and peers when possible and encouraging separate programming to keep peers safe".</p> <p>1h) A 5/29/23 BDDS report indicated, "On May 28, 2023 at 11:27 am [client #14] and his peer [client #11] were in the kitchen watching staff make lunch when for no apparent reason and without precursors, [client #14] engaged in physical aggression towards [client #11] by using both hands to grab [client #11's] left arm and then used his right hand to hit [client #11's] left side. Staff redirected [client #14] out of the kitchen but he</p>			

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	<p>returned and used his right hand to pinch [client #11's] left side. [Client #11] did not retaliate. Staff redirected [client #14] to his bedroom where they were able to separate program him per his plan and assisted him in using his coping skills (sic). Both clients were assessed by nursing and no injuries were noted. Both clients returned to normal programming without further issues. Plan to Resolve: Staff will continue to follow [client #14's] guardian and HRC approved BSP and ISP regarding physical aggression and coping skills. Both clients report they feel safe and neither wished to file a grievance. Staff will continue to educate [client #14] on personal space and using his coping skills when he becomes upset".</p> <p>A 6/6/23 CCAI included the following recommendations: "Staff will continue to monitor [client #11] for any further injuries. Staff will continue to educate [client #14] on using his coping skills when he becomes upset and respecting his peers personal space. Will continue to follow current BSP's (sic) and offer alternative activities. Team will follow up with [Psychiatrist] to discuss the ineffective PRN of Haldol 5mg and a possible recommendation 6/6/23. Staff will be trained on serving as an assigned staff when [client #14] is demonstrating precursors as of 6-1-23. The assigned staff will be responsible for remaining between [client #14] and peers when possible and encouraging separate programming to keep peers safe".</p> <p>1i) A 6/6/23 BDDS report indicated, "On June 5, 2023 at 8:40 am [client #19] and [client #14] were walking around the dayroom. [Client #14] walked up to [client #19] and go (sic) into his personal space. [Client #19] retaliated by using his right hand to hit [client #14] in his mouth. [Client #14] did not retaliate. Staff was able to intervene and</p>			

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	<p>separated both clients from each other. Staff prompted [client #19] to leave his peers alone and educated him on not engaging in physical aggression towards them, walking away if a peer agitates him, and to let a staff know. [Client #19] seemed to agree with this education and walked away. Both clients were assessed by nursing who noted no injuries. Both clients returned to normal programming without further issues. Plan to Resolve: Staff will continue to follow [client #19's] HRC approved BSP and ISP regarding verbal and physical aggression, threats, YSIS intervention, PRN protocol and coping skills. Both clients report they feel safe and neither wished to file a grievance. Staff will continue to educate [client #19] to talk with staff and use coping skills when he is upset. IDT met and determined that [client #19] will see [Psychiatrist] on June 6, 2023 regarding possible med (medication) change to assist in decreasing aggression".</p> <p>A 6/9/23 CCAI included the following recommendations: "Staff will continue to monitor [client #14] for any further injuries. Staff will continue to educate [client #19] on using his coping skills when he becomes upset. Staff will continue to educate [client #14] on respecting his peers boundaries (sic). Will continue to follow current BSP's (sic). The team met 6-8-23 and implemented [client #14] having an assigned staff when he is out of his room combined with an increase in his PRN (Haldol, 10mg currently) that was approved by his [Psychiatrist] on 6-8-23".</p> <p>On 6/14/23 at 12:05 PM, client #14's record was reviewed.</p> <p>Client #14's 6/1/23 BSP indicated, "[Client #14] can be very aggressive with peers and staff and some of his behaviors appear to take place without</p>			

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	<p>warning. He spits on others when he is upset and he may engage in this behavior without others knowing why he is upset. Due to his numerous acts of physical aggression toward peers, he has an assigned staff when he is demonstrating precursors.... [Client #14] can switch from pleasant and friendly to threatening and aggressive without clear environmental triggers. He can often be observed to be yelling at no one in particular, having 'arguments' with people who are not present, punching and fighting the air, or talking to himself in different accents. It has shown to be beneficial for [client #14] to utilize other areas of campus such as the gym, courtyard, front porch, etc. in order to take a break from the residential hall and [client #14] occasionally requires programming outside of the residential hall due to continuous aggression. Target behaviors for [client #14] include verbal and physical aggression, property destruction, bolting, non-compliance (refusing to engage in programming), self injury, allegations of abuse and neglect, sexually inappropriate behaviors, boundary violations/unwelcome touch, and instigation...."</p> <p>"Physical Aggression: Any occurrence or attempts at hitting people, spitting on them, kicking or scratching at others, using objects as weapons, pulling hair, pinching, or behaviors that produce or have the potential to produce an injury to others. Spitting on others occurred at a high frequency at previous placements. Historically, he has been physically aggressive to those who he feels have 'wronged' him. He can also be physically aggressive when he is not getting what he wants from others. He has a history of being very aggressive toward his mother and he has also grabbed the driver during vehicle transports. When highly agitated, he may attempt to engage</p>			

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	<p>in several acts of aggression toward peers....</p> <p>Replacement Behaviors: Asking/approaching staff for help: Any time he asks appropriately for staff to help him get the items or attention that he desires or any time he uses his coping skills instead of engaging in the target behavior...."</p> <p>"Restrictions: [Client #14] will have 1:1 staff for all community outings and the 1:1 staff cannot be the driver. He will sit the furthest away from the driver in the vehicle and will have staff seated next to him during outings/transport. If [client #14] is exhibiting agitation, precursors, or has engaged in physical aggression to peers, an assigned staff will be put in place for the protection of other clients. The assigned staff's responsibility is to prevent [client #14] from being able to hit/kick/spit at other clients. The assigned staff should stay between [client #14] and any peers that he may hit. The assigned staff can also encourage [client #14] to go to the life skills building for activity where he would be away from his peers for their safety...."</p> <p>"Precursors: Verbal aggression and instigation could be identified as precursors to other behavioral issues. When he engages in this behavior staff will: See above restriction about implementing an assigned staff for [client #14].</p> <p>Remain calm in tone and volume, do not react with emotion or irritation. Ignore threats and verbal abuse. Do not get into a back-and-forth power struggle. If he is engaging in instigation toward a peer, remain between the two peers. Ask him how you can help. He is more likely to calm down if he feels supported and liked by his staff. Remind him that we are here to help him so that he can reach his goals of being more independent. If he continues to yell, with as little reaction that you can use, repeat that you want to help him but</p>			

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	<p>that you can only do so if he is talking calmly. Once calm, attempt to resolve the problem or come up with a game plan as to how the problem can be resolved. Praise him for his input and compliance when he has calmed (i.e.: 'I know you're upset but I'm really proud of you for calming down so we can talk about this' etc. If the verbal aggression continues, in a calm and neutral voice, suggest a relaxation technique that he can use to calm down (i.e.: 'let's take 10 deep breaths together, then if you're calm, we can talk'. A staff will encourage him to go with them (in the opposite direction of his peers) for a walk. If he does not begin to go to a different area and continues being verbally aggressive, staff will redirect peers away from the immediate area. Attempt to find out what is upsetting him and attempt to resolve the problem as best you can with his input. If [client #14] is creating an unsafe environment due to his verbal aggression or instigation of peers, and he is refusing to leave a common area, thus causing him to become a target to his peers, for his own health and safety, he can be physically redirected to a safe area using YOU'RE SAFE I'M SAFE (YSIS) always beginning with the least restrictive measures...."</p> <p>"Preventative Procedures: If [client #14] is engaging in ongoing verbal aggression or instigation, it has been helpful to offer to take him to the life skills building where he can yell or be active without disrupting his peers. See above restriction related to [client #14] having an assigned staff when showing precursors. [Client #14] should have opportunities throughout the day to leave the residential hall and go to the yard/gym/etc. Give [client #14] choices whenever possible, he does best when he feels like he has some control over his situation.... [Client #14] enjoys listening to music and a tablet has been</p>			

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	<p>provided for him".</p> <p>"[Client #14] and his peer, [client #19] do not get along and staff should make an effort to program them away from one another when possible."</p> <p>"Reactive Procedures: For Verbal Aggression: See procedures outlined in 'precursor' section of this plan. For Physical Aggression/Property Destruction/Self Injurious Behaviors: Immediately ensure the health and safety of everybody in the immediate environment. Redirect him and/or others to a different area of the environment. Tell him to stop the behavior. If he stops the behavior, redirect him to a safe location and problem solve with him and praise him for doing this with us. If the behavior continues, block all attempts of aggression and attempt to redirect, if the behavior continues and he is placing himself or others in danger, implement YOU'RE SAFE I'M SAFE (YSIS) beginning with the least restrictive measures...."</p> <p>On 6/13/23 at 9:08 AM, Residential Manager (RM) #2 and the QAM were interviewed. RM #2 indicated client #14 has engaged in a pattern of client to client aggression and his BSP has had many updates. RM #2 indicated client #14 had assigned staff when he engaged in physical aggression. RM #2 stated, "We always make sure staff is with him to avoid as many peer to peers as we can. He programs separately a lot. It was put in place recently". RM #2 stated client #14 has had many issues with client #19 because "he (client #19) feeds into it". RM #2 stated, "Staff should step in between to prevent (physical aggression) and verbally redirect him". RM #2 was asked if and when client #14 had 1:1 staffing. RM #2 stated, "When he is becoming aggressive. He hasn't been 1:1 for a while. It is assigned staff</p>			

