

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

PRINTED: 07/09/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G449		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 06/04/2018	
NAME OF PROVIDER OR SUPPLIER  COMMUNITY ALTERNATIVES-ADEPT				STREET ADDRESS, CITY, STATE, ZIP CODE 7859 DELBROOK DR INDIANAPOLIS, IN 46260			
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W 0000  Bldg. 00	<p>This visit was for the investigation of complaint #IN00257648.</p> <p>Complaint #IN00257648: Substantiated, Federal and state deficiencies related to the allegation are cited at W149 and W186.</p> <p>Dates of Survey: May 23, 24, 25, 30 and June 4, 2018.</p> <p>Facility Number: 000963 Provider Number: 15G449 AIMS Number: 100244740</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 and #28194 on 6/15/18.</p>			W 0000			
W 0149  Bldg. 00	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on observation, record review and interview for 2 of 3 sampled clients (A and B), the facility failed to implement its policy and procedures to prevent abuse, neglect and mistreatment regarding an incident of FC (Former Client) A biting client A's face and FC A biting client B.</p> <p>Findings include:</p> <p>An observation was conducted at the group home on 5/23/18 from 2:53 PM through 5:08 PM. Clients A and B were observed throughout the</p>			W 0149	<p><b>CORRECTION:</b> <i>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Specifically, all staff will be retrained on appropriate implementation of behavior supports for current clients who reside in the facility.</i></p> <p><b>PREVENTION:</b> The Residential Manager and Area</p>		07/04/2018

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

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that 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 disclosable 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>observation period. On 5/23/18 at 3:54 PM client A was seated at the dining room table eating a snack. Client A had a darkened, red scar on his lower left cheek 1 and 1/2 centimeters in length. Client B was observed throughout the observation period. Client B was observed holding sheets of paper and crayons as he ambulated independently throughout the group home. Client B was non-verbal.</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 5/24/18 at 10:22 AM.</p> <p>1. A BDDS report dated 3/20/18 indicated on 3/19/18, "... As staff was in the restroom, [FC A] went into [client A's] bedroom, without apparent antecedent, and bit [client A] on his left cheek. Staff discovered a bite mark with broken skin on [client A's] left cheek, approximately 3 inches in length. The [Agency] nurse was notified and instructed staff to clean the area and take [client A] to a prompt care clinic to be assessed. [Client A] was taken to [Name of Medical Clinic] where he (client A) was assessed and received 4 sutures, an antibiotic, and pain medication. [Client A] stated that [FC A] bit him. When staff attempted to take [FC A] to Med Check (medical clinic) for source testing, he (FC A) refused and attempted to elope and became physically aggressive with staff causing the staff to place him (FC A) in a 1-person YSIS (You're Safe, I'm safe Hold) for 30 minutes...".</p> <p>-A review of the BDDS report dated 3/20/18 indicated FC A entered client A's room and bit client A on his left cheek. The review indicated client A required immediate medical treatment and client A received 4 stitches on his face to close the bite wound. The review did not indicate FC</p>				<p>Supervisor will submit schedule revisions to Program Manager for approval prior to implementation. Members of the Operations Team (comprised of the Executive Director, Operations Managers, Program Managers, Quality Assurance Manager, QIDP Manager, Quality Assurance Coordinators, Nurse Manager and Registered Nurse) will review facility support documents and perform visual assessments of the facility no less than twice weekly until all staff demonstrate competence. At the conclusion of this period of enhanced administrative monitoring and support, the Executive Director and Regional Director will determine the level of ongoing support needed at the facility. Active Treatment sessions to be monitored are defined as:</p> <p>Mornings: Beginning at 6:30 AM and through morning transport and including the following: Medication administration, meal preparation and breakfast, morning hygiene and domestic skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day and overnight shifts.</p> <p>Evenings: Beginning at approximately 4:30 PM through the evening meal and including the following: domestic and hygiene</p>		

