

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G127	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 04/21/2021
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NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP CODE 1031 WEST ST NEW ALBANY, IN 47150
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W 0000 Bldg. 00	<p>This visit was for the investigation of Complaint #IN00348329.</p> <p>Complaint #IN00348329: Substantiated, Federal and state deficiencies related to the allegation(s) were cited at W186 and W249.</p> <p>Unrelated deficiency cited.</p> <p>Dates of Survey: 4/19/21, 4/20/21 and 4/21/21.</p> <p>Facility Number: 000664 Provider Number: 15G127 AIMS Number: 100234310</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 5/4/21.</p>	W 0000		
W 0154 Bldg. 00	<p>483.420(d)(3) 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 2 of 10 incident reports affecting clients (B, C, D and E), the facility failed to thoroughly investigate incidents of elopement and physical aggression.</p> <p>Findings include:</p> <p>On 4/19/21 at 3:17 PM, a review of the Bureau of Developmental Disabilities Services (BDDS) incident reports and investigation summaries was completed. The BDDS reports indicated the following:</p>	W 0154	<p>W 154: STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(3) The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>1. The Quality Assurance Department will ensure all investigations are completed in accordance with the policies of ResCare, local, state and federal guidelines.</p>	05/21/2021

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

TITLE

(X6) DATE

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

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	<p>-BDDS report dated 3/25/21 indicated, "It was reported [client C] and [client D] were outside talking when [client C] came in the house and told staff that [client D] had hit him in the face. [Client B] heard what [client C] reported to staff and began to yell at [client D]. [Client D] then hit [client B] in the face and [client B] hit [client D] on the face. Staff was able to verbally redirect the men. No injuries were reported".</p> <p>No investigation was available for review.</p> <p>-BDDS report dated 3/31/21 indicated, "It was reported [client B] was in the living room watching TV (television) with housemates. [Client B] began to curse excessively. Staff asked [client B] to please stop cursing. [Client B] became agitated and knocked everything off of desk in office, he then began yelling and kicking furniture in the home. Staff attempted to verbally redirect [client B]. [Client E] was standing in the kitchen when [client B] approached him and using both hands pushed [client E] to the floor. Staff did skin assessment with [client E] and found no injuries. [Client B] went to his room and put on his shoes and left the group home. Staff followed [client B] in vehicle. [Client B] was out of line of sight of staff for 1 minute while staff got in van to leave. Police were contacted for assist (assistance). Police arrived and transported [client B] to [name] ER (emergency room) for psych (psychiatric) evaluation. [Client B] was evaluated and released with discharge paperwork for Intermittent Explosive Disorder. No injuries were reported".</p> <p>No investigation summary was available for review.</p> <p>On 4/19/21 at 3:50 PM, the Qualified Intellectual Disabilities Professional (QIDP) was interviewed.</p>		<p>2.The QIDP will ensure all investigations are completed in accordance with the policies of ResCare, local, state and federal guidelines.</p> <p>3.The Quality Assurance Department will be retrained by the Associate Executive Director on the local, state and federal guidelines for investigations of ANE.</p> <p>4.The QIDP will be retrained by the Associate Executive Director on the local, state and federal guidelines for investigations of ANE.</p> <p>5.The Facility will retrain staff on the Abuse, Neglect and Exploitation Policy and disciplinary action will be given if the policy is not followed. Area Supervisor and Residential Manager will ensure that the Abuse, Neglect and Exploitation Policy is followed. Monitoring of ANE will done by The Program Manager, Area Supervisor and Residential Manager to ensure all incidents of possible abuse, neglect and exploitation are reported to the QA department.</p> <p>Persons Responsible: Associate Executive Director, Program Manager, QA, QIDP, Nurse, Area Supervisor, Residential Manager</p>		