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	<p>not 1:1. When he has aggression towards peers he gets assigned staff. If I could have someone with him every single second honestly I would. Personally the continuous destroying his room, pulling things out of his dresser, creating a dangerous environment in his room, urinating on things. We might be able to prevent some of the instances. I was excited when we didn't have to have him on 1 on 1. Each day passes he has to have someone with him. Multiple acts of bolting out of the building. That is becoming an issue. He was on 1:1 then he transitioned off of it. It was possibly towards the end of summer last year". RM #2 indicated client #14 should have 1:1 staff due to his plan not being effective. RM #2 stated, "When I see him screaming at peers, I try to make sure staff is right beside him. I do all I can to prevent abuse and neglect at all times towards the guys. He (client #14) pops up at random times. He will be walking with a basketball and he'll throw it out of nowhere. [Client #19] took 2 balls to the stomach earlier. I'm not going to proactively intervene until he does something". The QAM stated, "Trying to get in between people when we see him agitated. The IDT tried to come up with many proactive measures for him. We bring him down here (gym area). [RM #2] just gave me some input. She is suggesting 1:1 and male staff he responds better to. I can't remember if we have discussed 1:1 (for client #14). Everyone is aware and trying to come up with things to help [client #14]. It's not usually anything serious. Nobody is getting hurt. The IDT is working closely with him and [Psychiatrist]. Twice weekly IDTs we talk about the heavy hitters (client #14)". RM #2 indicated when plans are updated there is a note written on a dry erase board in the staff room indicating what plans were updated then staff are responsible for reviewing and signing the inservice form indicating they reviewed the</p>			

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	<p>changes to the plans.</p> <p>On 6/13/23 at 10:35 AM, the Behavior Technician (BT) was interviewed. The BT indicated there was an incident this morning where client #14 was trying to bolt from the group when they were in the library. The BT indicated she was the only staff with client #14, client #19 and client #1. The BT indicated she had to close the door and sit by the door to prevent client #14 from bolting from the room. The BT indicated closing the door wasn't a restriction addressed in client #14's BSP. The BT indicated she wasn't aware of client #19 targeting client #14 and she wasn't aware they should not be in programming together. The BT indicated client #14's BSP should be implemented as written.</p> <p>On 6/13/23 at 11:25 AM, Direct Support Professional (DSP) #11 was interviewed. DSP #11 was asked if client #14 targets any of his peers. DSP #11 stated, "It just depends on his mood. It could really be any of the clients. [Client #19] is one of the main ones". DSP #11 was asked how staff should respond to client #14's behaviors. DSP #11 stated, "Intervene, redirect him to something else before something else happens. He is with assigned staff so we can try to prevent the c2cs (client to clients) from happening". DSP #11 indicated when client #14 displays precursors he should be programmed by himself to prevent client to client incidents. DSP stated, "Everyone knows how [client #14] is, you have to stay in between him and his peers to prevent (client to client aggression)".</p> <p>On 6/14/23 at 8:52 AM, the QAM was interviewed. The QAM indicated client to client aggression was abuse and the facility should prevent abuse of the clients.</p>			

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NAME OF PROVIDER OR SUPPLIER RES-CARE INC	STREET ADDRESS, CITY, STATE, ZIP COD 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135
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	<p>On 6/14/23 at 2:28 PM, QIDP #1 was interviewed. QIDP #1 indicated there have been many IDT meetings, Psychiatrist visits and BSP changes for client #14 and the changes haven't been effective at preventing incidents of client to client aggression. QIDP #1 indicated client #14's most concerning target behavior was physical aggression. QIDP #1 indicated client #14's precursors were hallucinations, speaking to imaginary people, staring off and talking aggressively. QIDP #1 stated, "I recognize his c2c (client to client) is off the chart. Plans have not been effective". QIDP #1 indicated clients #14 and #19 do not get along very well. QIDP #1 was asked about client #14's BSP addressing client #14 and client #19 not being in programming together. QIDP #1 stated, "I would have to double check. There have been c2c incidents. Based on past reports I did get that impression. When I first got here that was something I was concerned about. I haven't seen [client #19] targeting [client #14]. I haven't seen [client #14] target [client #19] any more than the other guys". QIDP #1 indicated plans should be implemented as written.</p> <p>2. A 5/31/23 BDDS report indicated, "On May 30, 2023 at 10:55 am [client #14] was on an outing at [store] with a group of peers and staff. Staff was assisting [client #14] in getting his chips when for no apparent reason and without precursors, [client #14] engaged in physical aggression towards staff by using both hands to hit them as well as shouting and cussing at them. Staff prompted [client #14] to use his coping skills and to pick out his next item when he engaged in physical aggression towards his peer [client</p>			

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	#17] by using both hands to grab [client #17's] left hand and squeezed and twisted it. Staff was able to intervene and separated both clients. [Client #17] did not retaliate. Staff and [client #14] and his peers moved on to get the next item when [client #14] attempted to take a baby from their (sic) moms (sic) arms when he passed them. Staff redirected [client #14] away immediately and finished picking up their items. At the check out, [client #14] engaged in physical aggression towards his peer [client #13] by using his left hand to hit [client #13's] left arm. After staff separated both clients, [client #14] engaged in physical aggression towards staff by using both hands to attempt to hit them. When staff and clients got to the van, [client #14] spit in [client #13's] face. Staff educated [client #14] on respecting his peers personal space. [Client #14] and his peers made it back to residential without any issues while on the van ride back. All clients were assessed by nursing and no injuries were noted. All clients returned to normal programming without further issues. Plan to Resolve: Staff will continue to follow [client #14's] guardian and HRC approved BSP and ISP regarding physical aggression and coping skills. All clients report they feel safe and none wished to file a grievance. Staff will continue to educate [client #14] on personal space and using his coping skills			

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	<p>when he becomes upset. IDT will meet to discuss this incident". A 6/5/23 CCAI included the following recommendations: "Staff will continue to monitor [client #17] & [client #13] for any further injuries. Staff will continue to educate [client #14] on using his coping skills when he becomes upset and respecting his peers personal space. Will continue to follow current BSP's (sic) and offer alternative activities. IDT met to discuss recent behavioral occurrences involving [client #14] and determined that he will see [Psychiatrist] on June 6, 2023 regarding possible med changes. [Residential Manager/RM #3] to receive a corrective action for failing to follow [client #14's] ISP & BSP. [DSP #11] to receive corrective action for falling to follow [client #14's] ISP & BSP. The IDT met last week and the BC (behavior clinician) had no changes to the BSP other than retraining staff on [client #14's] BSP". There was no documentation indicating the corrective action and retraining were completed. On 6/13/23 at 11:25 AM, DSP #11 and the QAM were interviewed. DSP #11 indicated she was the only staff present during the outing. DSP #11 indicated she, client #14, client #13 and client #17 transported client #15 to a home visit with his family and after they dropped client #15 off the rest of them went to the store. DSP #11 stated, "He (client #14)</p>			

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	<p>was a perfect angel all day, no behaviors". DSP #11 indicated client #14 became upset when they didn't have his preferred chips. DSP #11 was asked what the clients' supervision levels were. DSP #11 stated, client #14's supervision level was "Assigned staff at facility and 2:1 (2 staff) in public and he has to sit in the back seat away from the driver. I have always been told they (clients #15, #13 and #17) are 3:1 (3 clients to 1 staff) in ratio". DSP #11 indicated she was retrained after the incident. DSP #11 was asked if the training was effective. DSP #11 stated, "I wasn't 100% sure. It is still confusing to me, the 3:1. Training maybe wasn't effective. [Quality Assurance Coordinator] talked it over with me after the incident". The QAM stated, "[Client #17] and [client #13] are not 1:1 in community. They are line of sight. 2:1 for [client #14]. [Client #15] is 1:1 in community and the 1:1 should not be the driver. There should have been 4 staff present. Training was not effective". DSP #11 indicated the retraining consisted of reading an inservice and signing it indicating they were trained on the changes. After DSP #11 left the interview, QAM #1 stated, "I'm not sure if retraining has been done. She (DSP #11) will be getting a corrective action. [RM #3] will also be getting a corrective action because she approved the outing. Staff are not</p>			

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	<p>aware of the supervision levels. We just created a cheat sheet so everyone knows supervision levels". On 6/14/23 at 8:52 AM, the QAM was interviewed. The QAM indicated client to client aggression was abuse and the facility should prevent abuse of the clients. 3. A 6/1/23 BDDS report indicated, "On May 31, 2023 at 7:43 pm staff discovered [client #16] with a can of shaving cream. It is unknown how much shaving cream was ingested. Nursing evaluated [client #16] and called poison control who informed them to give [client #16] plenty of fluids and to monitor him. [Client #16's] vitals have been within normal range and he is not displaying any side effects. Plan to Resolve: Staff and nursing will continue to monitor [client #16] and report any issues to his treatment team. IDT met to discuss this incident and has put [client #16] on line of sight supervision when he is outside of his bedroom to help prevent future similar incidents". A 6/6/23 Investigative Summary included the following conclusion: "It is unsubstantiated that ResCare staff failed to provide proper supervision to individual [client #16]. It is unsubstantiated that ResCare staff failed to follow policy proper policy and procedures". A 6/6/23 Investigation Peer Review included the following recommendations: "Encourage all clients to keep their hygiene supplies in a</p>			

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	<p>provided sealed container. All cleaning supplies will be locked up. Chemical sweeps will be conducted six times a day and documented". On 6/14/23 at 1:00 PM, a focused review of client #16's record was conducted. Client #16's 5/18/23 BSP indicated the following: "[Client #16] is diagnosed with PICA which means that he persistently tries to eat non-food items that have no nutritional value (paint, dirt, etc)... Target Behaviors and Goals: "Eating non-food items: Any time [client #16] attempts or succeeds at eating a non-food substance such as but not limited to soap, lotion, toothpaste, deodorant, or any other item that is not intended to be an edible food item. He has consumed cleaning agents in the past.... Rights Restrictions.... [Client #16] will not have any cleaning agents, shampoo, conditioner, or other cleaning substances which can be consumed by [client #16]. These items will be stored for him and will be provided as needed...."On 6/14/23 at 8:52 AM, the QAM was interviewed. The QAM indicated client #16 did not have access to his hygiene items at the time of the incident, but he was able to get client #15's shaving cream. The QAM indicated client #16 has a history of PICA. On 6/14/23 at 1:45 PM, DSP #13 was interviewed. DSP #13 indicated client #16 was restricted from having access to his</p>			

