STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G814	A. BUILDING 00 B. WING	11/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
VOCA CORPORATION OF INDIANA	8307 CASTLETON BLVD INDIANAPOLIS, IN 46256

(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
W 0000 Bldg. 00	This visit was for a pre-determined full recertification and state licensure survey. Survey dates: November 16, 17, 21, 22, 23 and 28, 2022. Facility Number: 010453 Provider Number: 15G814 AIMS Number: 201408320 These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #27547 on 12/7/22.	W 0000		
W 0104 Bldg. 00	483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based on observation and interview for 3 of 3 sampled clients (#1, #2 and #3) plus 4 additional clients (#4, #5, #6 and #7), the governing body failed to exercise general policy, budget and operating direction over the facility to ensure the group home's sliding glass door locked and was in good repair. Findings include: Observations were conducted at the group home on 11/16/22 from 2:46 PM through 5:43 PM and on 11/17/22 from 6:15 AM through 8:45 AM. Clients #1, #2, #3, #4, #5, #6 and #7 were observed throughout the observation periods. At 4:18 PM the group home's glass, sliding door in the kitchen	W 0104	**CORRECTION:** *The governing body must exercise general policy, budget, and operating direction over the facility.* Specifically, the facility's sliding glass door has been repaired and locks properly. **PREVENTION:** Members of the Operations Team (comprised of the Executive Director, Operations Managers, Program Managers, Quality Assurance Manager, QIDP Manager, QIDP, Quality Assurance Coordinators, Area Supervisors, Nurse Manager and	12/28/2022

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Bob Morris	QIDP Manager	12/17/2022

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	did not have a door alarm. The sliding glass door was off the sliding track and would not lock. AS (Area Supervisor) #1 indicated he would complete a maintenance request form to repair the door. At 4:48 PM client #6 stated, "[Client #1] ran away this morning." QIDPM #1 was interviewed on 11/21/22 at 1:59 PM. QIDPM #1 was asked how client #1 gained entrance when no clients or staff were present at the group home. QIDPM #1 stated, "Through the broken sliding glass door." QIDPM #1 indicated the governing body should ensure the group home is secure and all doors were in good working repair. 9-3-1(a)		Assistant Nurse Manager) will incorporate reviews of the facility's egresses into scheduled monthly audits to assure they lock and operate properly. **RESPONSIBLE PARTIES:** QIDP, Area Supervisor, Residential Manager, Direct Support Staff, Operations Team, Regional Director	
W 0149 Bldg. 00	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 1 of 3 sampled clients (#1), the facility failed to implement its policy and procedures to prevent and immediately report to the administrator regarding client #1 had left the group home and was out of staff's supervision for a significant amount of time. Findings include: Observations were conducted at the group home on 11/16/22 from 2:46 PM through 5:43 PM and on 11/17/22 from 6:15 AM through 8:45 AM. Client #1 was observed throughout the observation periods. On 11/16/22 at 2:50 PM client #1 was not in the group home. At 4:18 PM the group home's glass, sliding door in the kitchen did not have a	W 0149	**CORRECTION:** *The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, or abuse of the client.* Specifically, direct support and supervisory staff have been retrained regarding required reporting criteria and timelines, and have been trained on client #1's revised elopement prevention protocols in client #1's Behavior Support Plan. **PREVENTION:** The Quality Assurance Manager and the QIDP Manager will carefully review all incidents	12/28/2022

