STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G159	A. BUILDING 00 B. WING	03/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
RES CARE COMMUNITY ALTERNATIVES SE IN	1337 E SOUTHVIEW LN PAOLI, IN 47454

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W 0000 Bldg. 00	This visit was for the investigation of complaint #IN00396326. Complaint #IN00396326: Substantiated, a Federal and state deficiency related to the allegation(s) is cited at W149. Unrelated deficiency cited. Dates of Survey: 3/16/23, 3/17/23, 3/20/23 and 3/21/23. Facility Number: 000695 Provider Number: 15G159 AIMS Number: 100243150 These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #27547 on 3/27/23.	W 0000		
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 record review and interview for 6 of 7 incident reports affecting clients (former client A and B), the facility failed to implement its policy and procedures for prohibiting abuse, neglect, exploitation, mistreatment and/or violation of individuals' rights to prevent 1) an incident of financial exploitation of former client A and 2) client B's pattern of falls. Findings include:	W 0149	1. 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	04/09/2023

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Mark Slaughter		04/09/2023

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	On 3/17/23 at 12:40 PM, a review of the facility's Bureau of Developmental Disabilities Services (BDDS) incident reports and investigations was conducted. The review indicated the following affecting former client A and client B: 1) BDDS incident report dated 11/30/22 indicated, "[Former client A] reported to staff at day program that on 10/31/22 ResCare staff [former staff #1] told [former client A] to take $500 out of [former client A's] bank account so [former staff #1] could pay her own house payment. Plan to Resolve: [Former staff #1] has been placed on administrative leave pending investigation". Investigation Summary dated 11/29/22 through 12/5/22 indicated, "Introduction: An investigation was initiated after [former client A] ... alleged staff, [former staff #1], took her to [financial institution name] and told [former client A] to withdraw $500 ($500.00) for [former staff #1's] personal use ... Conclusion: It is substantiated [former staff #1] was dishonest throughout the investigation, did not turn in receipts, and did not show for a second interview. The allegations [former staff #1] took $500 from [former client A] are substantiated. Recommendations: Term (termination) [former staff #1]. IDT (interdisciplinary team) to meet with [former client A] to get external bank account closed and funds transferred to RFMS (Resident Fund Management Service) account or spent. Reimburse [former client A]. File a police report. Review and revise financial assessment. Retrain staff on finances and receipts. Retrain staff on ANE (Abuse, Neglect and Exploitation) policy. Review bill of rights and grievance with [former client A]". On 3/20/23 at 1:52 PM, a focused review of former		ANE will be 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. 2. IDT conducted focused review of former Client A ISP and updated to include risk for exploitation. 3. The Facility retrained staff on client fund management and client ledgers will be review weekly by the QIDP, Area Supervisor or Residential Manager and monthly by the Program Manager. Any discrepancy will be immediately reported and reviewed to ensure proper accounting for all clients in the facility. 4. The Facility will retrain all staff on fall risk plans and review all clients to ensure client needs are met. Any new findings will require staffing training. 5. Fall Risk Protocol will be reviewed and the Nurse, Area Supervisor and QIDP will monitor staff to ensure plans are being followed as written. An IDT will be held if it is determined additional supports are needed and staff will be retrained. 6. A Monthly random site review will be conducted by a member of the administrative team to ensure plans are followed as written and environmental concerns are reported to ResCare's Maintenance Manager.	