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	<p>hygiene items, but he went into another bedroom and took shaving cream. DSP #13 indicated hygiene items were stored in a latching box to prevent further incidents and chemicals are locked. 4. A 6/3/23 BDDS report indicated, "On 06/02/23 [client #8] came out of his bathroom with Toilet Bowl cleaner that he had ingested. Staff immediately took him to the ER (emergency room) at [County] Hospital. At the ER [client #8] was given Geodon and Benadryl to help him calm down. He was given fluids (sic) and food, they monitored him for a couple of hours before sending him home. They advised staff to keep monitoring him and to lock up all chemicals. They advised to push fluids, as of 6/3/23 he is doing well both eating and drinking. The ED (Executive Director) was notified, [QAC] and [PM] went to the facility to immediately put safety measures in place. They did a walk through to make sure all chemicals were locked. Trained staff that staff and RM will do walk throughs four times a day, 8a, 2p, 8p, and 2a. Plan to Resolve: IDT met on 6/3/23 on safety measures. There will be a sign in/out sheet for all chemicals, this will be reviewed by the RM. Added additional facility (sic) sweeps at 11 a (am) and 4pm that the PM will do. QAC will also do twice daily sweeps during the week. ED will provide all clients with sealed boxes for</p>			

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	<p>hygiene supplies for their rooms. The nurse will do increased monitoring on [client #8] for the next two days". A 6/7/23</p> <p>Investigative Summary included the following conclusion: "It is unknown how Individual [client #8] came into possession of a bottle of [brand name] Toilet Bowl cleaner. It is substantiated that staff failed to provide proper supervision for Individual [client #8]. It is substantiated that staff failed to follow ResCare Policy and Procedures". A 6/9/23</p> <p>Investigation Peer Review included the following recommendations: "Sweeps of the facility six times a day and documented. All chemicals are to be locked. HRC obtained for all clients to lock chemical (sic). Sign in and out of all chemicals. Re-train all staff on [client #8's] supervision levels. [RM #2] to receive a corrective action for failure to complete job duties. BC to review all supervision levels and create a spread sheet of supervision levels for RMs to review". On 6/13/23 at 4:00 PM, a focused review of client #8's record was conducted. Client #8's 4/25/23 BSP indicated, "[Client #8] requires an assigned staff due to needing assistance with communication, toileting, and with most tasks.... Target Behaviors and Goals: Eating Non-Food Items: Any time [client #8] attempts or succeeds at eating a non-food substance such as but not limited to soap, lotion, toothpaste, deodorant, or</p>			

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	<p>any other item that is not intended to be an edible food item. [Client #8] may enter the bedrooms of his peers in an effort to look for such items or he may look in the kitchen for items to try.... Restrictions: [Client #8] will have an assigned staff across all shifts. He will have 10 minute checks while he is in his bedroom. The assigned staff is responsible for the following: Assisting [client #8] with his hourly toileting and hygiene (see below). Making sure he is not entering peer bedrooms/kitchen. Assisting with possible communication barriers. Meal/snack supervision. Providing/offering walks around campus (2x (times) on 1st and 2nd shift). At the end of the assigned time, staff will check [client #8's] room for fall hazards and will assist with cleaning up any messes that were made...." Medical records dated 6/2/23 indicated client #8 was evaluated at the ER. Client #8 was discharged from the ER with a diagnosis of accidental ingestion of chemicals. On 6/14/23 at 8:52 AM, the QAM was interviewed. The QAM stated, "We had 2 incidents in 2 days. Sign in and out sheets are currently being implemented, sweeps 6 times a day and hygiene items are locked in hygiene boxes. He was not restricted from chemicals prior to the incident. He is now". On 6/14/23 at 1:45 PM, DSP #13 was interviewed. DSP #13 stated, "We were still supposed to keep</p>			

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	<p>everything (chemicals) locked up. No chemicals lying around due to him constantly picking things up and putting them in his mouth. He was not restricted (from chemicals) prior to the incident. Currently we have a sign in and out form for chemicals. Chemicals are stored in the janitor closet".</p> <p>5. A 5/17/23 BDDS report indicated, "On May 16, 2023 at 4:05 pm [Client #20] and a group of his peers were on a community van ride. [Client #20] was listening to music when for no apparent reason and without precursors he began to poke his peer [client #17] who was sitting in the seat in front of him, in the back of his head. Staff prompted [client #20] to respect his peers personal space. [Client #20] did not agree with this education and engaged in physical aggression towards [client #17] by using his right hand to scratch and smack the left side of [client #17's] neck. [Client #17] did not retaliate. Staff pulled the company vehicle over when it was safe to do so that they could move clients seating for their safety. During this time, when [client #20's] peer [client #13] went to exit the company vehicle to change seating, [client #20] engaged in physical aggression towards [client #13] by using both hands to grab [client #13's] right arm and dug his nails in. [Client #13] pulled his arm away but did not retaliate. After staff</p>			

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	<p>and clients were back inside the vehicle with the company vehicle in motion, [client #20] engaged in physical aggression towards the staff that was sitting next to him by using both hands to hit and scratch staff as well as using both feet to kick them. Staff attempted to de-escalate [client #20] by talking with him, playing music for him, and handing him a ball as coping skills. [Client #20] threw the ball towards his peer but did not hit him and continued to be physically aggressive towards staff. When staff and clients were back on ResCare campus, staff walked with [client #20] to his bedroom to assist him in changing his brief and pants as they were wet. While staff was assisting [client #20] in changing his clothing and briefs, he engaged in physical aggression towards them by using both hands to hit them. He then picked up a shoe and threw it at staff. At this time, trained staff initiated a guardian and HRC approved 3 person supine hold. Staff assisted [client #20] in using his coping skills and he was able to calm himself down. He was released from the hold. The hold lasted 12 minutes. Nurse assessed [client #20] and noted no injuries. Nurse assessed [client #13] and noted a 2.5 cm (centimeter) red mark on his right forearm with skin intact, no bleeding, and no bruising. Nurse assessed [client #17] and noted a 5 cm scratch mark on the left side of the back of his neck.</p>			

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	<p>Nursing cleaned it and left it to air dry with no signs of infection and no complaints of pain. All consumers returned to normal programming without further issues. Plan to Resolve: Staff will continue to follow [client #20's] guardian and HRC approved BSP and ISP regarding verbal and physical aggression, threats, YSIS intervention, PRN protocol and coping skills. Staff will continue to assist [client #20] on using his coping skills when he is upset. [Client #20] is non-verbal and was unable to answer consumer to consumer incident questions even with staff offering communication cards. [Client #13] and [client #17] stated they felt safe and did not wish to file a grievance. Staff will continue to monitor [client #13] and [client #17] and report any issues to their treatment team".A 5/24/23 CCAI included the following recommendations: "Staff will continue to monitor [client #13] and [client #17] for any further injuries. Staff will continue to educate [client #20] on using his coping skills when he becomes upset and respecting his peers personal space. Will continue to follow current BSP's (sic) and offer alternative activities. IDT will meet to discuss recent peer to peer incidents involving [client #20]".On 6/14/23 at 8:52 AM, the QAM was interviewed. The QAM indicated client to client aggression was abuse and the</p>			

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	<p>facility should prevent abuse of the clients.</p> <p>6. A 5/21/23 BDDS report indicated, "On 5-20-23 at 9:07 pm [client #2] was sitting at the table eating a snack when a peer (client #5) came into the room, the peer picked up a chair and (sic) threw it at [client #2]. [Client #2] was knocked to the floor, he hit his head on the floor causing a small laceration to the back of his head. Staff called 911 and he was picked up by ambulance and taken to [County] Hospital Emergency Room. The emergency room ran tests and evaluated [client #2]. All tests came back with good results. They treated the laceration with skin glue. Sent [client #2] home at 11:03 pm with his discharge instructions. Plan to Resolve: Staff will continue to monitor [client #2] and report any changes to his treatment team. Staff and nursing will follow all discharge instructions provided by the hospital". There was no documentation indicating the client to client aggression was investigated. On 6/14/23 at 4:00 PM, client #2's record was reviewed. Medical records dated 5/20/23 indicated client #2 was evaluated at the ER for a head laceration. The record indicated the head laceration was closed with skin glue and client #2 was discharged. On 6/14/23 at 8:52 AM, the QAM was interviewed. The QAM indicated client to client aggression was abuse and the facility should prevent abuse of the clients. The QAM</p>			

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	<p>indicated the incident should have been investigated. 7. A 5/2/23 BDDS report indicated, "On May 2, 2023, at 6:15 AM, [client #4] and his peer (client #1) began arguing back and forth in the dayroom. Staff attempted to verbally redirect both consumers from arguing but both were non-compliant with the request. At this time, [client #4] attempted to lunge towards peer, but staff were able to physically redirect [client #4] before making contact. At this time, [client #4] became upset and attempted to hit staff; trained staff initiated a guardian and HRC approved supine hold. While in the hold [client #4] was prompted and assisted to use his coping skills. Nursing assessed [client #4] and administered him a behavioral PRN (as needed medication for behavior). [Client #4] was able to calm himself down and was released from the hold which lasted 6 minutes. [Client #4] was assessed by nursing staff who reported no injuries. [Client #4] went to his room with no further issues. After the supine (behavioral intervention) was finished, it was reported that staff [Former Waiver Site Supervisor/FWSS] performed the supine incorrectly. [FWSS] has been suspended pending investigation. Plan to Resolve: Staff will continue to follow [client #4's] guardian and HRC approved BSP and ISP regarding verbal and physical aggression, threats,</p>			