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	door alarm. The sliding glass door was off the sliding track and would not lock. AS (Area Supervisor) #1 indicated he would complete a maintenance request form to repair the door. At 4:48 PM client #6 stated, "[Client #1] ran away this morning." The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 11/17/22 at 9:49 AM. -A BDDS report dated 11/16/22 indicated, "... On 11/15/22, [client #1] returned from work on his own, changed clothes and told staff he was leaving to spend the night with friends. He exited the house at 12:00 AM. Staff reported the incident to the residential supervisor via text message, but administrative staff later learned the text did not go through. [Client #1] returned to the residence at 1:00 PM (11/16/22) to get clean work clothes, and said he was returning to work. He (client #1) returned to work. As result of his absence from the home, [client #1] did not receive his One-A-Day vitamin tablet." -"Plan to Resolve (Immediate and Long Term)." -"[Client #1] was not injured and was out of staff line of sight approximately 13 hours... [Client #1] will receive 15-minute checks for the next 72 hours to prevent further incidents...". -A review of the BDDS report dated 11/16/22 indicated client #1 left the group home at 12:00 AM on 11/16/22. The review indicated client #1 was out of staff's line of sight for approximately 13 hours. The review did not indicate when the facility administrator was notified of client #1's absence/elopement.		reported by the facility and outside entities, to assure that allegations and other required incidents are reported to the Bureau of Developmental Disabilities Services as required by state law. Each day, QIDP Manager or designee will compile a list of incidents requiring reports to the Bureau of Developmental Disabilities Services and distribute the list to administrative staff (comprised of the Executive Director, Operations Managers, Program Managers, Area Supervisors, Quality Assurance Manager, QIDP Manager, Quality Assurance Coordinators, Nurse Manager, Assistant Nurse Manager and QIDP) for review and revision, as needed. The QIDP Manager or designee will assign reporting responsibilities daily. Supervisory staff will review all facility documentation to assure incidents are reported as required. Additionally, internal and day service incident reports will be sent via electronic fax directly to administrative staff. The Quality Assurance Manager and the QIDP Manager will coordinate and follow-up with the Quality Assurance Coordinators, QIDPs and other staff responsible for reporting to outside agencies, to assure incidents are reported to state agencies as required. A management staff will be present, supervising active	

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	-A BDDS report dated 11/17/22 indicated, "... On 11/16/22, [client #1] changed into his work clothes and informed staff that he was leaving for work. [Client #1] left the residence, called off from work, and instead went to visit a friend. Staff arrived at his (client #1's) work to pick up [client #1] after his shift and discovered he was not there. Staff were able to contact [client #1] by phone and [client #1] came back to [Name of Employer] restaurant, located at [address]. [Client #1] stated that he went to a friend's house to play video games instead of working. Staff returned to the residence with [client #1] at approximately 7 PM. He returned home with no problems." -"Plan to Resolve (Immediate and Long Term)." -"[Client #1] was was out of staff line of sight approximately 4 hours but was returned to the residence with no injuries...". -A review of the BDDS report dated 11/17/22 indicated staff allowed client #1 to leave the group home without supervision after client #1 had just returned from a 13 hour absence without leave. The review indicated client #1 was not at work but was with a friend at an unknown location. Client #1's record was reviewed on 11/17/22 at 1:07 PM and on 11/21/22 at 10:31 AM. An IDT (Interdisciplinary Team) Meeting form dated 11/18/22 indicated the following: -"... Team met to discuss [client #1's] PM (evening) behavior of leaving the house for Alone Time past his allotted plan approved time of one hour on 11/16/22 and calling off work and lying to staff." -"QIDP (Qualified Intellectual Disabilities		treatment during no less than five active treatment sessions per week, on varied shifts to assure staff implement behavior supports as written.For the next 30 days, members of the Operations Team (comprised of the Executive Director, Operations Managers, Program Managers, Quality Assurance Manager, QIDP Manager, QIDPs, Quality Assurance Coordinators, Area Supervisors, and Nurse Manager) will conduct twice weekly administrative monitoring during varied shifts/times, to assure interaction with multiple staff, involved in a full range of active treatment scenarios. After 30 days, administrative monitoring will occur no less than weekly until all staff demonstrate competence. After 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. Current Operations Team members received training from the QIDP Manager to assure a clear understanding of administrative monitoring as defined below. · The role of the administrative monitor is not simply to observe & report. · When opportunities for training are observed, the monitor must step in and provide the	