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	<p>A's level of supervision at the time of the incident.</p> <p>A FR (Final Report) dated 3/19/18 through 3/26/18 indicated the following:</p> <p>-"... Summary of Evidence: ...Did consumer [FC A] engage in physical aggression with consumer [client A]? Yes."</p> <p>-"Did consumer [FC A] cause injury to him/herself or others as a result of his/her behavior? No. Others? Yes..."</p> <p>-"Conclusions"</p> <p>-"Evidence substantiates that consumer [FC A] did... engage in physical activity with consumer [client A]."</p> <p>-"Evidence substantiates that consumer [FC A] did... cause injury to himself/herself or others as a result of his/her behavior."</p> <p>-"Evidence substantiates that his behavior is... addressed in the consumer's [FC A's] BSP (Behavior Support Plan) as a current and or historical behavior."</p> <p>A review of the FR dated 3/19/18 to 3/26/18 indicated the investigation substantiated FC A bit client A on the face which caused a 3 centimeter laceration to client A's face. The review indicated a staff member was in the bathroom when FC A bit client A. The review did not indicate the investigation substantiated whether staff followed FC A's supervision protocol.</p> <p>CWSF (Confidential Witness Statement Form) dated 3/19/18 with RM (Residential Manager) #1 indicated, "...I (RM #1) went to the restroom and</p>				<p>skills training, leisure skills training, medication administration, meal preparation and dinner. Evening monitoring will also include unannounced spot checks later in the evening toward bed time.</p> <p>In addition to active treatment observations, Operations Team Members and/or the Residential Manager will perform spot checks at varied times on the overnight shift no less than twice monthly –more frequently if training issues or problems are discovered. Operations Team members have been trained on monitoring expectations. Specifically, Administrative Monitoring is defined as follows:</p> <ul style="list-style-type: none"> <li>·The role of the administrative monitor is not simply to observe &amp; Report.</li> <li>·When opportunities for training are observed, the monitor must step in and provide the training and document it.</li> <li>·If gaps in active treatment are observed the monitor is expected to step in, and model the appropriate provision of supports.</li> <li>·Assuring the health and safety of individuals receiving supports at the time of the observation is the top priority.</li> <li>·Review all relevant documentation, providing documented coaching and training as needed.</li> </ul>		

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	<p>heard [client A] yell. When I made it back there [FC A] had bit (sic) him... I was in the restroom. Once I (RM #1) heard [client A] yell, I immediately ran to his room... [Client A] had a bite mark on his face."</p> <p>A review of the CWSF dated 3/19/18 indicated RM #1 was going to the bathroom when FC A bit client A on the face. The review did not indicate RM #1 was providing 1:1 supervision of FC A when FC A bit client A.</p> <p>FC A's record was reviewed on 5/24/18 at 12:55 PM.</p> <p>FC A's ISS (In-service Sign-in Sheet) dated 1/18/18 indicated, "... Detailed Description: [FC A] will have a 1:1 staff as determined by the QIDP (Qualified Intellectual Disabilities Professional) and Behaviorist. The purpose of the 1:1 staff is to provide uninterrupted observation of and intervention toward [FC A] to keep him from harming himself and others. [FC A] is that staff's only focus. Staff will be in the same room with [FC A] and will be positioned close enough to physically intervene using YSIS; [FC A] will be within staff line of sight if he (FC A) attempts to harm himself or others. This includes every room he enters as well as 15 minute checks overnight while he (FC A) is asleep. There will be an additional staff on overnight that will be the responsible 1:1 staff as long as [FC A] is awake during night hours due to his insomnia. The responsible staff will be assigned on the house schedule. Whenever [FC A] is awake in a room or sitting down or lying down, the staff will position themselves with [FC A] in line of sight prepared to block his access to his peers. When [FC A] is asleep, staff will perform 15 minute observations, but when he (FC A) is awake during night hours</p>				<p>The Executive Director and Director of Operations/Regional Manager (area manager) will review documentation of administrative level monitoring of the facility –making recommendations as appropriate. As stated above, the Executive Director will participate directly in administrative monitoring of the facility.</p> <p>Administrative support at the home will include assuring staff implement proactive and reactive behavior support strategies appropriately with emphasis on prevention of peer to peer aggression.</p> <p><b>RESPONSIBLE PARTIES:</b> QIDP, Area Supervisor, Residential Manager, Health Services Team, Direct Support Staff, Operations Team, Regional Director</p>		