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NAME OF PROVIDER OR SUPPLIER RES-CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135
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	<p>YSIS intervention, PRN protocol and coping skills. [Client #4] was offered continued emotional support".A 5/4/23 Investigative Summary included the following Conclusion: "1. It is substantiated that [FWSS] was physically abusive towards [client #4]. 2. It is substantiated that [FWSS] failed to follow approved YSIS techniques during the incident on 5.2.2023".A 5/5/23 Investigation Peer Review indicated, "Recommendation: Terminate [FWSS's] employment due to substantiated physical abuse". 8. A 5/11/23 BDDS report indicated, "On May 10, 2023 at 7:19 pm [client #17] was sitting at the table in the dayroom eating a snack when his peer [client #4] walked up to him and accused [client #17] of grabbing his headphones (upon review of the cameras, [client #17] was not anywhere close to [client #4] and did not grab his headphones). [Client #4] then engaged in physical aggression towards [client #17] by using his right hand to slap [client #17] on his head multiple times. Staff was able to intervene and separated both clients by redirecting [client #4] to his room where staff could assist him in using his coping skills to calm down. [Client #4] was compliant with staff assistance and was able to calm himself down. Both clients were assessed by nursing who noted no injuries. Both clients returned</p>			

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	<p>to normal programming without further issues. Plan to Resolve: Staff will continue to follow [client #4's] guardian and HRC approved BSP and ISP regarding verbal and physical aggression, threats, YSIS intervention, PRN protocol and coping skills. Both clients report they feel safe and neither wished to filed (sic) a grievance. Staff will continue to educate [client #4] on personal space and physical aggression. An IDT meeting will convene to discuss relevant peer to peer incidents". There was no documentation indicating the client to client aggression was investigated. On 6/14/23 at 8:52 AM, the QAM was interviewed. The QAM indicated client to client aggression was abuse and the facility should prevent abuse of the clients. The QAM indicated the incident should have been investigated.</p> <p>9. A 5/26/23 Investigative Summary indicated, "On May 24, 2023, [DSP #4] notified [PM] that she had observed [DSP #1] asleep while in the dayroom on 3rd shift, she stated she prompted him to wake up and assist with cleaning. An investigation was initiated.[DSP #1] was suspended pending investigation.... Conclusion: 1. It is not substantiated that [DSP #1] was asleep while on duty. 2. It is not substantiated that [DSP #1] failed to maintain proper supervision to the consumers. 3. It is substantiated that [DSP #1] failed to</p>			

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	<p>complete job duties as assigned. 4. It is not substantiated that [DSP #1] failed to follow ResCare Policy and Procedure". This affected clients #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19 and #20. A 5/26/23 Investigation Peer Review included the following recommendations: "[DSP #1] should return to work. Corrective action for failure to complete job duties. Review Code of conduct. Random Administrative monitoring during [DSP #1's] shifts". There was no documentation indicating the incident was reported to BDDS. On 6/14/23 at 8:52 AM, the QAM was interviewed. The QAM stated, "We didn't do one (BDDS report) because we didn't think it was neglect since other staff were on duty". The QAM indicated an allegation of neglect should be reported then investigated to rule out neglect. The QAM indicated the allegation should have been reported to BDDS. On 6/13/23 at 8:38 AM, the Quality Assurance Manager (QAM) indicated the client to client investigations were to determine whether or not staff followed the plans, were within the required proximity based on the clients' plans, whether or not the clients' plans needed to be adjusted, identify patterns and ensure the interdisciplinary team convened to discuss. The QAM indicated client #14 was found to</p>			

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	<p>have a majority of his client to client aggression about one hour before mealtimes. The QAM indicated staff received training on the clients' plans and when the plans were revised.10. The facility's BDDS and Investigations were reviewed on 6/12/23 at 2:35 PM. The review indicated the following:-Investigation Summary dated 4/13/23 indicated the following:-"On April 10, 2023, at 3:00 pm, Greencastle CRMNF (agency) administration received a report from the [BC (behavior consultant) #2] that she witnessed [DSP (Direct Support Professional) #16] aggressively grab individual [client #8's] hands to wipe them off due to being messy from snack. The [BC #2] also reported that she witnessed [DSP #16] put his arm around [client #8's] back and force him into his bedroom in Pacer's hallway and then shut the door. She stated that when she opened the door to enter the room to make sure everything was okay, she overheard [DSP #16] say 'Who the [expletive] is coming in?' The [BC #2] immediately reported the incident to the administration. [DSP #16] was immediately asked to leave the floor and was suspended pending investigation."-"Conclusion1. It is substantiated that [DSP #16] was physically forceful towards [client #8].2. It is substantiated that [DSP #16] used profane language in the presence of [client #8].3. It is</p>			

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	<p>substantiated that [DSP #16] failed to follow ResCare Policy and Procedures."The review did not indicate documentation of the 4/10/23 allegation of DSP #16's abuse/mistreatment of client #8 was reported to BDDS. QAM (Quality Assurance Manager) was interviewed on 6/12/23 at 1:41 PM. QAM indicated the facility's ANE (Abuse, Neglect, Exploitation) policy should be written to prevent abuse and neglect of clients. QAM indicated all allegations of ANE should be immediately reported to the facility administrator and to BDDS within 24 hours of the alleged incident. QAM indicated all allegations should thoroughly investigated with results of the investigation reported to the facility administrator within 5 business days. PM (Program Manager) was interviewed on 6/13/23 at 3:40 PM. PM indicated corrective measures to prevent recurrence of allegations of ANE should be developed and implemented. ED (Executive Director) and QAM were interviewed on 6/14/23 at 1:25 PM. QAM indicated some BDDS reports were missing. QAM indicated ANE investigations should have Peer Reviews completed. QAM indicated he would send/email any Peer Reviews he had available. QAM indicated there were allegations of ANE without investigations. The facility's Policy and</p>			

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	<p>Procedures were reviewed on 6/12/23 at 2:33 PM. The facility's Reporting and Investigating Abuse, Neglect, Exploitation, Mistreatment or a Violation of Individual's Rights Policy dated 5/5/21 indicated the following:-"ResCare staff actively advocate for the rights and safety of all individuals. All allegations or occurrences of abuse, neglect, exploitation, mistreatment or violation of an Individual's rights shall be reported to the appropriate authorities through the appropriate supervisory channels and will be thoroughly investigated under the policies of ResCare, local, state and federal guidelines."-"ResCare strictly prohibits abuse, neglect, exploitation, mistreatment, or violation of an Individual's rights."-"The Quality Assurance Manager will assign an investigative team. A full investigation will be conducted by investigators who have received training from Labor Relations Association and ResCare's internal procedures on investigations."-"One of the investigators will complete a detailed investigative case summary based on witness statements and other evidence collected."-"An investigative peer review committee chosen by the Executive Director will meet to discuss the outcome of the investigation and to ensure that a thorough investigation has been completed. Members of the committee must include at least one of</p>			

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W 0153 Bldg. 00	<p>the investigators, the Executive Director or designee, Program Manager, and a Human Resources representative." This deficiency was cited on 3/28/23. The facility failed to implement a systemic plan of correction to prevent recurrence. This federal tag relates to complaint #IN00402349. 5-1.2(v)(2)(5) 483.420(d)(2)</p> <p>STAFF TREATMENT OF CLIENTS</p> <p>The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.</p> <p>Based on record review and interview for 5 of 5 sampled clients (#1, #2, #3, #4 and #5) and 15 additional clients (#6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19 and #20), the facility failed to report an allegation of staff sleeping while on shift and an allegation of staff abuse of client #8 to the Bureau of Developmental Disabilities Services (BDDS) within 24 hours, in accordance with state law.</p> <p>Findings include:</p> <p>1. On 6/12/23 at 2:30 PM and on 6/13/23 at 8:00 AM, a review of the facility's incident/investigative reports was conducted.</p> <p>A 5/26/23 Investigative Summary indicated, "On May 24, 2023, [Direct Support Professional/DSP #4] notified [PM/Program Manager] that she had observed [DSP #1] asleep while in the dayroom on 3rd shift, she stated she prompted him to wake up and assist with cleaning. An investigation was initiated. [DSP #1] was suspended pending</p>	W 0153	To correct the deficient practice all staff responsible for BDDS reports will be re-trained to complete the reporting of allegations to BDDS within 24 hours as well as all allegations of ANEM are to be reported to BDDS. The QAM will be re-trained on ensuring all allegations of ANEM are reported to BDDS within 24hrs to be completed by the regional support specialist. Additional monitoring will be achieved by the QAM reviewing all incidents to ensure staff are assigned to report any needed BDDS reports within 24 hours as well as reporting to the ED weekly for review of incidents. Ongoing monitoring will be achieved through IR tracking, and all IR's being reviewed by the quality and safety committee for reporting and patterns.	08/12/2023

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	<p>investigation.... Conclusion: 1. It is not substantiated that [DSP #1] was asleep while on duty. 2. It is not substantiated that [DSP #1] failed to maintain proper supervision to the consumers. 3. It is substantiated that [DSP #1] failed to complete job duties as assigned. 4. It is not substantiated that [DSP #1] failed to follow ResCare Policy and Procedure". This affected clients #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19 and #20.</p> <p>A 5/26/23 Investigation Peer Review included the following recommendations: "[DSP #1] should return to work. Corrective action for failure to complete job duties. Review Code of conduct. Random Administrative monitoring during [DSP #1's] shifts".</p> <p>There was no documentation indicating the allegation of neglect was reported to BDDS.</p> <p>On 6/14/23 at 8:52 AM, the Quality Assurance Manager (QAM) was interviewed. The QAM stated, "We didn't do one (BDDS report) because we didn't think it was neglect since other staff were on duty". The QAM indicated an allegation of neglect should be reported then investigated to rule out neglect. The QAM indicated the allegation should have been reported to BDDS.</p> <p>2. The facility's BDDS reports and Investigations were reviewed on 6/12/23 at 2:35 PM. The review indicated the following:</p> <p>-Investigation Summary dated 4/13/23 indicated the following:</p> <p>-"On April 10, 2023, at 3:00 pm, Greencastle CRMNF (agency) administration received a report from the [BC (behavior consultant) #2] that she witnessed [DSP (Direct Support Professional) #16]</p>			