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	Professional) spoke with [client #1] and had a conversation with him about leaving the home past his allotted alone time and about lying to staff about where he was going, and problem solving a solution to increase his AT (Alone Time)...". -"[Client #1] would like 4 hours of alone time outside of work each day to spend some time with friends, his girlfriend, and possibly go to a movie every so often." -"Team agreed to the increase in AT as long as [client #1] follow (sic) the AT procedures returns to the home in a timely manner and works less than 20 hours per week...". -"QIDP spoke with [client #1] about safe sex practices...". A preliminary investigation timeline dated 11/21/22 and completed by QIDPM (Qualified Intellectual Disabilities Professional Manager) #1 indicated the following: -"(11/16/22) 8:16 AM DSP (Direct Support Professional) [staff #1] texted [AS (Area Supervisor)] #1 and asked him to call." -"12:46 PM [Staff #1] texted [AS #1] and asked if he had spoken to [client #1] yet. [Staff #1] explained that [client #1] was not in the home when [Staff #1] came on duty at 8:00 AM. [AS #1] gave [Staff #1] [client #1's] number and said to call him." -"1:00 PM [Name of Group Home] staff left day service because [Staff #1] called [client #1] and [client #1] told him he was at home and had let himself in through the sliding glass door since the		training and document it. · If gaps in active treatment are observed the monitor is expected to step in and model the appropriate provision of supports. · Assuring the health and safety of individuals receiving supports at the time of the observation is the top priority. · Review all relevant documentation, providing documented coaching and training as needed Administrative oversight will include speaking with staff and clients and reviewing progress notes and behavior tracking to assure all incidents and allegations are reported as required, and that behavior supports are implemented as written. The QIDP Manager will maintain a tracking spreadsheet for incidents requiring investigation, follow-up and corrective/protective measures will be maintained and distributed daily to facility supervisors and the Operations Team. The Quality Assurance Manager will meet with his/her QA Department investigators as needed but no less than weekly to review the progress made on all investigations, review incidents and assign responsibility for new incidents/issues requiring investigation. QA team members will be required to attend and sign an in-service documentation at	

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	lock was broken." -"2:00 PM [Client #1] left the site in his [Name of Employer's] uniform and said he was going to work." -"3:45-5:45 PM [Name of Surveyor] discovered [client #1's] overnight elopement while interviewing individuals." -"7:09 PM [AS #1] informed OM (Operations Manager) [OM #1] that [client #1] told him he (client #1) spent the night at a friend's house." -"[AS #1] went to [client #1's] job, and he (client #1) was not present. [AS #1] called him (client #1), obtained the address of a hotel where he was with friends and [AS #1] picked him up...". The review indicated staff #1 was aware client #1 was not in the group home at 8:00 AM on 11/16/22. The review indicated client #1 had returned to the group home and let himself in the group home through an unlocked door at an undetermined time. The review did not indicate the amount of time client #1 was unsupervised inside the group home. The review did not indicate specifically when AS #1 was notified client #1 had eloped from the group home. Client #1 was interviewed on 11/17/22 at 8:10 AM. Client #1 was asked if he had left the group home unsupervised by staff in the early morning on 11/16/22. Client #1 stated, "I came home to get some clothes, then I left." Client #1 was asked who he had left the group home with. Client #1 stated, "With friends, to the hotel." Client #1 was asked when he had returned to the group home. Client #1 stated, "Staff called me. He's here right now, the little guy (staff #2). They came and		these meetings stating that they are aware of which investigations with which they are required to conduct, as well as the specific components of the investigation for which they are responsible, within the five-business day timeframe. The QA Manager will review the results of these weekly meetings with the Executive Director to assure appropriate follow through occurs. The Quality Assurance Team will review each investigation to ensure that they are thorough –meeting regulatory and operational standards, and will not designate an investigation, as completed, if it does not meet these criteria. Failure to complete thorough investigations within the allowable five business day timeframe may result in progressive corrective action to all applicable team members. **RESPONSIBLE PARTIES:** QIDP, Area Supervisor, Direct Support Staff, Operations Team, Regional Director	