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W 0186 Bldg. 00	<p>The QIDP was asked about the investigation summaries for the 3/24/21 client to client physical aggression and the 3/31/21 client to client physical aggression with elopement. The QIDP indicated no investigation summaries for the 3/24/21 or the 3/31/21 incidents were available for review.</p> <p>On 4/20/21 at 12:26 PM, the Interim Associate Director (IAD) was interviewed. The IAD was asked about the investigation summaries for the 3/24/21 client to client physical aggression and the 3/31/21 client to client physical aggression with elopement. The IAD indicated no investigation summaries for the 3/24/21 or the 3/31/21 incidents were available for review.</p> <p>On 4/20/21 at 2:09 PM, the Quality Assurance Manager (QAM) was interviewed. The QAM was asked about the investigation summaries for the 3/24/21 client to client physical aggression and the 3/31/21 client to client physical aggression with elopement. The QAM indicated no investigation summaries for the 3/24/21 or the 3/31/21 incidents were available for review.</p> <p>9-3-2(a) 483.430(d)(1-2) DIRECT CARE STAFF</p> <p>The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans.</p> <p>Direct care staff are defined as the present on-duty staff calculated over all shifts in a 24-hour period for each defined residential living unit. Based on observation, record review and</p>	W 0186	W 186: DIRECT CARE STAFF	05/21/2021	

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	<p>interview for 3 of 3 sampled clients (A, B and C), and 2 additional clients (D and E), the facility failed to deploy sufficient staffing supports for the implementation of clients A, B and D's behavior support plans during incidents of elopement and/or physical aggression which occurred on 1/22/21, 3/24/21 and 3/31/21.</p> <p>Findings include:</p> <p>On 4/19/21 from 4:43 PM to 5:53 PM, observation was conducted at the group home for clients A, B, C, D and E. The home was a two-level home with four bedrooms located upstairs, 3 bedrooms on the lower level, with two staircases to the upper-level with four bedrooms. The common living and dining area were on the lower-level and opposite sides of the home from one another. A hallway from the common living area passed through a small office where an exterior door was located to the backside of the home. A second hallway from the office area led to the kitchen entryway to the common dining area. A bedroom was located adjacent to the kitchen with a third hallway which led two additional lower level bedrooms. The home's two staircases were separated by a wall and parallel to one another and could be accessed from the common dining area. Each of the staircases had had an exterior door at the end of the staircase.</p> <p>On 4/19/21 at 3:17 PM, a review of the Bureau of Developmental Disabilities Services (BDDS) incident reports and investigation summaries was completed. The BDDS reports indicated the following:</p> <p>-BDDS report dated 1/23/21 indicated, "It was reported [client A] became agitated and began throwing chairs outside, hit the door and walls.</p>		<p>CFR(s): 483.430(d)(1-2) The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans.</p> <p>1. The Program Manager will conduct a weekly meeting to project needs and plan coverage for open shifts. All Area Supervisors in the New Albany Program and All Direct Support Leads, and Residential Managers will attend if available.</p> <p>2. ResCare New Albany Operation has brought in staff from out of town and, increased wages for DSPs in the ICF System including paid travel time bonuses, and mileage.</p> <p>3. Human Resources has made filling ICF Open shifts a priority, this will continue until vacancies are filled.</p> <p>4. The Area Supervisor will coordinate with ICF Residential Managers to ensure shift coverage. All unfilled ICF shifts will be reported to the Area Supervisor.</p> <p>5. DSP Base pay has been increased for all ICF Staff to \$12.00 per hour to help fill staffing vacancies, additional bonuses are being provided for qualified staff.</p> <p>6. A weekly report is being provided to the hiring manager that will identify open positions and forecast staff gains and losses.</p>		