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	<p>due to his Insomnia, the assigned staff will resume the protocol for wakening hours... The 1:1 (staff) will position themselves between [FC A] and his peers while maintaining line of sight with [FC A]. When [FC A] is on 1:1, he (FC A) may only be transported in the group home van and may only sit on one of the bench seats with staff sitting next to him. He may not sit in the passenger front seat. staff will sit next to [FC A] to keep him from physically contacting his peers..."</p> <p>A review of the ISS dated 1/18/18 indicated FC A was placed on enhanced supervision, 1:1 staff supervision on 1/18/18. The review indicated FC A was placed on 1:1 staff supervision to prevent FC A from harming his peers or himself. The review indicated staff were to provide uninterrupted observation and intervention of FC A. The review indicated 1:1 staff were to position themselves close enough to FC A for staff to physically intervene using YSIS techniques to prevent FC A from harming his peers. The review indicated staff did not follow client A's 1:1 protocol regarding the incident when FC A bit client A's face on 3/19/18.</p> <p>FC A's BSP (Behavior Support Plan) dated 12/14/17 and revised on 2/6/18 indicated, "... Target Behaviors and Goals: Physical Aggression: any time [FC A] strikes, spits, grabs, kicks, bites, pinches, is threatening and throwing objects at others that have the potential to cause injury... Staff Actions: 1:1 Staffing Detailed Description: [FC A] will have a 1:1 staff as determined by the QIDP (Qualified Intellectual Disabilities Professional) and Behaviorist. The purpose of the 1:1 staff is to provide uninterrupted observation of and intervention toward [FC A] to keep him from harming himself and others. [FC A] is that staff's only focus. Staff will be in the same room</p>						

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	<p>with [FC A] and will be positioned close enough to physically intervene using YSIS; [FC A] will be within staff line of sight if he (FC A) attempts to harm himself or others. This includes every room he enters as well as 15 minute checks overnight while he is asleep. There will be an additional staff on overnight that will be the responsible 1:1 staff as long as [FC A] is awake during night hours due to his insomnia. The responsible staff will be assigned on the house schedule. Whenever [FC A] is awake in a room or sitting down or lying down, the staff will position themselves with [FC A] in line of sight prepared to block his access to his peers. When [FC A] is asleep, staff will perform 15 minute observations, but when he (FC A) is awake during night hours due to his Insomnia, the assigned staff will resume the protocol for waking hours... The 1:1 (staff) will position themselves between [FC A] and his peers while maintaining line of sight with [FC A]. When [FC A] is on 1:1, he (FC A) may only be transported in the group home van and may only sit on one of the bench seats with staff sitting next to him. He may not sit in the passenger front seat. staff will sit next to [FC A] to keep him from physically contacting his peers..."</p> <p>The review indicated FC A's BSP was revised on 2/6/18. The review indicated FC A had a target behavior of Physical Aggression and biting. The review indicated FC A's 1:1 staffing protocol was included in FC A's BSP revised 2/6/18.</p> <p>Client A's ROV (Record of Visit) form dated 3/19/18 and completed by a PA (Physician's Assistant) indicated, "... Reason for Visit: Bite wound. Results/Findings of examination: Bite wound to L (left) cheek with generally well approx. (approximated) edges... Recommendations for treatment: 4 sutures placed. Start Abx</p>						

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	<p>(antibiotics)..."</p> <p>A review of ROV dated 3/19/18 indicated client A was treated for a bite wound to his left cheek. The review indicated the PA placed 4 sutures to close the bite wound to client A's left cheek. The review indicated client A was placed on antibiotics due to risk of infection.</p> <p>2. A BDDS report dated 3/4/18 indicated on 3/3/18, "...While assisting [client B] with hygiene, staff noted an apparent bite mark with broken skin on [client B's] back. Staff performed first aid and contacted the [Agency] nurse. The nurse instructed staff to take [client B] to MedCheck [Location] for evaluation. [Client B] was treated for a human bite and prescribed Amoxicillin (antibiotic) B75-125 mg (milligram) to be taken twice daily for 10 days... [FC A] shares a bedroom with [client B] and has (FC A) a history of physical aggression, including biting, which is addressed in his Behavior Support Plan. The administrative team is aware of the incident and the interdisciplinary team has increased [FC A's] enhanced supervision to 24/7 (hours per day/days per week)..."</p> <p>-A review of the BDDS report dated 3/4/18 indicated staff discovered a bite mark to client B's back during routine daily hygiene. The review did not indicate staff observed client B's bite to his back. The review indicated FC A was client B's roommate. The review indicated client B had a history of biting. The review indicated the facility increased FC A's enhanced supervision to 24/7.</p> <p>A FR dated 3/3/18 through 3/9/18 indicated the following:</p> <p>-"... Conclusions Evidence substantiates that</p>						