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	picked me up." Client #6 was interviewed on 11/16/22 at 4:48 PM. Client #6 stated, "I have to tell you something. [Client #1] ran away, today, this morning." Client #3 was interviewed on 11/16/22 at 5:10 PM. Client #3 was asked if client #1 had eloped from the group home recently. Client #3 stated, "I didn't see what happened. I heard that he went somewhere and he didn't come back, but he came back today. That's why we left day service early." Staff #1 was interviewed on 11/16/22 at 3:11 PM. Staff #1 was asked why the clients had to leave the Day Service early on 11/16/22. Staff #1 stated, "Because [client #1] had to be at work early." Staff #1 was asked if there had been any of the clients had eloped recently. Staff #1 stated, "Not that I know of." Staff #1 was asked why there was a door alarm on the front door. Staff #1 stated, "That I couldn't tell you." Staff #1 was interviewed a second time on 11/17/22 at 7:56 AM. Staff #1 was asked if client #1 was present in the group home when he arrived for his shift at 8:00 AM on 11/16/22. Staff #1 stated, "No, I was under the impression he (client #1) was with [AS #1]." Staff #1 was asked what the overnight staff had told him. Staff #1 stated, "He told me that [client #1] didn't come home last night." Staff #1 was asked what time he left Day Service on 11/16/22 to pick up client #1. Staff #1 stated, "12 PM, I think it was around that time." Staff #2 was interviewed on 11/17/22 at 8:21 AM. Staff #2 was asked if client #1 was present in the group home when he arrived for his shift at 8:00 AM on 11/16/22. Staff #2 stated, "No he wasn't in the house yesterday." Staff #2 was asked if client			

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	#1 had left the house before. Staff #2 stated, "No, he never does that. I always see him in the house sleeping." Staff #2 was asked if he had called client #1 from the Day Service Program to find out where he was. Staff #2 stated, "No [staff #1] called him. When we were at Day Service, [staff #1] called him and he (client #1) said he was at home. So we left Day Service and rushed home." Staff #2 was asked if client #1 was waiting outside the group home. Staff #2 stated, "No he was inside." Staff #2 indicated client #1 entered the group home through the sliding glass door. Staff #2 was asked if they had notified AS #1 client #1 was back at the group home. Staff #2 stated, "Yes [staff #1] notified [AS #1] immediately." DSM (Day Services Manager) #1 was interviewed on 11/17/22 at 9:44 AM. DSM #1 was asked if clients #1, #2, #3, #4, #5, #6 and #7 attended the Day Service Program. DSM #1 stated, "They are all scheduled to attend. Majority of the time, [client #1], he does not attend." DSM #1 was asked if client #1 was in attendance on 11/16/22. DSM #1 stated, "No." DSM #1 was asked if the clients and staff left early on 11/16/22. DSM #1 stated, "Yes from my understanding they left because they found out [client #1] was at the house." AS #1 was interviewed on 11/17/22 at 7:40 AM. AS #1 was asked when staff notified him client #1 had left the group home unattended. AS #1 stated, "Staff stated they sent me a text that [client #1] had left the site but I never received the text. It was 12 AM." AS #1 was asked what time client #1 returned to the group home. AS #1 stated, "At 1 PM, then he left at 2 PM, then he left work to hang with his friends. He wants more freedom." AS #1 indicated he did not notify the facility's administrator until after the surveyor had left the			