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	<p>aggressively grab individual [client #8's] hands to wipe them off due to being messy from snack. The [BC #2] also reported that she witnessed [DSP #16] put his arm around [client #8's] back and force him into his bedroom in Pacer's hallway and then shut the door. She stated that when she opened the door to enter the room to make sure everything was okay, she overheard [DSP #16] say 'Who the [expletive] is coming in?' The [BC #2] immediately reported the incident to the administration. [DSP #16] was immediately asked to leave the floor and was suspended pending investigation."</p> <p>- "Conclusion</p> <ol style="list-style-type: none"> 1. It is substantiated that [DSP #16] was physically forceful towards [client #8]. 2. It is substantiated that [DSP #16] used profane language in the presence of [client #8]. 3. It is substantiated that [DSP #16] failed to follow ResCare Policy and Procedures." <p>The review did not indicate documentation of the 4/10/23 allegation of DSP #16's abuse/mistreatment of client #8 was reported to BDDS.</p> <p>QAM (Quality Assurance Manager) was interviewed on 6/12/23 at 1:41 PM. QAM indicated all allegations of ANE should be immediately reported to the facility administrator and to BDDS within 24 hours of the alleged incident.</p> <p>ED (Executive Director) and QAM were interviewed on 6/14/23 at 1:25 PM. QAM indicated some BDDS reports were missing.</p> <p>This deficiency was cited on 3/28/23. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> 			

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W 0154 Bldg. 00	<p>This federal tag relates to complaint #IN00402349.</p> <p>5-1.2(v)(2)(5)</p> <p>483.420(d)(3)</p> <p>STAFF TREATMENT OF CLIENTS</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated. Based on record review and interview for 5 of 29 allegations of abuse, neglect and mistreatment reviewed, the facility failed to conduct thorough investigations for incidents of client aggression regarding clients #2, #4, #5, #10, #14, #17 and #19.</p> <p>Findings include:</p> <p>On 6/12/23 at 2:30 PM and on 6/13/23 at 8:00 AM, a review of the facility's incident/investigative reports was conducted and indicated the following:</p> <p>1) A 5/22/23 Bureau of Developmental Disabilities Services (BDDS) report indicated, "On May 21, 2023 at 12:46 pm [client #14] and [client #19] were standing in the front yard when [client #19] began to instigate [client #14] by taking his ball and pretending the (sic) he was going to throw it at [client #14]. [Client #14] became agitated and began to shout at [client #19]. [Client #19] retaliated by using his right fist to punch [client #14] in the left side of his face. [Client #14] then attempted to chase [client #19] due to being agitated at him for punching him. Staff redirected [client #19] back inside the residential building. Staff educated both clients on respecting their peers personal space. [Client #14] agreed with this education and returned to normal programming. [Client #19] did not agree with staffs education</p>	W 0154	To correct the deficient practice all staff responsible for completing investigations have been re-trained on timely completion. The QAM will be re-trained on ensuring all allegations of ANEM are investigated to be completed by the regional support specialist. The investigations have been completed.	08/12/2023

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	<p>and engaged in verbal aggression towards them by cussing at them and shouting at them. Staff continued to monitor [client #19]. Nurse assessed both clients and noted no injuries. There were no further issues. Plan to Resolve: Staff will continue to follow [client #19] and [client #14's] guardian and HRC (Human Rights Committee) approved BSP (behavior support plan) and ISP (individual support plan) regarding verbal and physical aggression, threats, YSIS (You're Safe/I'm Safe behavioral intervention) intervention, PRN (as needed medication for behavior) protocol and coping skills. Both clients report they feel safe and neither wished to file a grievance. Staff will continue to educate [client #19] and [client #14] to talk with staff and use coping skills when he is upset".</p> <p>There was no documentation indicating the facility conducted an investigation regarding the client to client aggression.</p> <p>On 6/14/23 at 10:00 AM, the Quality Assurance Manager (QAM) was interviewed and indicated an investigation should have been completed. The QAM stated, "It was not done. It was assigned to the Q (QIDP/Qualified Intellectual Disabilities Professional #1) and he did not complete them (investigations)".</p> <p>2) A 5/22/23 BDDS report indicated, "On May 21, 2023 at 3:25pm while in the dayroom, for no apparent reason and without precursors, [client #14] began to shout at his peer [client #4]. [Client #14] then walked up to [client #4] and engaged in physical aggression towards [client #4] by using his right hand to hit [client #4] in his left shoulder. [Client #4] did not retaliate. Staff was able to intervene and redirected [client #14] away from his peer to another area of the dayroom and educated</p>			

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	<p>[client #14] on respecting his peers personal space. [Client #14] seemed to agree with this education. Both clients returned to normal programming. Nurse assessed both clients and noted no injuries. There were no further issues. Plan to Resolve: Staff will continue to follow [client #14's] guardian and HRC approved BSP and ISP regarding verbal and physical aggression (sic) threats, YSIS intervention, PRN protocol and coping skills. Both clients report they feel safe and neither wished to file a grievance. Staff will continue to educate [client #14] on personal space and using his coping skills when he is upset".</p> <p>There was no documentation indicating the facility conducted an investigation regarding the client to client aggression.</p> <p>On 6/14/23 at 10:00 AM, the QAM was interviewed and indicated an investigation should have been completed. The QAM stated, "It was not done. It was assigned to the Q (QIDP #1) and he did not complete them (investigations)".</p> <p>3) A 5/24/23 BDDS report indicated, "On May 23, 2023 at 7:21 am [client #14] had just finished eating breakfast and began to walk around the dayroom. For no apparent reason and without precursors [client #14] began to target his peer [client #10] by engaging in verbal aggression towards him by instigating him and threatening him. Staff educated [client #14] on using kind words but [client #14] did not agree and engaged in physical aggression towards [client #10] by using his right hand to slap the right side of [client #10's] face and then used both hands to push a chair into [client #10's] right leg. [Client #10] did not retaliate. Staff was able to intervene and redirected [client #14] away from his peer and to another part of the dayroom. Staff also</p>			

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	<p>educated [client #14] on not engaging in physical aggression towards his peers. [Client #14] stated 'I didn't do it, [imaginary person] did ([imaginary person] is not a real person)'. He then returned to walking around the dayroom without further issues. Nurse assessed both clients and noted no injuries. Plan to Resolve: Staff will continue to follow [client #14's] guardian and HRC approved BSP and ISP regarding verbal and physical aggression, threats, YSIS intervention, PRN protocol and coping skills. Both clients report they feel safe and neither wished to file a grievance. Staff will continue to educate [client #14] on personal space and using his coping skills when he becomes upset. IDT (interdisciplinary team) will meet to discuss recent peer to peer occurrences involving [client #14]".</p> <p>There was no documentation indicating the facility conducted an investigation regarding the client to client aggression.</p> <p>On 6/14/23 at 10:00 AM, the QAM was interviewed and indicated an investigation should have been completed. The QAM stated, "It was not done. It was assigned to the Q (QIDP #1) and he did not complete them (investigations)".</p> <p>4) A 5/21/23 BDDS report indicated, "On 5-20-23 at 9:07 pm [client #2] was sitting at the table eating a snack when a peer (client #5) came into the room, the peer picked up a chair and (sic) threw it at [client #2]. [Client #2] was knocked to the floor, he hit his head on the floor causing a small laceration to the back of his head. Staff called 911 and he was picked up by ambulance and taken to [County] Hospital Emergency Room. The emergency room ran tests and evaluated [client #2]. All tests came back with good results. They treated the laceration with skin glue. Sent [client</p>			

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	<p>#2] home at 11:03 pm with his discharge instructions. Plan to Resolve: Staff will continue to monitor [client #2] and report any changes to his treatment team. Staff and nursing will follow all discharge instructions provided by the hospital".</p> <p>There was no documentation indicating the client to client aggression was investigated.</p> <p>On 6/14/23 at 4:00 PM, client #2's record was reviewed. Medical records dated 5/20/23 indicated client #2 was evaluated at the ER (emergency room) for a head laceration. The record indicated the head laceration was closed with skin glue and client #2 was discharged.</p> <p>On 6/14/23 at 8:52 AM, the QAM was interviewed. The QAM indicated client to client aggression was abuse and the facility should prevent abuse of the clients. The QAM indicated the incident should have been investigated.</p> <p>5) A 5/11/23 BDDS report indicated, "On May 10, 2023 at 7:19 pm [client #17] was sitting at the table in the dayroom eating a snack when his peer [client #4] walked up to him and accused [client #17] of grabbing his headphones (upon review of the cameras, [client #17] was not anywhere close to [client #4] and did not grab his headphones). [Client #4] then engaged in physical aggression towards [client #17] by using his right hand to slap [client #17] on his head multiple times. Staff was able to intervene and separated both clients by redirecting [client #4] to his room where staff could assist him in using his coping skills to calm down. [Client #4] was compliant with staff assistance and was able to calm himself down. Both clients were assessed by nursing who noted no injuries. Both clients returned to normal programming without further issues. Plan to</p>			

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W 0157 Bldg. 00	<p>Resolve: Staff will continue to follow [client #4's] guardian and HRC approved BSP and ISP regarding verbal and physical aggression, threats, YSIS intervention, PRN protocol and coping skills. Both clients report they feel safe and neither wished to filed (sic) a grievance. Staff will continue to educate [client #4] on personal space and physical aggression. An IDT meeting will convene to discuss relevant peer to peer incidents".</p> <p>There was no documentation indicating the client to client aggression was investigated.</p> <p>On 6/14/23 at 8:52 AM, the QAM was interviewed. The QAM indicated client to client aggression was abuse and the facility should prevent abuse of the clients. The QAM indicated the incident should have been investigated.</p> <p>This deficiency was cited on 3/28/23. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>This federal tag relates to complaint #IN00402349.</p> <p>5-1.2(v)(2)(5) 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 4 additional clients (#13, #14, #15 and #17), the facility failed to develop and implement effective corrective measures regarding client #14's pattern of client to client aggression and to ensure the recommended corrective action to address neglect of clients #13, #14, #15 and #17 while on a community outing was implemented as</p>	W 0157	To correct the deficient practice all site staff have been trained on Client #14's current BSP, and ensuring staff are in between an agitated individual and others to prevent client to client. All supervisory staff and investigators have been trained in ensuring the	08/12/2023