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	<p>consumer [FC A] DID engage in physical activity with [client B]."</p> <p>- "Evidence substantiates that consumer [FC A] DID cause injury to him/herself or others as a result of his/her behavior."</p> <p>- "Evidence substantiates that this behavior is addressed on the consumer's BSP as a current and or historical behavior."</p> <p>- "Plan of Resolution... See attached IDT notes".</p> <p>- "... Interdisciplinary Team Meeting... 3.4.18... Meeting Agenda: The team met because [FC A] and [client B] was (sic) involved in a peer to peer aggression. [FC A] bite mark (sic) with broken skin on [client B's] back... The team decided that a staff would sit outside the door to observe (Client B and FC A) when both of the gentlemen are in the room. [FC A] will remain on 1:1 supervision."</p> <p>- A review of FR/IDT dated 3/3/18 to 3/9/18 indicated the facility substantiated FC A bit client B causing an injury to client B's back. The review indicated FC A had a history of biting his peers. The review indicated FC A was on 1:1 supervision when awake and 15 minute checks when in bed prior to the incident of client to client aggression on 3/3/18. The review indicated FC A's level of enhanced supervision was increased to 24/7 1:1 supervision with a staff positioned outside FC A's and client B's bedroom door when both clients were in their bedroom.</p> <p>Client B's record was reviewed on 5/24/18 at 1:01 PM. Client B's ROV dated 3/3/18 and completed by a MD (Medical Doctor) indicated, "... Diagnosis: Human Bite Age Indeterminate...".</p>						



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	<p>A review of the ROV dated 3/3/18 indicated an MD diagnosed client B with a human bite. The review indicated the MD could not determine the age of the wound or when client B was bitten.</p> <p>Client A was interviewed on 5/23/18 at 4:16 PM. Client A was asked if FC A had bitten him. Client A stated, "Yeah, right there on the side (Client A pointed to the left side of his face)." Client A was asked if he was afraid of FC A. Client A stated, "Yeah, because he (FC A) bit me."</p> <p>Staff #1 was interviewed on 5/23/18 at 3:01 PM. Staff #1 was asked if she was working when FC A bit client A on 3/19/18. Staff #1 stated, "I think I was off. I just heard he (FC A) went to meet him (client A) in his (client A's) room. When I (staff #1) came back it (client A's face) was plastered, bandaged." Staff #1 was asked if FC A had bitten any of the other clients. Staff #1 stated, "Yes, his roommate [client B]."</p> <p>Staff #2 was interviewed on 5/23/18 at 4:48 PM. Staff #2 was asked if FC A had bitten any of the clients in the group home. Staff #2 stated, "[Client B] sometimes but usually we would prevent it from occurring. We would redirect him (FC A)." Staff #2 was asked what was FC A's level of supervision. Staff #2 stated, "1:1, always." Staff #2 was asked if he could effectively provide 1:1 supervision when 2 clients were home with only one staff. Staff #2 stated, "No, I would not accept that. I would reject that."</p> <p>AS (Area Supervisor) #1 was interviewed on 5/23/18 at 4:50 PM. AS #1 was asked if a 1:1 staff should be assigned to supervise more than one client. AS #1 stated, "No, because they're specifically a 1:1 staff." AS #1 was asked what had happened to client A on 3/19/18. AS #1</p>						