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	<p>[Client A] then left the house. A second staff found [client A] at a nearby [name]. Police were called for assistance. Police and EMT (emergency medical treatment) arrived and [client A] transported to [name of hospital] ER (emergency room) for evaluation ...".</p> <p>Investigation summary dated 1/22/21 indicated, "Briefly describe the incident and any injury if any: [Client A] got angry and started punching walls. He came downstairs and punched the walls. He told the staff he was going to leave. He left the property and was found at the [name] on [name] street. The police and ambulance came and transported him to [name] hospital. No injuries were reported. Interview staff involved and write their response: [Staff #6] [Client A] came out of his room and he was upset. He was calm before. He started punching the walls and throwing things. He said he was leaving. I asked him if he wanted to talk he said no. I called [Interim Program Manager] and she said to call the police to help find him. Recommendations: Staff will continue to verbally de-escalate [client A] as well as keep him away from other clients when he is escalated".</p> <p>-BDDS report dated 3/25/21 indicated, "It was reported [client C] and [client D] were outside talking when [client C] came in the house and told staff that [client D] had hit him in the face. [Client B] heard what [client C] reported to staff and began to yell at [client D]. [Client D] then hit [client B] in the face and [client B] hit [client D] on the face. Staff was able to verbally redirect the men. No injuries were reported.</p> <p>-BDDS report dated 3/31/21 indicated, "It was reported [client B] was in the living room watching TV (television) with housemates. [Client B] began to curse excessively. Staff asked [client B] to</p>		<p>Persons Responsible: Program Manager, Human Resource, Quality Assurance, Area Supervisor, Residential Manager, and DSP.</p>	

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	<p>please stop cursing. [Client B] became agitated and knocked everything off of desk in office, he then began yelling and kicking furniture in the home. Staff attempted to verbally redirect [client B]. [Client E] was standing in the kitchen when [client B] approached him and using both hands pushed [client E] to the floor. Staff did skin assessment with [client E] and found no injuries. [Client B] went to his room and put on his shoes and left the group home. Staff followed [client B] in vehicle. [Client B] was out of line of sight of staff for 1 minute while staff got in van to leave. Police were contacted for assist (assistance). Police arrived and transported [client B] to [name] ER (emergency room) for psych (psychiatric) evaluation. [Client B] was evaluated and released with discharge paperwork for Intermittent Explosive Disorder. No injuries were reported".</p> <p>On 4/20/21 at 9:00 AM client A's record was reviewed. The record indicated the following:</p> <p>-Individual Support Plan (ISP) dated 3/16/21 indicated, "Challenging Behaviors: Physical Aggression, Non-Compliance, Verbal Aggression, Challenges with toileting".</p> <p>-Behavior Support Plan (BSP) dated 1/2022 (sic) indicated, "Target Behaviors: Verbal Aggression ...Noncompliance ... Physical Aggression ... Elopement ... Leaving Assigned Area ...". Elopement was defined as "any occurrence of leaving the area without staff supervision at home or in community". Leaving the Assigned Area was defined as, "any occurrence of leaving the area without staff permission but staff still have him within eye view". The "Reactive Procedures" of the BSP indicated, "If he continues to attempt to leave or does leave, immediately follow him and continue to redirect him back to the assigned area</p>			

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	<p>or an area where you can problem solve with him. If he complies provide abundant praise and work with him on what is bothering him. If while at the home, he is attempting to leave, and [client D] (sic) reaches the end of the driveway or off the property, use the You're Safe I'm Safe (YSIS) procedures in the following order: i. One-person YSIS, ii Two-person YSIS".</p> <p>On 4/20/21 at 9:20 AM, client B's record was reviewed. The record indicated the following:</p> <p>-Individual Support Plan (ISP) dated 12/28/20 indicated, "Needs: Learns personal information about himself, Increase hygiene skills, Increase financial ability-value of money, Increase domestic skills, Learn basic traffic signs in the community, Participate in planned outings with staff assistance, Needs to understand basic needs at home and in the community, Self-administer medications, Prioritize activities during the day, Response to unusual situations that happen during the day".</p> <p>-Behavior Support Plan (BSP) dated 2/19/21 indicated, "Target behaviors: Verbal Aggression ... Noncompliance ... Elopement ... Physical Aggression". Elopement was defined as, "any occurrence of leaving the area without staff supervision at home or in community". Physical Aggression was defined as, "hits, kicks, throws things or pushes others". The "Reactive Procedures" of the BSP indicated, "Physical Aggression: ... If the behavior persists or he continues to place others or himself in immediate danger implement YSIS (You're Safe I'm Safe). Begin by using the one person YSIS. If the behavior continues, move to the two-person YSIS ... Elopement: If he continues to attempt to leave or does leave, immediately follow him, and</p>			