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	group home at 5:45 PM on 11/16/22. QIDPM (Qualified Intellectual Disabilities Professional Manager) #1 was interviewed on 11/21/22 at 1:59 PM. QIDPM #1 indicated client #1 had left the group home without staff supervision at approximately 12:00 AM on 11/16/22. QIDPM #1 was asked if staff had notified the Area Supervisor at that time. QIDPM #1 stated, "Yes, I viewed a screen shot from [staff #3's] phone." QIDPM #1 was asked how staff determined client #1 had returned to the group home on 11/16/22. QIDPM #1 stated, "They called [client #1] on his cell phone and he told them he was at home." QIDPM #1 was asked how client #1 gained entrance to the group home. QIDPM #1 stated, "Through the broken sliding glass door." QIDPM #1 indicated AS #1 did not report client #1's elopement until 7:00 PM on 11/16/22. QIDPM #1 indicated the facility's policy on the prevention of abuse, neglect and mistreatment should be implemented as written. QIDPM #1 indicated all allegations of abuse, neglect and mistreatment should be reported to the facility administrator immediately and to BDDS within 24 hours of knowledge. The Facility's policy and procedures were reviewed on 11/21/22 at 9:55 AM. The facility's Abuse, Neglect, Exploitation policy revised on 7/10/19 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			

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	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." "Program intervention neglect: ...Failure to implement a support plan, inappropriate application of intervention with out (sic) a qualified person notification/review...". 9-3-2(a)			
W 0153 Bldg. 00	483.420(d)(2) STAFF TREATMENT OF CLIENTS 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. Based on record review and interview for 2 of 12 allegations of abuse, neglect and mistreatment reviewed, the facility failed to immediately report to the administrator regarding client #1 had left the group home and was out of staff's supervision for a significant amount of time. Findings include: The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 11/17/22 at 9:49 AM. -A BDDS report dated 11/16/22 indicated, "... On 11/15/22, [client #1] returned from work on his own, changed clothes and told staff he was leaving to spend the night with friends. He exited the house at 12:00 AM. Staff reported the incident	W 0153	**CORRECTION:** *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.* Specifically, direct support and supervisory staff have been retrained regarding required reporting criteria and timelines. **PREVENTION:** The Quality Assurance Manager and the QIDP Manager will carefully review all incidents reported by the facility and outside	12/28/2022

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	to the residential supervisor via text message, but administrative staff later learned the text did not go through. [Client #1] returned to the residence at 1:00 PM (11/16/22) to get clean work clothes, and said he was returning to work. He (client #1) returned to work. As result of his absence from the home, [client #1] did not receive his One-A-Day vitamin tablet." -"Plan to Resolve (Immediate and Long Term)." -"[Client #1] was not injured and was out of staff line of sight approximately 13 hours... [Client #1] will receive 15-minute checks for the next 72 hours to prevent further incidents...". -A review of the BDDS report dated 11/16/22 indicated client #1 left the group home at 12:00 AM on 11/16/22. The review indicated client #1 was out of staff's line of sight for approximately 13 hours. The review did not indicate when the facility administrator was notified of client #1's absence/elopement. -A BDDS report dated 11/17/22 indicated, "... On 11/16/22, [client #1] changed into his work clothes and informed staff that he was leaving for work. [Client #1] left the residence, called off from work, and instead went to visit a friend. Staff arrived at his (client #1's) work to pick up [client #1] after his shift and discovered he was not there. Staff were able to contact [client #1] by phone and [client #1] came back to [Name of Employer] restaurant, located at [address]. [Client #1] stated that he went to a friend's house to play video games instead of working. Staff returned to the residence with [client #1] at approximately 7 PM. He returned home with no problems." -"Plan to Resolve (Immediate and Long Term)."		entities, to assure that allegations and other required incidents are reported to the Bureau of Developmental Disabilities Services as required by state law. Each day, QIDP Manager or designee will compile a list of incidents requiring reports to the Bureau of Developmental Disabilities Services and distribute the list to administrative staff (comprised of the Executive Director, Operations Managers, Program Managers, Quality Assurance Manager, QIDP Manager, QIDPs, Quality Assurance Coordinators, Area Supervisors, and Nurse Manager) for review and revision, as needed. The QIDP Manager or designee will assign reporting responsibilities daily. Supervisory staff will review all facility documentation to assure incidents are reported as required. Additionally, internal and day service incident reports will be sent via electronic fax directly to administrative staff. The Quality Assurance Manager and the QIDP Manager will coordinate and follow-up with the Quality Assurance Coordinators, QIDPs and other staff responsible for reporting to outside agencies, to assure incidents are reported to state agencies as required. For the next 30 days, members of the Operations Team (comprised of the Executive Director,	