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	<p>stated, "[Client A] was in the room asleep. He (client A) stayed home from day services that day. I (AS#1) left out the home. RM (Resident Manager) #1 was here (at group home) by herself. She (RM #1) heard [client A] scream." A #1 was asked if he returned to the group home after the incident. AS #1 stated, "Yeah, it was bad. There was blood on his (client A's) face and it was kind of swollen. We asked him (FC A) that night what happened. He (FC A) said 'I bite [client A].'"</p> <p>RM #1 was interviewed on 5/24/18 at 10:45 AM. RM #1 was asked if she was present when FC A bit client A on 3/19/18. RM #1 stated, "Yes I was his (FC A's) 1:1. I went to the rest room. I was on my way out when I heard [client A] scream." RM #1 was asked if she was able to provide 1:1 supervision for FC A with client A also present in the group home. RM #1 stated, "No, because look what happened."</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 5/24/18 at 1:15 PM. QIDP #1 was asked when FC A's enhanced 1:1 supervision initiated. QIDP #1 stated, "1/18/18". QIDP #1 was asked if FC A was on 1:1 staff supervision on 3/19/18. QIDP #1 stated, "Yes." QIDP #1 was asked if RM #1 should have been responsible for supervising FC A and client A by herself on 3/19/18. QIDP #1 stated, "No because when a client is 1:1 that client is the staff's main focus and she (RM #1) couldn't thoroughly implement the protocol." QIDP #1 indicated the facility's policy and procedures on the prevention of abuse, neglect and mistreatment should be implemented as written.</p> <p>The facility's policy and procedures were reviewed on 5/24/18 at 11:45 AM. QIDP #1 was interviewed on 5/24/18 at 1:15PM. QIDP #1</p>						

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W 0186  Bldg. 00	<p>indicated the facility's Abuse, Neglect, Exploitation policy revised on 2/26/18 was the most current policy. The facility's Abuse, Neglect, Exploitation policy revised on 2/26/18 indicated, "Policy: Adept staff actively advocate for the rights and safety of all individuals. All allegations or occurrences of abuse, neglect and exploitation shall be reported to the appropriate authorities through the appropriate supervisory channels and will be thoroughly investigated under the policies of ADEPT, Rescare and local, state and federal guidelines..."Emotional/physical neglect: failure to provide goods and/or services necessary for the individual to avoid physical harm. Failure to provide the support necessary to an individual's psychological and social well being. Failure to meet the basic need requirements such as food, shelter, clothing and to provide a safe environment."</p> <p>"Program intervention neglect: ...Failure to implement a support plan, inappropriate application of intervention with out (sic) a qualified person notification/review..."</p> <p>-"Physical Abuse: the act or failure to act that results or could result in physical injury to an individual. Non-accidental injury inflicted by another person or persons."</p> <p>This federal tag relates to complaint #IN00257648.</p> <p>9-3-2(a)</p> <p>483.430(d)(1-2) DIRECT CARE STAFF The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans.</p>						

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	<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.</p> <p>Based on record review and interview for 1 of 4 sampled clients (A) plus one additional client (FC A), the facility failed to ensure sufficient staff were on duty regarding the client to client aggression of FC A towards client A.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 5/24/18 at 10:22 AM.</p> <p>A BDDS report dated 3/20/18 indicated on 3/19/18, "... As staff was in the restroom, [FC A] went into [client A's] bedroom, without apparent antecedent, and bit [client A] on his left cheek. Staff discovered a bite mark with broken skin on [client A's] left cheek, approximately 3 inches in length. The [Agency] nurse was notified and instructed staff to clean the area and take [client A] to a prompt care clinic to be assessed. [Client A] was taken to [Name of Medical Clinic] where he (client A) was assessed and received 4 sutures, an antibiotic, and pain medication. [Client A] stated that [FC A] bit him. When staff attempted to take [FC A] to Med Check (medical clinic) for source testing, he (FC A) refused and attempted to elope and became physically aggressive with staff causing the staff to place him (FC A) in a 1-person YSIS (You're Safe, I'm safe Hold) for 30 minutes..."</p> <p>-A review of the BDDS report dated 3/20/18 indicated FC A entered client A's room and bit client A on his left cheek. The review indicated client A required immediate medical treatment and</p>			W 0186	<p><b>CORRECTION:</b></p> <p><i>The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans. Specifically, the governing body has assessed the current support needs at the facility and determined that in the absence of the need for one to one staffing, the facility staffing matrix will reflect no less than two staff on duty during waking hours, with a third staff deployed during peak active treatment hours. Current support needs in the home require single staffing during the overnight hours. The Area Supervisor and Program Manager will monitor incident reports and daily documentation and add additional staffing to support additional needs as they develop.</i></p> <p><b>PREVENTION:</b></p> <p>The Residential Manager and Area Supervisor will submit schedule revisions to Program Manager for approval prior to implementation.</p> <p>Members of the Operations Team (comprised of the Executive Director, Operations Managers, Program Managers, Quality Assurance Manager, QIDP</p>		07/04/2018