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	client A's record was conducted. The review indicated the following: -Individual Support Plan (ISP) dated 3/1/22 indicated, "Individual Profile: ... [Former client A] is at risk for exploitation ...". -Resident Fund Management Service Statement dated 12/20/22 through 12/22/22 indicated, "Date: ... 12/21/22 ... Description: Reimbursement ... Credit: $540.00 ...". On 3/20/23 at 1:39 PM, Qualified Intellectual Disabilities Professional (QIDP) was interviewed. The QIDP was asked about the incident of former client A being exploited and the determination reimburse former client A $540.00. The QIDP indicated she had returned to work and had been former client A's QIDP for about 3 months prior to the incident of exploitation. The QIDP was asked what was determined from the investigative process. The QIDP stated, "That staff (former staff #1) had took (sic) money from [former client A]". The QIDP was asked how much of former client A's money had been exploited. The QIDP stated, "$500.00". The QIDP was asked if an additional $40.00 totaling $540.00 had been reimbursed due to missing receipts. The QIDP stated, "Yes". The QIDP was asked if the incident of exploitation was isolated or if any other clients had been impacted by exploitation. The QIDP stated, "Not monetarily. That lady worked there (group home) 8 or 9 years, so it impacted those ladies (former client A and her housemates)". The QIDP was asked what corrective actions occurred to prevent further exploitation. The QIDP stated, "The staff that did it lost her job. We did in-services (training) on ANE (Abuse, Neglect and Exploitation) ... we do refreshers (training) on it (abuse, neglect and exploitation policy)". The		Persons Responsible: Program Manager, Area Supervisor, QIDP, Nurse, Residential Manager, Maintenance Manager, and DSP.	

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	QIDP was asked if a failure to implement the ANE policy occurred. The QIDP stated, "By the one individual (former staff #1), right". The QIDP was asked if former staff #1 should have supported former client A to appropriately manage and spend her finances. The QIDP stated, "Yes, staff should". The QIDP indicated the ANE policy should be implemented at all times. At 2:21 PM, the QIDP stated, "At all times, correct". 2 A) BDDS incident report dated 11/9/22 indicated, "It was reported staff was assisting [client B] to the bathroom when she lost her balance and fell (on 11/8/22) on her right knee then sat on the floor. Staff assisted [client B] from the floor and to the restroom. Staff completed skin assessment and found a ½ inch red spot on [client B's] right knee. Plan to Resolve: Staff will continue to contact Nurse for all falls". Investigation Summary dated 11/15/22 indicated, "Description of incident: On 11/8/22 staff (former staff #2) was helping [client B] to the bathroom after doing bed checks at 12:15 am. [Former staff #2] found that [client B] had an accident. [Former staff #2] helped [client B] to stand up and asked her if she was ready to walk to the bathroom. When they started to walk [client B] went down on her right knee then sat down on the floor. Staff helped her up and to the bathroom. While helping her to clean up staff noted a small ½ (inch) by ½ (inch) light red mark on her right knee. Nurse notified ... Conclusion: Substantiated. Client did fall. Recommendations: Staff continue to follow fall risk plan". 2 B) BDDS incident report dated 11/18/22 indicated, "It was reported [client B] was in the bathroom when she turned to sit on the toilet, she lost her balance and fell (on 11/17/22) to the floor.			

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	Plan to Resolve: Staff assisted [client B] from the floor and completed skin assessment. No injuries were found. Staff will assist [client B] as needed". Investigation Summary dated 12/15/22 indicated, "Description of incident: On 11/17/22 [client B] got up at 10:10 PM to use the restroom. She went to turn around to face away from the toilet. She lost her balance and went down onto her bottom. Staff, [staff #5], checked her for injuries. None were found ... Conclusion: Substantiated. Yes [client B] did fall. [Client B] is in PT (physical therapy) to help with her balance. Recommendations: Her PT continue until everything has been done to help [client B] with her balance". 2 C) BDDS incident report dated 12/29/22 indicated, "[Client B] had been sitting on the couch when a housemate told staff [client B] had been on the floor. Staff asked [client B] what happened and she indicated she was trying to get a toy she dropped and fell (12/29/22) on her face. [Client B] was able to get up on her own but received an inch long bruise on her left cheek. Plan to Resolve: Staff notified the nurse and reminded [client B] that she needs to get assist from staff. Staff will continue to monitor [client B] and notify the Nurse of any changes. [Client B] denied complaints of pain or discomfort". Investigation Summary dated 1/4/23 indicated, "Description of incident: [Client B] was sitting on the couch in the living room. A housemate yelled for staff and told staff that [client B] had fell. Staff came into the living room and asked [client B] what happened, she stated that she was trying to get a toy that she dropped and fell forwards onto her face ... Conclusion: Substantiated. Yes, [client B] did fall. Recommendations: Re-train staffing			