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	<p>continue to redirect him back to the assigned area or an area where you can problem solve with him. If he complies provide abundant praise and work with him on what is bothering him. If while at the home, he is attempting to leave, and [client D] (sic) reaches the end of the driveway or off the property, use the Your Safe I am Safe (YSIS) procedures in the following order: i. One-person YSIS, ii Two-person YSIS".</p> <p>On 4/20/21 at 9:56 AM, client D's record was reviewed. The record indicated the following:</p> <p>-Individual Support Plan (ISP) dated 6/17/20 indicated, "Challenging Behaviors: Needs to improve conversation skills, Lack of Friendships and Poor Hygiene Skills".</p> <p>-Behavior Support Plan (BSP) dated 5/17/20 indicated, "Physical Aggression: ... kicks, hits, bites, throws, pushes or any other action that could result in injury. Includes attempts." The "Reactive Procedures" of the BSP indicated, "Physical Aggression: ... Immediately ensure everybody's health and safety, it may be necessary to request that his peers move to a different area of the home. Ask him to stop engaging in the behavior. If the behavior is not producing any injury ignore the behavior and do not say anything to him after you have told him once to stop. If the behavior persists or he continues to place others or himself in immediate danger implement YSIS (You're Safe I'm Safe). Begin by using the one person YSIS. If the behavior continues, move to the two-person YSIS".</p> <p>On 4/19/21 at 5:16 PM, staff #1 was interviewed. Staff #1 was asked about the client-to-client physical aggression incident on 3/24/21. Staff #1</p>			

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	<p>stated, "I think [staff #4] was here by himself". Staff #4 heard staff #1's reply and at 5:17 PM, staff #4 stated, "It was a Tuesday, yeah I was by myself". A third staff, staff #2 then stated, "I work by myself on Fridays and Saturdays".</p> <p>On 4/19/21 at 5:18 PM, the Qualified Intellectual Disabilities Professional (QIDP) was interviewed. The QIDP was asked about staffing supports during the incidents of elopement and physical aggression. The QIDP indicated the home was staffed with 1 and sometimes 2 staff members. The QIDP stated the layout of the home with 1 or 2 staff made it "challenging for staffing. It's difficult to monitor everywhere in this house".</p> <p>On 4/19/21 at 5:19 PM, staff #1's interview was continued. Staff #1 was asked about the incident of client B's elopement on 3/31/21. Staff #1 stated, "Yeah. I worked with [staff #3]. I followed him in the van. I followed him as far as I could. I seen him behind a garage (sic). A police car pulled up and was running everywhere. They took him to [hospital]". Staff #1 was asked about client A's elopement on 1/22/21. Staff #1 indicated she was called the last time client A had eloped. Staff #1 was asked who was working at the time of the incident. Staff #1 stated, "The lady was a PRN (as needed) and it had to be in January". Staff #1 was asked how many staff were at the home during the time of client A's elopement. Staff #1 stated, "One". Staff #1 was asked how many clients lived at the home during the time of client A's elopement in January. Staff #1 stated, "All eight". Staff #1 indicated she had received a phone call informing her client A had eloped from the group home, got in her car to search for client A and stated, "I found him behind [name] dry cleaners".</p> <p>On 4/20/21 at 1:21 PM, the Interim Associate</p>			