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	<p>client A received 4 stitches on his face to close the bite wound. The review did not indicate FC A's level of supervision at the time of the incident.</p> <p>A FR (Final Report) dated 3/19/18 through 3/26/18 indicated the following:</p> <p>- "... Summary of Evidence: ...Did consumer [FC A] engage in physical aggression with consumer [client A]? Yes."</p> <p>- "Did consumer [FC A] cause injury to him/herself or others as a result of his/her behavior? No. Others? Yes..."</p> <p>- "Conclusions"</p> <p>- "Evidence substantiates that consumer [FC A] did... engage in physical activity with consumer [client A]."</p> <p>- "Evidence substantiates that consumer [FC A] did... cause injury to himself/herself or others as a result of his/her behavior."</p> <p>- "Evidence substantiates that his behavior is... addressed in the consumer's [FC A's] BSP (Behavior Support Plan) as a current and or historical behavior."</p> <p>A review of the FR dated 3/19/18 to 3/26/18 indicated the investigation substantiated FC A bit client A on the face which caused a 3 centimeter laceration to client A's face. The review indicated a staff member was in the bathroom when FC A bit client A. The review did not indicate the investigation substantiated whether staff followed FC A's supervision protocol.</p> <p>CWSF (Confidential Witness Statement Form)</p>		<p>Manager, Quality Assurance Coordinators, Nurse Manager and Registered Nurse) will review facility support documents and perform visual assessments of the facility no less twice weekly until all staff demonstrate competence. At the conclusion of this period of enhanced administrative monitoring and support, the Executive Director and Regional Director will determine the level of ongoing support needed at the facility. Active Treatment sessions to be monitored are defined as:</p> <p>Mornings: Beginning at 6:30 AM and through morning transport and including the following: Medication administration, meal preparation and breakfast, morning hygiene and domestic skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day and overnight shifts.</p> <p>Evenings: Beginning at approximately 4:30 PM through the evening meal and including the following: domestic and hygiene skills training, leisure skills training, medication administration, meal preparation and dinner. Evening monitoring will also include unannounced spot checks later in the evening toward bed time.</p> <p>In addition to active treatment</p>				

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	<p>dated 3/19/18 with RM (Residential Manager) #1 indicated, "...I (RM #1) went to the restroom and heard [client A] yell. When I made it back there [FC A] had bit him... I was in the restroom. Once I (RM #1) heard [client A] yell. I immediately ran to his room... "[Client A] had a bite mark on his face."</p> <p>A review of the CWSF dated 3/19/18 indicated RM #1 was going to the bathroom when FC A bit client A on the face. The review did not indicate RM #1 was providing 1:1 supervision of FC A when FC A bit client A.</p> <p>FC A's record was reviewed on 5/24/18 at 12:55 PM.</p> <p>FC A's ISS (In-service Sign-in Sheet) dated 1/18/18 indicated, "... Detailed Description: [FC A] will have a 1:1 staff as determined by the QIDP (Qualified Intellectual Disabilities Professional) and Behaviorist. The purpose of the 1:1 staff is to provide uninterrupted observation of and intervention toward [FC A] to keep him from harming himself and others. [FC A] is that staff's only focus. Staff will be in the same room with [FC A] and will be positioned close enough to physically intervene using YSIS; [FC A] will be within staff line of sight if he (FC A) attempts to harm himself or others. This includes every room he enters as well as 15 minute checks overnight while he is asleep. There will be an additional staff on overnight that will be the responsible 1:1 staff as long as [FC A] is awake during night hours due to his insomnia. The responsible staff will be assigned on the house schedule. Whenever [FC A] is awake in a room or sitting down or lying down, the staff will position themselves with [FC A] in line of sight prepared to block his access to his peers. When [FC A] is asleep, staff will</p>		<p>observations, Operations Team Members and/or the Residential Manager will perform spot checks at varied times on the overnight shift no less than twice monthly –more frequently if training issues or problems are discovered. Operations Team members have been trained on monitoring expectations. Specifically, Administrative Monitoring is defined as follows:</p> <ul style="list-style-type: none"> <li>·The role of the administrative monitor is not simply to observe &amp; Report.</li> <li>·When opportunities for training are observed, the monitor must step in and provide the training and document it.</li> <li>·If gaps in active treatment are observed the monitor is expected to step in, and model the appropriate provision of supports.</li> <li>·Assuring the health and safety of individuals receiving supports at the time of the observation is the top priority.</li> <li>·Review all relevant documentation, providing documented coaching and training as needed.</li> </ul> <p>The Executive Director and Director of Operations/Regional Manager (area manager) will review documentation of administrative level monitoring of the facility –making recommendations as appropriate. As stated above, the Executive</p>		