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	15G814	A. BUILDING 00 B. WING	11/28/2022

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	-"[Client #1] was out of staff line of sight approximately 4 hours." -A review of the BDDS report dated 11/17/22 indicated staff allowed client #1 to leave the group home without supervision after client #1 had just returned from a 13 hour absence without leave. The review indicated client #1 was not at work but was with a friend at an unknown location. A preliminary investigation timeline dated 11/21/22 and completed by QIDPM (Qualified Intellectual Disabilities Professional Manager) #1 indicated the following: -"(11/16/22) 8:16 AM DSP (Direct Support Professional) [staff #1] texted [AS (Area Supervisor)] #1 and asked him to call." -"12:46 PM [Staff #1] texted [AS #1] and asked if he had spoken to [client #1] yet. [Staff #1] explained that [client #1] was not in the home when [Staff #1] came on duty at 8:00 AM. [AS #1] gave [Staff #1] [client #1's] number and said to call him." -"1:00 PM [Name of Group Home] staff left day service because [Staff #1] called [client #1] and [client #1] told him he was at home and had let himself in through the sliding glass door since the lock was broken." -"2:00 PM [Client #1] left the site in his [Name of Employer's] uniform and said he was going to work." -"3:45-5:45 PM [Name of Surveyor] discovered [client #1's] overnight elopement while interviewing individuals."		Operations Managers, Program Managers, Quality Assurance Manager, QIDP Manager, QIDPs, Quality Assurance Coordinators, Area Supervisors, and Nurse Manager) will conduct twice weekly administrative monitoring during varied shifts/times, to assure interaction with multiple staff, involved in a full range of active treatment scenarios. After 30 days, administrative monitoring will occur no less than weekly until all staff demonstrate competence. After 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. Current Operations Team members received training from the QIDP Manager to assure a clear understanding of administrative monitoring as defined below. · The role of the administrative monitor is not simply to observe & report. · When opportunities for training are observed, the monitor must step in and provide the training and document it. · If gaps in active treatment are observed the monitor is expected to step in and model the appropriate provision of supports. · Assuring the health and safety of individuals receiving supports at the time of the	

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	-"7:09 PM [AS #1] informed OM (Operations Manager) [OM #1] that [client #1] told him he (client #1) spent the night at a friend's house." -"[AS #1] went to [client #1's] job, and he (client #1) was not present. [AS #1] called him (client #1), obtained the address of a hotel where he was with friends and [AS #1] picked him up...". The review indicated staff #1 was aware client #1 was not in the group home at 8:00 AM on 11/16/22. The review indicated client #1 had returned to the group home and let himself in the group home through an unlocked door at an undetermined time. The review did not indicate the amount of time client #1 was unsupervised inside the group home. The review did not indicate specifically when AS #1 was notified client #1 had eloped from the group home. Client #1 was interviewed on 11/17/22 at 8:10 AM. Client #1 was asked if he had left the group home unsupervised by staff in the early morning on 11/16/22. Client #1 stated, "I came home to get some clothes, then I left." Client #1 was asked who he had left the group home with. Client #1 stated, "With friends, to the hotel." Client #1 was asked when he had returned to the group home. Client #1 stated, "Staff called me. He's here right now, the little guy (staff #2). They came and picked me up." Client #6 was interviewed on 11/16/22 at 4:48 PM. Client #6 stated, "I have to tell you something. [Client #1] ran away, today, this morning." Client #3 was interviewed on 11/16/22 at 5:10 PM. Client #3 was asked if client #1 had eloped from the group home recently. Client #3 stated, "I didn't		observation is the top priority. · Review all relevant documentation, providing documented coaching and training as needed Administrative oversight will include speaking with staff and clients and reviewing progress notes and behavior tracking to assure all incidents and allegations are reported as required. **RESPONSIBLE PARTIES:** QIDP, Area Supervisor, Direct Support Staff, Operations Team, Regional Director	