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	supervisors on ensuring appropriate staffing levels are in place to implement the client's plans". 2 D) BDDS incident report dated 2/14/23 indicated, "It was reported staff was assisting [client B] down the stairs at day program. [Client B] fell (on 2/14/23) and hit her leg on a stair. Staff was able to prevent [client B] from falling down the stairs. Plan to Resolve: Staff completed skin assessment and found a 5-inch bruise and two 1-inch bumps on her right shin. Nurse was contacted. Staff applied ice to the area and propped [client B's] leg up. Investigation Summary dated 2/15/23 indicated, "Description of incident: Staff was helping [client B] downstairs when she fell. She caught her ® (right) shin on a stair. Staff caught her before she could completely fall. They helped her sit down on the stairs and assessed her for injuries. She had 2 bumps and a bruise ... Conclusion: Substantiated. Yes [client B] fell. Recommendations: Falls risk plan will (be) changed to show that staff are to walk in front of her down any stairs". 2 E) BDDS incident report dated 2/23/23 indicated, "It was reported [client B] was walking into the doctor's office when she tripped stepping up onto the sidewalk. [Client B] fell (on 2/22/23) to the ground landing on her knees. Plan to Resolve: Staff assisted [client B] from the ground and completed skin assessment. [Client B] sustained a ½ inch abrasion on her right knee. First aid was applied. [Client B] has a Fall Risk Plan which was being followed at the time of the fall". Investigation Summary dated 2/23/23 indicated, "Description of incident: [Client B] was walking from the van to the door of the Dr. (doctor) office.			

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	When she went to step up onto the sidewalk she stumbled and went down on her ® (right) knee. She had a ½ (inch) scrape that was bleeding. Staff helped her up check (sic) knees ... Conclusion: Substantiated. Yes, [client B] did fall. Recommendations: Staff will remind [client B] that (sic) to lift her foot higher". On 3/20/22 at 10:44 AM, a focused review of client B's record was conducted. The review indicated the following: -Individual Support Plan (ISP) dated 11/1/22 indicated, "Priority Objectives: ... 4. Navigating her environment in a safe manner ...". -Fall Risk Protocol dated 2/22/23 indicated, "APPROACH: 1. Staff will assist [client B] with ambulation (especially when waking for am (morning) med pass) when necessary to ensure her safety, and encourage her to stand up straight when walking and always looking ahead of herself. Staff will VP (verbally prompt) [client B] to slow down when walking fast. 2. Staff will keep environment free of any obstacles to prevent falls. Staff will ensure [client B] has tennis shoes on when ambulating. 3. Nurse will notify physician of any injury and document in medical record. 4. Staff will notify nurse of any falls and complete report for QA (Quality Assurance) department. 5. Staff will physically assist and provide verbal cues and reminders with ambulation and when getting on and off of the van, also when walking on uneven surfaces and around parking curbs, or other objects that are a risk for falling. 6. Staff will VP client to not 'plop' into a chair when trying to sit provide education to client when needed on reaching back to feel for her seat when sitting down. 7. Staff will encourage [client B] to use handrails and monitor while taking a bath. 8. The			

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	nurse will review all documentation at site visits. 9. Staff will assist [client B] in attending all appointments with PCP (primary care physician) and any referrals to specialists as well as completing any lab work and other tests ordered. 10. Staff will encourage [client B] to walk slowly, counting her steps. 11. Staff will be trained on all aspects of [client B's] care and training verification is kept at the main office. 12. The nurse will review the risk plan at least quarterly and revised as needed. 13. Staff will provide education to [client B] regarding her condition as needed to ensure that she has information to make informed decisions about her care...". -Physical Therapy discharge summary dated 1/12/23 indicated, "Patient seen for physical therapy for weakness and preventing falls. Patient will discharge from therapy after today's date. Recommends straight cane for ambulation ...". Client B's fall risk protocol indicated physical assistance during client B's ambulation was required but did not indicate a methodology for how staff should provide the physical assistance. Client B's fall risk protocol did not indicate adaptive supports, such as the recommended use of a walking cane at the time of discharge from Physical Therapy services and/or the team decision for the use of adaptive support devices. Client B's fall risk protocol did not identify the proper positioning of staff during client B's ambulation, such the location of staff in proximity to client B when ambulating stairs to prevent falls. On 3/20/23 at 1:39 PM, the Nurse and Qualified Intellectual Disabilities Professional (QIDP) were interviewed. The Nurse and QIDP were asked about client B's pattern of falls and implementation of her falls risk protocol. Both the			