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W 0249 Bldg. 00	<p>Director (IAD) was interviewed. The IAD was asked about deployment of staffing support during the incidents of elopement and physical aggression. The IAD stated, "The layout is not good. It makes it difficult if it's single staffing". The IAD indicated the facility was reviewing the closure of this home and reinstating licensing at a vacant home that would be a single level. The IAD stated, "The clients we have now make it much more difficult. We're working the process to try and move clients and reopen [name] at another location. They would be served better, too many nooks and corners. It's difficult to deploy staffing".</p> <p>On 4/20/21 at 2:39 PM, the Quality Assurance Manager (QAM) was interviewed. The QAM was asked about deployment of staffing supports during the incident of elopement and physical aggression. QAM stated, "I don't disagree". QAM further indicated the facility was reviewing the reopening of a single level ranch style home as the current layout of the two-story home made it more difficult for the deployment of staff to intervene and redirect.</p> <p>This federal tag relates to Complaint #IN00348329.</p> <p>9-3-3(a)</p> <p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p>			

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	<p>Based on record review and interview for 3 of 10 incident reports affecting clients (A, B, C, D and E), the facility failed to implement clients A, B and D's behavioral supports to prevent elopement and or physical aggression during incidents which occurred on 1/22/21, 3/24/21 and 3/31/21.</p> <p>Findings include:</p> <p>On 4/19/21 at 3:17 PM, a review of the Bureau of Developmental Disabilities Services (BDDS) incident reports and investigation summaries was completed. The BDDS reports indicated the following:</p> <p>-BDDS report dated 1/23/21 indicated, "It was reported [client A] became agitated and began throwing chairs outside, hit the door and walls. [Client A] then left the house. A second staff found [client A] at a nearby [name]. Police were called for assistance. Police and EMT (emergency medical treatment) arrived and [client A] transported to [name of hospital] ER (emergency room) for evaluation ...".</p> <p>Investigation summary dated 1/22/21 indicated, "Briefly describe the incident and any injury if any: [Client A] got angry and started punching walls. He came downstairs and punched the walls. He told the staff he was going to leave. He left the property and was found at the [name] on [name] street. The police and ambulance came and transported him to [name] hospital. No injuries were reported. Interview staff involved and write their response: [Staff #6] [Client A] came out of his room and he was upset. He was calm before. He started punching the walls and throwing things. He said he was leaving. I asked him if he wanted to talk he said no. I called [Interim Program Manager] and she said to call the police to help</p>	W 0249	<p>W 249: PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)</p> <p>1.An IDT will be conducted to discuss strategies and develop a plan for Client # A,B, and D consisting of a Nurse, QIDP, Residential Manager, Area Supervisor and Program Manager for strategies to prevent elopement and physical aggression.</p> <p>2.The QIDP will hold a team meeting to discuss the BSP and implement strategies developed by the team. The QIDP monitor on site progress to ensure appropriate implementation of the plan and track Client progress. Results will be reviewed weekly by the Residential Manager and QIDP and Area Supervisor. The QIDP will update the team and make recommendation accordingly.</p> <p>3.The QIDP will hold a team meeting to discuss the ISP and implement strategies developed by the team. The QIDP monitor on site progress to ensure appropriate implementation of the plan and track Client progress. Results will be reviewed weekly by the Residential Manager and QIDP and Area Supervisor. The QIDP will update the team and make recommendation accordingly.</p> <p>4.The QIDP monitor progress for Client progress and it will be reviewed Monthly by the QIDP and Team. The QIDP will update the</p>	05/21/2021	

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	<p>find him. Recommendations: Staff will continue to verbally de-escalate [client A] as well as keep him away from other clients when he is escalated".</p> <p>-BDDS report dated 3/25/21 indicated, "It was reported [client C] and [client D] were outside talking when [client C] came in the house and told staff that [client D] had hit him in the face. [Client B] heard what [client C] reported to staff and began to yell at [client D]. [Client D] then hit [client B] in the face and [client B] hit [client D] on the face. Staff was able to verbally redirect the men. No injuries were reported.</p> <p>-BDDS report dated 3/31/21 indicated, "It was reported [client B] was in the living room watching TV (television) with housemates. [Client B] began to curse excessively. Staff asked [client B] to please stop cursing. [Client B] became agitated and knocked everything off of desk in office, he then began yelling and kicking furniture in the home. Staff attempted to verbally redirect [client B]. [Client E] was standing in the kitchen when [client B] approached him and using both hands pushed [client E] to the floor. Staff did skin assessment with [client E] and found no injuries. [Client B] went to his room and put on his shoes and left the group home. Staff followed [client B] in vehicle. [Client B] was out of line of sight of staff for 1 minute while staff got in van to leave. Police were contacted for assist (assistance). Police arrived and transported [client B] to [name] ER (emergency room) for psych (psychiatric) evaluation. [Client B] was evaluated and released with discharge paperwork for Intermittent Explosive Disorder. No injuries were reported".</p> <p>On 4/20/21 at 9:00 AM client A's record was reviewed. The record indicated the following:</p>		<p>team and make recommendation accordingly.</p> <p>Persons Responsible: Program Manager, QIDP, Area Supervisor, Residential Manager, Nurse, DSP.</p>	