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	<p>indicated.</p> <p>Findings include:</p> <p>1. An observation was conducted at the facility on 6/13/23 from 4:03 PM to 4:33 PM. Qualified Intellectual Disabilities Professional (QIDP) #1 was supervising clients #10, #14 and #19 in the yard. QIDP #1 was the only staff present outside. Client #19 was sitting at the picnic table while QIDP #1 and clients #10 and #14 walked around the yard interacting with each other.</p> <p>On 6/12/23 at 2:30 PM and on 6/13/23 at 8:00 AM, a review of the facility's incident/investigative reports was conducted and indicated the following:</p> <p>1a) A 5/20/23 Bureau of Developmental Disabilities Services (BDDS) report indicated, "On 05/19/2023 at 3:10 PM, [client #14] for no apparent reason and without precursors, [client #14] engaged in physical aggression towards a peer (client #10). He hit the peer in the back as he was walking through the day room. He was redirected to his bedroom to calm down and to use his coping skills. Plan to Resolve: Staff will continue to follow [client #14's] guardian and HRC (Human Rights Committee) approved BSP (Behavior Support Plan) and ISP (Individual Support Plan) regarding verbal and physical aggression, threats, (sic) coping skills. Staff will continue to educate [client #14] on using his coping skills when he becomes upset".</p> <p>A 5/25/23 Client to Client Aggression Investigation (CCAI) included the following recommendations: "Staff will continue to monitor [client #10] for any further injuries. Staff will continue to educate [client #14] on using his</p>		<p>IDT meets the needs of the clients to prevent patterns of client to client and ensuring all recommendations are completed. Client #14's IDT will meet to discuss current patterns and further safety measures. The BC will monitor and track all targeted behaviors and patterns. BC will convene the IDT if a pattern is found. The QAC will track all investigation recommendations for completion. Additional monitoring will be achieved by the administrative staff completing five times a week facility observation for one month. Ongoing monitoring will be achieved by the QAC, PM, and QIDP completing routine observations of the facility as well as the administrative team meeting twice weekly to discuss any issues in the facility to determine if the IDT needs to meet and address.</p>	

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	<p>coping skills when he becomes upset and respecting his peers personal space. Will continue to follow current BSP's (sic) and offer alternative activities. Team will follow up with [Psychiatrist] on 5/30/23 on campus to discuss the ineffective PRN (as needed) of Haldol 5mg (milligrams/for behaviors) and a possible recommendation. Staff will be trained on serving as an assigned staff when [client #14] is demonstrating precursors. The assigned staff will be responsible for remaining between [client #14] and peers when possible and encouraging separate programming to keep peers safe".</p> <p>1b) A 5/20/23 BDDS report indicated, "On 5/19/23 at 3:20 pm, [client #14] was in day room with staff and peers he was visibly agitated (sic). He kicked a peers (sic) (client #9) leg, he was placed in a two person escort, so he could go to his room and calm down, use his coping skills (sic). He continued PA (physical aggression) with staff hit them several times and tried urinating on them (sic). They tried having him use his coping skills again but he was unable to calm himself down. Nurse called [Psychiatrist] for permission to give 2nd PRN. PRN was given. Plan to Resolve: Staff will continue to follow [client #14's] guardian and HRC approved BSP and ISP regarding verbal and physical aggression, threats (sic) PRN protocol and coping skills. Staff will continue to educate [client #14] on using his coping skills when he becomes upset".</p> <p>A 5/25/23 CCAI included the following recommendations: "Staff will continue to monitor [client #9] for any further injuries. Staff will continue to educate [client #14] on using his coping skills when he becomes upset and respecting his peers personal space. Will continue to follow current BSP's (sic) and offer alternative</p>			

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	<p>activities. Team will follow up with [Psychiatrist] on 5/30/23 on campus to discuss the ineffective PRN of Haldol 5mg and a possible recommendation. Staff will be trained on serving as an assigned staff when [client #14] is demonstrating precursors. The assigned staff will be responsible for remaining between [client #14] and peers when possible and encouraging separate programing to keep peers safe".</p> <p>1c) A 5/22/23 BDDS report indicated, "On May 21, 2023 at 12:46 pm [client #14] and [client #19] were standing in the front yard when [client #19] began to instigate [client #14] by taking his ball and pretending the (sic) he was going to throw it at [client #14]. [Client #14] became agitated and began to shout at [client #19]. [Client #19] retaliated by using his right fist to punch [client #14] in the left side of his face. [Client #14] then attempted to chase [client #19] due to being agitated at him for punching him. Staff redirected [client #19] back inside the residential building. Staff educated both clients on respecting their peers personal space. [Client #14] agreed with this education and returned to normal programming. [Client #19] did not agree with staffs education and engaged in verbal aggression towards them by cussing at them and shouting at them. Staff continued to monitor [client #19]. Nurse assessed both clients and noted no injuries. There were no further issues. Plan to Resolve: Staff will continue to follow [client #19] and [client #14's] guardian and HRC approved BSP and ISP regarding verbal and physical aggression, threats, YSIS intervention, PRN protocol and coping skills. Both clients report they feel safe and neither wished to file a grievance. Staff will continue to educate [client #19] and [client #14] to talk with staff and use coping skills when he is upset".</p>			

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	<p>1d) A 5/22/23 BDDS report indicated, "On May 21, 2023 at 3:25pm while in the dayroom, for no apparent reason and without precursors, [client #14] began to shout at his peer [client #4]. [Client #14] then walked up to [client #4] and engaged in physical aggression towards [client #4] by using his right hand to hit [client #4] in his left shoulder. [Client #4] did not retaliate. Staff was able to intervene and redirected [client #14] away from his peer to another area of the dayroom and educated [client #14] on respecting his peers personal space. [Client #14] seemed to agree with this education. Both clients returned to normal programming. Nurse assessed both clients and noted no injuries. There were no further issues. Plan to Resolve: Staff will continue to follow [client #14's] guardian and HRC approved BSP and ISP regarding verbal and physical aggression (sic) threats, YSIS (You're Safe, I'm Safe/behavioral intervention) intervention, PRN protocol and coping skills. Both clients report they feel safe and neither wished to file a grievance. Staff will continue to educate [client #14] on personal space and using his coping skills when he is upset".</p> <p>1e) A 5/24/23 BDDS report indicated, "On May 23, 2023 at 7:21 am [client #14] had just finished eating breakfast and began to walk around the dayroom. For no apparent reason and without precursors [client #14] began to target his peer [client #10] by engaging in verbal aggression towards him by instigating him and threatening him. Staff educated [client #14] on using kind words but [client #14] did not agree and engaged in physical aggression towards [client #10] by using his right hand to slap the right side of [client #10's] face and then used both hands to push a chair into [client #10's] right leg. [Client #10] did not retaliate. Staff was able to intervene</p>			

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	<p>and redirected [client #14] away from his peer and to another part of the dayroom. Staff also educated [client #14] on not engaging in physical aggression towards his peers. [Client #14] stated 'I didn't do it, [imaginary person] did ([imaginary person] is not a real person)'. He then returned to walking around the dayroom without further issues. Nurse assessed both clients and noted no injuries. Plan to Resolve: Staff will continue to follow [client #14's] guardian and HRC approved BSP and ISP regarding verbal and physical aggression, threats, YSIS intervention, PRN protocol and coping skills. Both clients report they feel safe and neither wished to file a grievance. Staff will continue to educate [client #14] on personal space and using his coping skills when he becomes upset. IDT (interdisciplinary team) will meet to discuss recent peer to peer occurrences involving [client #14]".</p> <p>1f) A 5/26/23 BDDS report indicated, "On May 25, 2023 at 11:13 am [client #11] and [client #14] were in the dayroom. For no apparent reason and without precursors, [client #14] engaged in verbal aggressioin (sic) towards [client #11] by threatening to hit him. [Client #14] also got close to [client #11] and acted like he was going to hit him. Staff prompted him not to hurt his peer. [Client #14] ignored staffs (sic) prompts and engaged in physical aggression towards [client #11] by using his left hand to grab [client #11's] right arm and began to pinch him and dig his nails into [client #11's] right arm. [Client #11] did not retaliate. Staff was able to intervene and separated both clients. Staff redirected [client #14] to another area of the dayroom and educated him on respecting his peers personal space and not hurting them. He then walked to his bedroom. Nurse assessed both clients and noted no injuries on [client #14]. Nurse noted that the scab on</p>			

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	<p>[client #11's] right arm from a blood draw earlier in the day was scratched off by [client #14] and bleeding. Nurse cleaned the area and bandaged it. There were no other injuries noted on [client #11]. Both clients returned to normal programming without further issues. Plan to Resolve: Staff will continue to follow [client #14's] guardian and HRC approved BSP and ISP regarding verbal and physical aggression, threats, YSIS intervention, PRN protocol and coping skills. Both clients report they feel safe and neither of them wished to file a grievance. Staff will continue to educate [client #14] on personal space and using his coping skills when he is upset. IDT met to discuss recent peer to peer occurrences involving [client #14] and have put him on a list to see the psychiatrist on May 30, 2023 as well as assigning a staff to keep an eye on [client #14] and help him de-escalate when he gets agitated".</p> <p>A 5/31/23 CCAI included the following recommendations: "Staff will continue to monitor [client #11] for any further injuries. Staff will continue to educate [client #14] on using his coping skills when he becomes upset. Will continue to follow current BSP's (sic) and offer alternative activities. Team will follow up with [Psychiatrist] to discuss the ineffective PRN of Haldol 5mg and a possible recommendation. Staff will be trained on serving as an assigned staff when [client #14] is demonstrating precursors. The assigned staff will be responsible for remaining between [client #14] and peers when possible and encouraging separate programming to keep peers safe".</p> <p>1g) A 5/26/23 BDDS report indicated, "On May 25, 2023 at 3:29 pm [client #14] was in Pacer's hallway following around his QIDP (QIDP #1) when for no apparent reason he began to engage in verbal</p>			