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	<p>perform 15 minute observations, but when he (FC A) is awake during night hours due to his Insomnia, the assigned staff will resume the protocol for waking hours... The 1:1 (staff) will position themselves between [FC A] and his peers while maintaining line of sight with [FC A]. When [FC A] is on 1:1, he (FC A) may only be transported in the group home van and may only sit on one of the bench seats with staff sitting next to him. He may not sit in the passenger front seat. staff will sit next to [FC A] to keep him from physically contacting his peers..."</p> <p>A review of the ISS dated 1/18/18 indicated FC A was placed on enhanced supervision, 1:1 staff supervision on 1/18/18. The review indicated FC A was placed on 1:1 staff supervision to prevent FC A from harming his peers or himself. The review indicated staff were to provide uninterrupted observation and intervention of FC A. The review indicated 1:1 staff were to position themselves close enough to FC A for staff to physically intervene using YSIS techniques to prevent FC A from harming his peers. The review indicated staff did not follow client A's 1:1 protocol regarding the incident when FC A bit client A's face on 3/19/18.</p> <p>FC A's BSP (Behavior Support Plan) dated 12/14/17 and revised on 2/6/18 indicated, "... Target Behaviors and Goals: Physical Aggression: any time [FC A] strikes, spits, grabs, kicks, bites, pinches, is threatening and throwing objects at others that have the potential to cause injury... Staff Actions: 1:1 Staffing Detailed Description: [FC A] will have a 1:1 staff as determined by the QIDP (Qualified Intellectual Disabilities Professional) and Behaviorist. The purpose of the 1:1 staff is to provide uninterrupted observation of and intervention toward [FC A] to keep him</p>				<p>Director will participate directly in administrative monitoring of the facility.</p> <p>Administrative support at the home will include assuring staff provide continuous active treatment during formal and informal opportunities, including but not limited to assuring adequate direct support staff are on duty to meet the needs of all clients.</p> <p>The Quality Assurance Manager and QIDP Manager or other designated Quality Assurance staff will perform spot checks of attendance records to assure ongoing compliance. If deficiencies are noted, the QA staff will notify the Program Manager, Operations Manager and Executive Director to assure prompt corrective action. Prior to each schedule period, the Operations Team will follow-up verbally and via email to assure that appropriate coverage has been arranged.</p> <p><b>RESPONSIBLE PARTIES:</b> QIDP, Residential Manager, Direct Support Staff, Operations Team, Regional Director</p>		