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	<p>-Individual Support Plan (ISP) dated 3/16/21 indicated, "Challenging Behaviors: Physical Aggression, Non-Compliance, Verbal Aggression, Challenges with toileting".</p> <p>-Behavior Support Plan (BSP) dated 1/2022 (sic) indicated, "Target Behaviors: Verbal Aggression ...Noncompliance ... Physical Aggression ... Elopement ... Leaving Assigned Area ...". Elopement was defined as "any occurrence of leaving the area without staff supervision at home or in community". Leaving the Assigned Area was defined as, "any occurrence of leaving the area without staff permission but staff still have him within eye view". The "Reactive Procedures" of the BSP indicated, "If he continues to attempt to leave or does leave, immediately follow him and continue to redirect him back to the assigned area or an area where you can problem solve with him. If he complies provide abundant praise and work with him on what is bothering him. If while at the home, he is attempting to leave, and [client D] (sic) reaches the end of the driveway or off the property, use the Your Safe I am Safe (YSIS) procedures in the following order: i. One-person YSIS, ii Two-person YSIS".</p> <p>From interviews the deployment of one staff with the challenges of the environmental spaces within the home, staff #6 did not effectively implement the "Reactive Procedures" of client A's BSP for following him, providing redirection or the use of YSIS to prevent client A's elopement on 1/21/21.</p> <p>On 4/20/21 at 9:20 AM, client B's record was reviewed. The record indicated the following:</p> <p>-Individual Support Plan (ISP) dated 12/28/20 indicated, "Needs: Learns personal information about himself, Increase hygiene skills, Increase</p>			

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	<p>financial ability-value of money, Increase domestic skills, Learn basic traffic signs in the community, Participate in planned outings with staff assistance, Needs to understand basic needs at home and in the community, Self-administer medications, Prioritize activities during the day, Response to unusual situations that happen during the day".</p> <p>-Behavior Support Plan (BSP) dated 2/19/21 indicated, "Target behaviors: Verbal Aggression ... Noncompliance ... Elopement ... Physical Aggression". Elopement was defined as, "any occurrence of leaving the area without staff supervision at home or in community". Physical Aggression was defined as, "hits, kicks, throws things or pushes others". The "Reactive Procedures" of the BSP indicated, "Physical Aggression: ... If the behavior persists or he continues to place others or himself in immediate danger implement YSIS (You're Safe I'm Safe). Begin by using the one person YSIS. If the behavior continues, move to the two-person YSIS ... Elopement: If he continues to attempt to leave or does leave, immediately follow him and continue to redirect him back to the assigned area or an area where you can problem solve with him. If he complies provide abundant praise and work with him on what is bothering him. If while at the home, he is attempting to leave, and [client D] (sic) reaches the end of the driveway or off the property, use the Your Safe I am Safe (YSIS) procedures in the following order: i. One-person YSIS, ii Two-person YSIS".</p> <p>From interviews the deployment of one staff with the challenges of the environmental spaces within the home, staff #4 did not effectively implement client B's BSP to prevent client-to-client aggression which occurred on 3/24/21. In</p>			