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	<p>aggression towards staff and his peers by threatening them. Staff prompted [client #14] to walk with him to his bedroom for separate programming per his plan. He was compliant and began to walk with staff. As [client #14] walked past his peer [client #11], who was walking around the dayroom, he engaged in physical aggression towards [client #11] by using his left elbow to elbow [client #11] in his left elbow. [Client #14] then spit on [client #11's] face. [Client #11] did not retaliate. Staff educated [client #14] on respecting his peers personal space and continued walking with him towards his bedroom in Colt's hallway. When [client #14] passed his peer [client #5], he engaged in physical aggression towards him by spitting on [client #5] and then using his right leg to kick [client #5] in his left leg. [Client #5] retaliated by using both of his hands to shove [client #14] and then ran to his room. [Client #14] then engaged in physical aggression towards staff by using both hands to hit them and grab their breasts. After staff educated him on not engaging in physical aggression, [client #14] walked with staff back to the dayroom. Once in the dayroom, [client #14] engaged in physical aggression towards his peer [client #1], who was playing on his phone, by using his left foot to kick [client #1] in his left shin. Staff redirected [client #14] to his bedroom. He was compliant with staff request and walked with them to his bedroom where they were able to assist him in calming down. He returned to the dayroom without further issues. Nurse assessed all clients and noted no injuries. Plan to Resolve: Staff will continue to follow [client #14's] guardian and HRC approved BSP and ISP regarding verbal and physical aggression, threats, YSIS intervention, PRN protocol and coping skills. All clients report they feel safe and none of them wished to file a grievance. Staff will continue to educate [client</p>			

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	<p>#14] on personal space and using his coping skills when he is upset. IDT met to discuss recent peer to peer occurrences involving [client #14] and have put him on a list to see the psychiatrist on May 30, 2023 as well as assigning a staff to keep an eye on [client #14] and help him de-escalate when he gets agitated".</p> <p>A 6/2/23 CCAI included the following recommendations: "Staff will continue to monitor [client #11], [client #5] and [client #1] for any further injuries. Staff will continue to educate [client #14] on using his coping skills when he becomes upset and respecting his peers personal space. Will continue to follow current BSP's (sic) and offer alternative activities. Team will follow up with [Psychiatrist] to discuss the ineffective PRN of Haldol 5mg and a possible recommendation 6/6/23. Staff will be trained on serving as an assigned staff when [client #14] is demonstrating precursors as of 6-1-23. The assigned staff will be responsible for remaining between [client #14] and peers when possible and encouraging separate programming to keep peers safe".</p> <p>1h) A 5/29/23 BDDS report indicated, "On May 28, 2023 at 11:27 am [client #14] and his peer [client #11] were in the kitchen watching staff make lunch when for no apparent reason and without precursors, [client #14] engaged in physical aggression towards [client #11] by using both hands to grab [client #11's] left arm and then used his right hand to hit [client #11's] left side. Staff redirected [client #14] out of the kitchen but he returned and used his right hand to pinch [client #11's] left side. [Client #11] did not retaliate. Staff redirected [client #14] to his bedroom where they were able to separate program him per his plan and assisted him in using his coping skills (sic).</p>			

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	<p>Both clients were assessed by nursing and no injuries were noted. Both clients returned to normal programming without further issues. Plan to Resolve: Staff will continue to follow [client #14's] guardian and HRC approved BSP and ISP regarding physical aggression and coping skills. Both clients report they feel safe and neither wished to file a grievance. Staff will continue to educate [client #14] on personal space and using his coping skills when he becomes upset".</p> <p>A 6/6/23 CCAI included the following recommendations: "Staff will continue to monitor [client #11] for any further injuries. Staff will continue to educate [client #14] on using his coping skills when he becomes upset and respecting his peers personal space. Will continue to follow current BSP's (sic) and offer alternative activities. Team will follow up with [Psychiatrist] to discuss the ineffective PRN of Haldol 5mg and a possible recommendation 6/6/23. Staff will be trained on serving as an assigned staff when [client #14] is demonstrating precursors as of 6-1-23. The assigned staff will be responsible for remaining between [client #14] and peers when possible and encouraging separate programming to keep peers safe".</p> <p>1i) A 6/6/23 BDDS report indicated, "On June 5, 2023 at 8:40 am [client #19] and [client #14] were walking around the dayroom. [Client #14] walked up to [client #19] and go (sic) into his personal space. [Client #19] retaliated by using his right hand to hit [client #14] in his mouth. [Client #14] did not retaliate. Staff was able to intervene and separated both clients from each other. Staff prompted [client #19] to leave his peers alone and educated him on not engaging in physical aggression towards them, walking away if a peer agitates him, and to let a staff know. [Client #19]</p>			

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	<p>seemed to agree with this education and walked away. Both clients were assessed by nursing who noted no injuries. Both clients returned to normal programming without further issues. Plan to Resolve: Staff will continue to follow [client #19's] HRC approved BSP and ISP regarding verbal and physical aggression, threats, YSIS intervention, PRN protocol and coping skills. Both clients report they feel safe and neither wished to file a grievance. Staff will continue to educate [client #19] to talk with staff and use coping skills when he is upset. IDT met and determined that [client #19] will see [Psychiatrist] on June 6, 2023 regarding possible med (medication) change to assist in decreasing aggression".</p> <p>A 6/9/23 CCAI included the following recommendations: "Staff will continue to monitor [client #14] for any further injuries. Staff will continue to educate [client #19] on using his coping skills when he becomes upset. Staff will continue to educate [client #14] on respecting his peers boundaries (sic). Will continue to follow current BSP's (sic). The team met 6-8-23 and implemented [client #14] having an assigned staff when he is out of his room combined with an increase in his PRN (Haldol, 10mg currently) that was approved by his [Psychiatrist] on 6-8-23".</p> <p>On 6/14/23 at 12:05 PM, client #14's record was reviewed.</p> <p>Client #14's 6/1/23 BSP indicated, "[Client #14] can be very aggressive with peers and staff and some of his behaviors appear to take place without warning. He spits on others when he is upset and he may engage in this behavior without others knowing why he is upset. Due to his numerous acts of physical aggression toward peers, he has an assigned staff when he is demonstrating</p>			

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	<p>precursors.... [Client #14] can switch from pleasant and friendly to threatening and aggressive without clear environmental triggers. He can often be observed to be yelling at no one in particular, having 'arguments' with people who are not present, punching and fighting the air, or talking to himself in different accents. It has shown to be beneficial for [client #14] to utilize other areas of campus such as the gym, courtyard, front porch, etc. in order to take a break from the residential hall and [client #14] occasionally requires programming outside of the residential hall due to continuous aggression. Target behaviors for [client #14] include verbal and physical aggression, property destruction, bolting, non-compliance (refusing to engage in programming), self injury, allegations of abuse and neglect, sexually inappropriate behaviors, boundary violations/unwelcome touch, and instigation...."</p> <p>"Physical Aggression: Any occurrence or attempts at hitting people, spitting on them, kicking or scratching at others, using objects as weapons, pulling hair, pinching, or behaviors that produce or have the potential to produce an injury to others. Spitting on others occurred at a high frequency at previous placements. Historically, he has been physically aggressive to those who he feels have 'wronged' him. He can also be physically aggressive when he is not getting what he wants from others. He has a history of being very aggressive toward his mother and he has also grabbed the driver during vehicle transports. When highly agitated, he may attempt to engage in several acts of aggression toward peers....</p> <p>Replacement Behaviors: Asking/approaching staff for help: Any time he asks appropriately for staff to help him get the items or attention that he desires or any time he uses his coping skills</p>			

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	<p>instead of engaging in the target behavior...."</p> <p>"Restrictions: [Client #14] will have 1:1 staff for all community outings and the 1:1 staff cannot be the driver. He will sit the furthest away from the driver in the vehicle and will have staff seated next to him during outings/transport. If [client #14] is exhibiting agitation, precursors, or has engaged in physical aggression to peers, an assigned staff will be put in place for the protection of other clients. The assigned staff's responsibility is to prevent [client #14] from being able to hit/kick/spit at other clients. The assigned staff should stay between [client #14] and any peers that he may hit. The assigned staff can also encourage [client #14] to go to the life skills building for activity where he would be away from his peers for their safety...."</p> <p>"Precursors: Verbal aggression and instigation could be identified as precursors to other behavioral issues. When he engages in this behavior staff will: See above restriction about implementing an assigned staff for [client #14].</p> <p>Remain calm in tone and volume, do not react with emotion or irritation. Ignore threats and verbal abuse. Do not get into a back-and-forth power struggle. If he is engaging in instigation toward a peer, remain between the two peers. Ask him how you can help. He is more likely to calm down if he feels supported and liked by his staff. Remind him that we are here to help him so that he can reach his goals of being more independent. If he continues to yell, with as little reaction that you can use, repeat that you want to help him but that you can only do so if he is talking calmly. Once calm, attempt to resolve the problem or come up with a game plan as to how the problem can be resolved. Praise him for his input and compliance when he has calmed (i.e.: 'I know you're upset but</p>			

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	<p>I'm really proud of you for calming down so we can talk about this' etc. If the verbal aggression continues, in a calm and neutral voice, suggest a relaxation technique that he can use to calm down (i.e.: 'let's take 10 deep breaths together, then if you're calm, we can talk'. A staff will encourage him to go with them (in the opposite direction of his peers) for a walk. If he does not begin to go to a different area and continues being verbally aggressive, staff will redirect peers away from the immediate area. Attempt to find out what is upsetting him and attempt to resolve the problem as best you can with his input. If [client #14] is creating an unsafe environment due to his verbal aggression or instigation of peers, and he is refusing to leave a common area, thus causing him to become a target to his peers, for his own health and safety, he can be physically redirected to a safe area using YOU'RE SAFE I'M SAFE (YSIS) always beginning with the least restrictive measures...."</p> <p>"Preventative Procedures: If [client #14] is engaging in ongoing verbal aggression or instigation, it has been helpful to offer to take him to the life skills building where he can yell or be active without disrupting his peers. See above restriction related to [client #14] having an assigned staff when showing precursors. [Client #14] should have opportunities throughout the day to leave the residential hall and go to the yard/gym/etc. Give [client #14] choices whenever possible, he does best when he feels like he has some control over his situation.... [Client #14] enjoys listening to music and a tablet has been provided for him".</p> <p>"[Client #14] and his peer, [client #19] do not get along and staff should make an effort to program them away from one another when possible."</p>			