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	see what happened. I heard that he went somewhere and he didn't come back, but he came back today. That's why we left day service early." Staff #1 was interviewed on 11/16/22 at 3:11 PM. Staff #1 was asked why the clients had to leave the Day Service early on 11/16/22. Staff #1 stated, "Because [client #1] had to be at work early." Staff #1 was asked if there had been any of the clients had eloped recently. Staff #1 stated, "Not that I know of." Staff #1 was asked why there was a door alarms on the front door. Staff #1 stated, "That I couldn't tell you." Staff #1 was interviewed a second time on 11/17/22 at 7:56 AM. Staff #1 was asked if client #1 was present in the group home when he arrived for his shift at 8:00 AM on 11/16/22. Staff #1 stated, "No, I was under the impression he (client #1) was with [AS #1]." Staff #1 was asked what the overnight staff had told him. Staff #1 stated, "He told me that [client #1] didn't come home last night." Staff #1 was asked what time he left Day Service on 11/16/22 to pick up client #1. Staff #1 stated, "12 PM, I think it was around that time." Staff #2 was interviewed on 11/17/22 at 8:21 AM. Staff #2 was asked if client #1 was present in the group home when he arrived for his shift at 8:00 AM on 11/16/22. Staff #2 stated, "No he wasn't in the house yesterday." Staff #2 was asked if client #1 had left the house before. Staff #2 stated, "No, he never does that. I always see him in the house sleeping." Staff #2 was asked if he had called client #1 from the Day Service Program to find out where he was. Staff #2 stated, "No [staff #1] called him. When we were at Day Service, [staff #1] called him and he (client #1) said he was at home. So we left Day Service and rushed home." Staff #2 was asked if client #1 was waiting outside the			

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	group home. Staff #2 stated, "No he was inside." Staff #2 indicated client #1 entered the group home through the sliding glass door. Staff #2 was asked if they had notified AS #1 client #1 was back at the group home. Staff #2 stated, "Yes [staff #1] notified [AS #1] immediately." DSM (Day Services Manager) #1 was interviewed on 11/17/22 at 9:44 AM. DSM #1 was asked if clients #1, #2, #3, #4, #5, #6 and #7 attended the Day Service Program. DSM #1 stated, "They are all scheduled to attend. Majority of the time, [client #1], he does not attend." DSM #1 was asked if client #1 was in attendance on 11/16/22. DSM #1 stated, "No." DSM #1 was asked if the clients and staff left early on 11/16/22. DSM #1 stated, "Yes from my understanding they left because they found out [client #1] was at the house." AS #1 was interviewed on 11/17/22 at 7:40 AM. AS #1 was asked when staff notified him client #1 had left the group home unattended. AS #1 stated, "Staff stated they sent me a text that [client #1] had left the site but I never received the text. It was 12 AM." AS #1 was asked what time client #1 returned to the group home. AS #1 stated, "At 1 PM, then he left at 2 PM, then he left work to hang with his friends. He wants more freedom." AS #1 indicated he did not notify the facility's administrator until after the surveyor had left the group home at 5:45 PM on 11/16/22. QIDPM (Qualified Intellectual Disabilities Professional Manager) #1 was interviewed on 11/21/22 at 1:59 PM. QIDPM #1 indicated client #1 had left the group home without staff supervision at approximately 12:00 AM on 11/16/22. QIDPM #1 was asked if staff had notified the Area Supervisor at that time. QIDPM #1 stated, "Yes, I			