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	Nurse and QIDP indicated client B would ambulate in a quick pace, not pay attention during ambulation and/or wait for staff to assist her. The Nurse and QIDP were asked about client B's fall risk protocol's lack of description for staff physical assistance during ambulation and the lack of adaptive devices to aid client B with her balance. Both the Nurse and QIDP indicated the interdisciplinary team reviewed for additional adaptive supports, client B was discharged from physical therapy and adaptive supports were determined to elevate the risk for falls due to client B lack of attention during ambulation. The Nurse and QIDP were asked about the lack of description for staff physical assistance such as when client B ambulated down stairs and/or up stairs. At 2:08 PM, the QIDP stated, "When on uneven ground staff are to the side. Going down the stairs, staff are in front. We have two staff in front and behind". The QIDP indicated client B's fall risk protocol required further review for revision concerning staff physical assistance during ambulation. At 2:11 PM, the Nurse stated, "I need to go more descriptive for physical assistance". At 2:18 PM, the QIDP stated, "We're leaving it open to staff interpretation". The QIDP and Nurse were asked if the Abuse, Neglect, Exploitation, Mistreatment and/or Violation of Individual's rights (ANE) policy should be implemented. The QIDP and Nurse indicated the ANE policy should be implemented at all times. At 2:21 PM, the QIDP stated, "At all times, correct". On 3/20/23 at 2:51 PM, the Reporting and Investigating Abuse, Neglect, Exploitation, Mistreatment or a Violation of Individual's Rights policy (ANE) dated 2/28/23 was reviewed. The ANE policy indicated, "ResCare strictly prohibits abuse, neglect, exploitation, mistreatment, or violation of an Individual's rights...".			

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	This federal tag relates to complaint #IN00396326. 9-3-2(a)			
W 0240 Bldg. 00	483.440(c)(6)(i) INDIVIDUAL PROGRAM PLAN The individual program plan must describe relevant interventions to support the individual toward independence. Based on observation, record review and interview for 2 of 3 sampled clients (A and B), the facility failed to ensure: 1) client A's fall risk plan described staff physical assistance during ambulation while using her walker and 2) client B's fall risk plan described staff physical assistance during ambulation. Findings include: 1) An observation was conducted on 3/16/23 at the day service provider location from 2:29 PM to 3:45 PM. At 2:42 PM, the Program Supervisor introduced client A to the surveyor. Client A's face was covered in brown, yellow, green, red and purple bruises around and under her left eye. Client A was asked at this time if she was okay. Client A stated, "Yeah" and nodded her head up and down. Client A then stated, "They have to watch me" and indicated she had fallen. Client A was asked if she was walking with her walker at the time of the fall. Client A indicated she was using her walker and nodded her head up and down. Client A was asked if her walker was working alright during the incident or if it was broken at the time of the fall. Client A indicated her walker was not broken. Client A was asked what happened to cause her to fall. Client A stated, "I went overboard (over the top of her walker when she fell forward)". At 2:51 PM, the	W 0240	1. 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 be 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. 2. The Facility will retrain all staff on fall risk plans and review all clients to ensure client needs are met. Any new findings will require staffing training. 3. Fall Risk Protocol will be reviewed and the Nurse, Area Supervisor and QIDP will monitor staff to ensure plans are being followed as written. An IDT will be held if it is determined additional supports are needed and staff will be retrained. 4. The IDT will review facility fall risk protocol to determine	04/09/2023