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	<p>"Reactive Procedures: For Verbal Aggression: See procedures outlined in 'precursor' section of this plan. For Physical Aggression/Property Destruction/Self Injurious Behaviors: Immediately ensure the health and safety of everybody in the immediate environment. Redirect him and/or others to a different area of the environment. Tell him to stop the behavior. If he stops the behavior, redirect him to a safe location and problem solve with him and praise him for doing this with us. If the behavior continues, block all attempts of aggression and attempt to redirect, if the behavior continues and he is placing himself or others in danger, implement YOU'RE SAFE I'M SAFE (YSIS) beginning with the least restrictive measures...."</p> <p>On 6/13/23 at 9:08 AM, Residential Manager (RM) #2 and the QAM were interviewed. RM #2 indicated client #14 has engaged in a pattern of client to client aggression and his BSP has had many updates. RM #2 indicated client #14 had assigned staff when he engaged in physical aggression. RM #2 stated, "We always make sure staff is with him to avoid as many peer to peers as we can. He programs separately a lot. It was put in place recently". RM #2 stated client #14 has had many issues with client #19 because "he (client #19) feeds into it". RM #2 stated, "Staff should step in between to prevent (physical aggression) and verbally redirect him". RM #2 was asked if and when client #14 had 1:1 staffing. RM #2 stated, "When he is becoming aggressive. He hasn't been 1:1 for a while. It is assigned staff not 1:1. When he has aggression towards peers he gets assigned staff. If I could have someone with him every single second honestly I would. Personally the continuous destroying his room, pulling things out of his dresser, creating a</p>			

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	<p>dangerous environment in his room, urinating on things. We might be able to prevent some of the instances. I was excited when we didn't have to have him on 1 on 1. Each day passes he has to have someone with him. Multiple acts of bolting out of the building. That is becoming an issue. He was on 1:1 then he transitioned off of it. It was possibly towards the end of summer last year". RM #2 indicated client #14 should have 1:1 staff due to his plan not being effective. RM #2 stated, "When I see him screaming at peers, I try to make sure staff is right beside him. I do all I can to prevent abuse and neglect at all times towards the guys. He (client #14) pops up at random times. He will be walking with a basketball and he'll throw it out of nowhere. [Client #19] took 2 balls to the stomach earlier. I'm not going to proactively intervene until he does something". The QAM stated, "Trying to get in between people when we see him agitated. The IDT tried to come up with many proactive measures for him. We bring him down here (gym area). [RM #2] just gave me some input. She is suggesting 1:1 and male staff he responds better to. I can't remember if we have discussed 1:1 (for client #14). Everyone is aware and trying to come up with things to help [client #14]. It's not usually anything serious. Nobody is getting hurt. The IDT is working closely with him and [Psychiatrist]. Twice weekly IDTs we talk about the heavy hitters (client #14)". RM #2 indicated when plans are updated there is a note written on a dry erase board in the staff room indicating what plans were updated then staff are responsible for reviewing and signing the inservice form indicating they reviewed the changes to the plans.</p> <p>On 6/13/23 at 10:35 AM, the Behavior Technician (BT) was interviewed. The BT indicated there was an incident this morning where client #14 was</p>			

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	<p>trying to bolt from the group when they were in the library. The BT indicated she was the only staff with client #14, client #19 and client #1. The BT indicated she had to close the door and sit by the door to prevent client #14 from bolting from the room. The BT indicated closing the door wasn't a restriction addressed in client #14's BSP. The BT indicated she wasn't aware of client #19 targeting client #14 and she wasn't aware they should not be in programming together. The BT indicated client #14's BSP should be implemented as written.</p> <p>On 6/13/23 at 11:25 AM, Direct Support Professional (DSP) #11 was interviewed. DSP #11 was asked if client #14 targets any of his peers. DSP #11 stated, "It just depends on his mood. It could really be any of the clients. [Client #19] is one of the main ones". DSP #11 was asked how staff should respond to client #14's behaviors. DSP #11 stated, "Intervene, redirect him to something else before something else happens. He is with assigned staff so we can try to prevent the c2cs (client to clients) from happening". DSP #11 indicated when client #14 displays precursors he should be programmed by himself to prevent client to client incidents. DSP stated, "Everyone knows how [client #14] is, you have to stay in between him and his peers to prevent (client to client aggression)".</p> <p>On 6/14/23 at 2:28 PM, QIDP #1 was interviewed. QIDP #1 indicated there have been many IDT meetings, Psychiatrist visits and BSP changes for client #14 and the changes haven't been effective at preventing incidents of client to client aggression. QIDP #1 indicated client #14's most concerning target behavior was physical aggression. QIDP #1 indicated client #14's precursors were hallucinations, speaking to</p>			

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	<p>imaginary people, starting off and talking aggressively. QIDP #1 stated, "I recognize his c2c (client to client) is off the chart. Plans have not been effective". QIDP #1 indicated clients #14 and #19 do not get along very well. QIDP #1 was asked about client #14's BSP addressing client #14 and client #19 not being in programming together. QIDP #1 stated, "I would have to double check. There have been c2c incidents. Based on past reports I did get that impression. When I first got here that was something I was concerned about. I haven't seen [client #19] targeting [client #14]. I haven't seen [client #14] target [client #19] any more than the other guys". QIDP #1 indicated plans should be implemented as written.</p> <p>2. A 5/31/23 BDDS report indicated, "On May 30, 2023 at 10:55 am [client #14] was on an outing at [store] with a group of peers and staff. Staff was assisting [client #14] in getting his chips when for no apparent reason and without precursors, [client #14] engaged in physical aggression towards staff by using both hands to hit them as well as shouting and cussing at them. Staff prompted [client #14] to use his coping skills and to pick out his next item when he engaged in physical aggression towards his peer [client #17] by using both hands to grab [client #17's] left hand and squeezed and twisted it. Staff was able to intervene and separated both clients. [Client #17] did not retaliate. Staff and [client #14] and his peers moved on to get the next item when [client #14] attempted to take a baby from their (sic) moms (sic) arms when he passed them. Staff redirected [client #14] away immediately and finished picking up their items. At the check out, [client #14] engaged in physical aggression towards his peer [client #13] by using his left hand to hit [client #13's] left arm. After staff separated both clients, [client #14] engaged in</p>			

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	<p>physical aggression towards staff by using both hands to attempt to hit them. When staff and clients got to the van, [client #14] spit in [client #13's] face. Staff educated [client #14] on respecting his peers personal space. [Client #14] and his peers made it back to residential without any issues while on the van ride back. All clients were assessed by nursing and no injuries were noted. All clients returned to normal programming without further issues. Plan to Resolve: Staff will continue to follow [client #14's] guardian and HRC approved BSP and ISP regarding physical aggression and coping skills. All clients report they feel safe and none wished to file a grievance. Staff will continue to educate [client #14] on personal space and using his coping skills when he becomes upset. IDT will meet to discuss this incident".</p> <p>A 6/5/23 CCAI included the following recommendations: "Staff will continue to monitor [client #17] & [client #13] for any further injuries. Staff will continue to educate [client #14] on using his coping skills when he becomes upset and respecting his peers personal space. Will continue to follow current BSP's (sic) and offer alternative activities. IDT met to discuss recent behavioral occurrences involving [client #14] and determined that he will see [Psychiatrist] on June 6, 2023 regarding possible med changes. [Residential Manager/RM #3] to receive a corrective action for failing to follow [client #14's] ISP & BSP. [DSP #11] to receive corrective action for failing to follow [client #14's] ISP</p>			

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	<p>& BSP. The IDT met last week and the BC (behavior clinician) had no changes to the BSP other than retraining staff on [client #14's] BSP". There was no documentation indicating the recommended corrective action and retraining were completed. On 6/13/23 at 11:25 AM, DSP #11 and the QAM were interviewed. DSP #11 indicated she was the only staff present during the outing. DSP #11 indicated she, client #14, client #13 and client #17 transported client #15 to a home visit with his family and after they dropped client #15 off the rest of them went to the store. DSP #11 stated, "He (client #14) was a perfect angel all day, no behaviors". DSP #11 indicated client #14 became upset when they didn't have his preferred chips. DSP #11 was asked what the clients' supervision levels were. DSP #11 stated, client #14's supervision level was "Assigned staff at facility and 2:1 (2 staff) in public and he has to sit in the back seat away from the driver. I have always been told they (clients #15, #13 and #17) are 3:1 (3 clients to 1 staff) in ratio". DSP #11 indicated she was retrained after the incident. DSP #11 was asked if the training was effective. DSP #11 stated, "I wasn't 100% sure. It is still confusing to me, the 3:1. Training maybe wasn't effective. [Quality Assurance Coordinator] talked it over with me after the incident". The QAM</p>			

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NAME OF PROVIDER OR SUPPLIER RES-CARE INC	STREET ADDRESS, CITY, STATE, ZIP COD 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>stated, "[Client #17] and [client #13] are not 1:1 in community. They are line of sight. 2:1 for [client #14]. [Client #15] is 1:1 in community and the 1:1 should not be the driver. There should have been 4 staff present. Training was not effective". DSP #11 indicated the retraining consisted of reading an inservice and signing it indicating they were trained on the changes. After DSP #11 left the interview, QAM #1 stated, "I'm not sure if retraining has been done. She (DSP #11) will be getting a corrective action. [RM #3] will also be getting a corrective action because she approved the outing. Staff are not aware of the supervision levels. We just created a cheat sheet so everyone knows supervision levels". This deficiency was cited on 3/28/23. The facility failed to implement a systemic plan of correction to prevent recurrence.This federal tag relates to complaint #IN00402349.</p> <p>5-1.2(v)(2)(5)</p>			