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	<p>from harming himself and others. [FC A] is that staff's only focus. Staff will be in the same room with [FC A] and will be positioned close enough to physically intervene using YSIS; [FC A] will be within staff line of sight if he (FC A) attempts to harm himself or others. This includes every room he enters as well as 15 minute checks overnight while he is asleep. There will be an additional staff on overnight that will be the responsible 1:1 staff as long as [FC A] is awake during night hours due to his insomnia. The responsible staff will be assigned on the house schedule. Whenever [FC A] is awake in a room or sitting down or lying down, the staff will position themselves with [FC A] in line of sight prepared to block his access to his peers. When [FC A] is asleep, staff will perform 15 minute observations, but when he (FC A) is awake during night hours due to his Insomnia, the assigned staff will resume the protocol for waking hours... The 1:1 (staff) will position themselves between [FC A] and his peers while maintaining line of sight with [FC A]. When [FC A] is on 1:1, he (FC A) may only be transported in the group home van and may only sit on one of the bench seats with staff sitting next to him. He may not sit in the passenger front seat. staff will sit next to [FC A] to keep him from physically contacting his peers..."</p> <p>The review indicated FC A's BSP was revised on 2/6/18. The review indicated FC A had a target behavior of Physical Aggression and biting. The review indicated FC A's 1:1 staffing protocol was included in FC A's BSP revised 2/6/18.</p> <p>Client A's ROV (Record of Visit) form dated 3/19/18 and completed by a PA (Physician's Assistant) indicated, "... Reason for Visit: Bite wound. Results/Findings of examination: Bite wound to L (left) cheek with generally well approx.</p>						



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	<p>(approximated) edges... Recommendations for treatment: 4 sutures placed. Start Abx (antibiotics)...".</p> <p>A review of ROV dated 3/19/18 indicated client A was treated for a bite wound to his left cheek. The review indicated the PA placed 4 sutures to close the bite wound to client A's left cheek. The review indicated client A was placed on antibiotics due to risk of infection.</p> <p>Client A was interviewed on 5/23/18 at 4:16 PM. Client A was asked if FC A had bitten him. Client A stated, "Yeah, right there on the side (Client A pointed to the left side of his face)." Client A was asked if he was afraid of FC A. Client A stated, "Yeah, because he (FC A) bit me."</p> <p>Staff #2 was interviewed on 5/23/18 at 4:48 PM. Staff #2 was asked if FC A had bitten any of the clients in the group home. Staff #2 stated, "[Client B] sometimes but usually we would prevent it from occurring. We would redirect him (FC A)." Staff #2 was asked what was FC A's level of supervision. Staff #2 stated, "1:1, always." Staff #2 was asked if he could effectively provide 1:1 supervision when 2 clients were home with only one staff. Staff #2 stated, "No, I would not accept that. I would reject that."</p> <p>AS (Area Supervisor) #1 was interviewed on 5/23/18 at 4:50 PM. AS #1 was asked if a 1:1 staff should be assigned to supervise more than one client. AS #1 stated, "No, because they're specifically a 1:1 staff." AS #1 was asked what had happened to client A on 3/19/18. AS #1 stated, "[Client A] was in the room asleep. He (client A) stayed home from day services that day. I (AS#1) left out the home. RM (Resident Manager) #1 was here (at group home) by herself.</p>						

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	<p>She (RM #1) heard [client A] scream." A #1 was asked if he returned to the group home after the incident. AS #1 stated, "Yeah, it was bad. There was blood on his (client A's) face and it was kind of swollen. We asked him (FC A) that night what happened. He (FC A) said 'I bite [client A]."</p> <p>RM #1 was interviewed on 5/24/18 at 10:45 AM. RM #1 was asked if she was present when FC A bit client A on 3/19/18. RM #1 stated, "Yes I was his (FC A's) 1:1. I went to the rest room. I was on my way out when I heard [client A] scream." RM #1 was asked if she was able to provide 1:1 supervision for FC A with client A also present in the group home. RM #1 stated, "No, because look what happened."</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 5/24/18 at 1:15 PM. QIDP #1 was asked when FC A's enhanced 1:1 supervision initiated. QIDP #1 stated, "1/18/18". QIDP #1 was asked if FC A was on 1:1 staff supervision on 3/19/18. QIDP #1 stated, "Yes." QIDP #1 was asked if RM #1 should have been responsible for supervising FC A and client A by herself on 3/19/18. QIDP #1 stated, "No because when a client is 1:1 that client is the staff's main focus and she (RM #1) couldn't thoroughly implement the protocol."</p> <p>This federal tag relates to complaint #IN00257648.</p> <p>9-3-3(a)</p>						