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	<p>addition, staff #1 and staff #3 failed to implement the "Reactive Procedures" of client B's BSP for following him to provide redirection and the use of YSIS to prevent his elopement on 3/31/21.</p> <p>On 4/20/21 at 9:56 AM, client D's record was reviewed. The record indicated the following:</p> <p>-Individual Support Plan (ISP) dated 6/17/20 indicated, "Challenging Behaviors: Needs to improve conversation skills, Lack of Friendships and Poor Hygiene Skills".</p> <p>-Behavior Support Plan (BSP) dated 5/17/20 indicated, "Physical Aggression: ... kicks, hits, bites, throws, pushes or any other action that could result in injury. Includes attempts." The "Reactive Procedures" of the BSP indicated, "Physical Aggression: ... Immediately ensure everybody's health and safety, it may be necessary to request that his peers move to a different area of the home. Ask him to stop engaging in the behavior. If the behavior is not producing any injury ignore the behavior and do not say anything to him after you have told him once to stop. If the behavior persists or he continues to place others or himself in immediate danger implement YSIS (You're Safe I'm Safe). Begin by using the one person YSIS. If the behavior continues, move to the two-person YSIS".</p> <p>From interviews the deployment of one staff with the challenges of the environmental spaces within the home, staff #4 did not effectively implement client D's BSP to prevent the client-to-client aggression which occurred on 3/24/21.</p> <p>On 4/19/21 at 5:16 PM, staff #1 was interviewed. Staff #1 was asked about the client-to-client</p>			

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	<p>physical aggression incident on 3/24/21. Staff #1 stated, "I think [staff #4] was here by himself". Staff #4 heard staff #1's reply and at 5:17 PM, staff #4 stated, "It was a Tuesday, yeah I was by myself". A third staff, staff #2 then stated, "I work by myself on Fridays and Saturdays".</p> <p>On 4/19/21 at 5:18 PM, the Qualified Intellectual Disabilities Professional (QIDP) was interviewed. The QIDP was asked about staffing supports during the incidents of elopement and physical aggression. The QIDP indicated the home was staffed with 1 and sometimes 2 staff members. The QIDP stated the layout of the home with 1 or 2 staff made it "challenging for staffing. It's difficult to monitor everywhere in this house".</p> <p>On 4/19/21 at 5:19 PM, staff #1's interview was continued. Staff #1 was asked about the incident of client B's elopement on 3/31/21. Staff #1 stated, "Yeah. I worked with [staff #3]. I followed him in the van. I followed him as far as I could. I seen (sic) him behind a garage (sic). A police car pulled up and was running everywhere. They took him to [hospital]". Staff #1 was asked about client A's elopement on 1/22/21. Staff #1 indicated she was called the last time client A had eloped. Staff #1 was asked who was working at the time of the incident. Staff #1 stated, "The lady was a PRN (as needed) and it had to be in January". Staff #1 was asked how many staff were at the home during the time of client A's elopement. Staff #1 stated, "One". Staff #1 was asked how many clients lived at the home during the time of client A's elopement in January. Staff #1 stated, "All eight". Staff #1 indicated she had received a phone call informing her client A had eloped from the group home, got in her car to search for client A and stated, "I found him behind [name] dry cleaners".</p>			

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

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	<p>On 4/20/21 at 1:21 PM, the Interim Associate Director (IAD) was interviewed. The IAD was asked about implementation of clients A, B and D's behavior plans during the incidents of elopement and physical aggression. IAD indicated clients A, B and D's behavioral support plans should be implemented as written. The IAD stated, "They're not able to implement the plans". IAD indicated clients A, B and D's behavioral support plans should be implemented as written.</p> <p>On 4/20/21 at 2:09 PM, the Quality Assurance Manager (QAM) was interviewed. The QAM was asked about clients A, B and D's behavior plans during the incidents of elopement and physical aggression. QAM stated, "I don't disagree with you". QAM indicated clients A, B and D's behavioral support plans should be implemented as written.</p> <p>This federal tag relates to Complaint #IN00348329.</p> <p>9-3-4(a)</p>			