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	viewed a screen shot from [staff #3's] phone." QIDPM #1 was asked how staff determined client #1 had returned to the group home on 11/16/22. QIDPM #1 stated, "They called [client #1] on his cell phone and he told them he was at home." QIDPM #1 was asked how client #1 gained entrance to the group home. QIDPM #1 stated, "Through the broken sliding glass door." QIDPM #1 indicated AS #1 did not report client #1's elopement until 7:00 PM on 11/16/22. QIDPM #1 indicated all allegations of abuse, neglect and mistreatment should be reported to the facility administrator immediately and to BDDS within 24 hours of knowledge. 9-3-2(a)			
W 0436 Bldg. 00	483.470(g)(2) SPACE AND EQUIPMENT The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. Based on observation record review and interview for 1 of 3 sampled clients (#2), the facility failed to ensure client #2's protective helmet was in good repair. Findings include: Observations were conducted at the group home on 11/16/22 from 2:46 PM through 5:43 PM and on 11/17/22 from 6:15 AM through 8:45 AM. Client #2 was observed throughout the observation periods. On 11/16/22 at 3:03 PM client #2 was wearing a blue, soft shell protective helmet. Client #2's helmet had a 2 inch vertical tear on the left	W 0436	**CORRECTION:** *The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.* Specifically, the facility will replace client #2's damaged helmet. Additionally, the facility nurse has updated client #2's	12/28/2022

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	front side of the helmet and a 1 centimeter tear on the front right side of the helmet. Client #1's record was reviewed on 11/21/22 at 12:19 PM. Client #2's CHRHP (Comprehensive High Risk Health Plan) for Falls dated 6/24/22 did not indicate client #2 was required to wear a helmet during waking hours. Client #2's CHRHP for Seizures dated 6/24/22 did not indicate client #2 was required to wear a helmet during waking hours. Staff #1 was interviewed on 11/16/22 at 3:11 PM. Staff #1 was asked why client #2 had to wear a protective helmet. Staff #1 stated, "He has seizures, he had a mini-one earlier today, but he was already sitting down." Staff #1 indicated client #2 had to wear his helmet at all times during waking hours. QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 11/21/22 at 1:59 PM. QIDP #1 was asked when client #2 should wear his protective helmet. QIDP #1 stated, "During waking hours." QIDP #1 indicated client #2's helmet should be in good repair. 9-3-7(a)		comprehensive High-risk plan to address the use of client #2's protective helmet. A review of adaptive equipment needs at the facility indicated this deficient practice did not affect additional clients. **PREVENTION:** Facility staff will track cleaning and repair needs for all adaptive equipment on an adaptive equipment cleaning checklist. A management staff will be present, supervising active treatment during no less than five active treatment sessions per week, on varied shifts to monitor the use of adaptive equipment to assure it is in good repair. For the next 30 days, members of the Operations Team (comprised of the Executive Director, Operations Managers, Program Managers, Quality Assurance Manager, QIDP Manager, QIDPs, Quality Assurance Coordinators, Area Supervisors, and Nurse Manager) will conduct daily administrative monitoring during varied shifts/times, to assure interaction with multiple staff, involved in a full range of active treatment scenarios, including weekend observations. After 30 days, administrative monitoring will occur no less than three times weekly until all staff demonstrate competence. After this period of enhanced administrative monitoring and support, the	

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			Executive Director and Regional Director will determine the level of ongoing support needed at the facility. Current Operations Team members received training from the QIDP Manager to assure a clear understanding of administrative monitoring as defined below. · The role of the administrative monitor is not simply to observe & Report. · When opportunities for training are observed, the monitor must step in and provide the training and document it. · If gaps in active treatment are observed the monitor is expected to step in and model the appropriate provision of supports. · Assuring the health and safety of individuals receiving supports at the time of the observation is the top priority. · Review all relevant documentation, providing documented coaching and training as needed Administrative support at the home will include but not be limited to assuring adaptive equipment is clean and in good repair, and High-risk Plans meet the needs of clients.. **RESPONSIBLE PARTIES:** QIDP, Residential Manager, Team Leader, Direct Support Staff, Operations Team, Regional Director	