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	Program Supervisor was asked if anyone witnessed client A's fall. The Program Supervisor indicated the fall occurred while client A attended day service and was on her way down a concrete ramp to go to the van for pick up. The Program Supervisor indicated a day service direct support staff lead was outside during client A's fall. On 3/16/23 at 2:53 PM, the day service direct support lead was interviewed and was asked if client A's had a fall risk plan to prevent falls. The direct support lead stated, "She did. Having someone walk with her was not a part of it. We put in place someone to walk with her. They (residential provider/interdisciplinary team) do get a copy of our incident report, but I don't know if they're reflecting that (staff to walk with client A during ambulation) at the home". The day service lead staff was asked about client A's use of her adaptive equipment during the incident of her fall. The day service lead staff stated, "She had her walker with her and I think she had it close to her body. The wheels did not get stuck, she just went over it. [Client A] told me staff looked at her tennis balls. I don't know if that made them look. ResCare was here at the time. The driver was at the door (van) as [client A] was coming down (the ramp)". The day service lead staff indicated the day service provider was now implementing a staff must be present and beside client A as she ambulated from the day program to the van for transportation and in the morning when entering the building when being dropped off. On 3/17/23 at 12:40 PM, a review of the facility's Bureau of Developmental Disabilities Services (BDDS) incident reports and investigations was conducted. The review indicated the following affecting client A:		additional needs of clients and staff will be retrained on recommendations. 5. A Monthly random site review will be conducted by a member of the administrative team to ensure plans are followed as written and environmental concerns are reported to ResCare's Maintenance Manager. Persons Responsible: Program Manager, Area Supervisor, QIDP, Nurse, Residential Manager, Maintenance Manager, and DSP.	

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	BDDS incident report dated 3/3/23 indicated, "It was reported [client A] was walking down ramp from day program when her walker got caught on the sidewalk. [Client A] lost her balance and fell over the walker onto the sidewalk. Plan to Resolve: Staff completed a skin assessment and found two ¾ (inch) lacerations above her left eye, ½ inch laceration below her left eye, a 4-inch bruise on her left forearm, a 2-inch bruise on her upper left arm, a 1-inch abrasion on her left knee, and a 1-inch bruise on her left knee. Staff applied first aid and contacted EMS (emergency medical services) for transport to ER (emergency room) for evaluation. [Client A] was evaluated, a CT (imagining) Head, CT Maxillofacial (jaw and face), X-ray (imagining) Left 5th Digit, X-ray Left Knee, X-ray Left Shoulder, X-ray Spine Lumbar, and X-ray Spine Thoracic was completed. [Client A] was diagnosed with Closed head injury, Skin tear of Left cheek, Contusion, Abrasion, and Thoracic compression fracture. [Client A] was prescribed Erythromycin Opthalmic (treat eye infection) BID (twice a day) for 7 days and Hydrocodone-Acetaminophen (pain reliever) 1 tab (tablet) every 6 hours PRN (as needed) for 3 days. [Client A] was also advised to use Tylenol and Ibuprofen for pain as needed. [Client A] is to follow up with PCP (primary care physician) in 1-2 weeks". Investigation summary dated 3/3/23 indicated, "Description of incident: [Client A] was walking down the ramp at [day service provider name]. Back of walker caught on sidewalk. [Client A] fell over the top of the walker onto her face. 911 was called. Staff from [day service provider name] and [staff #3] placed a towel on the left side of [client A's] face and applied pressure until EMS (emergency medical services) arrived. She was accompanied to the hospital by lead staff [staff			

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	#1] ... Conclusion: Substantiated. Yes, she did fall. Recommendations: [Day service provider name] staff will walk with [client A] to the van". On 3/20/23 at 10:30 AM, a focused review of client A record was conducted. The review indicated the following: -Individual Support Plan (ISP) dated 8/24/22 indicated, "Individual Profile:... She has care plans for risk for falls due to unsteady gait...". -Risk Protocol for unsteady gait dated 3/3/23 indicated, "Problem: Hx (history) of Falls/ Unsteady gait... Approach: 1. Staff will encourage [client A] to walk slowly, using a walker with wheels, and tennis balls on back wheels. 2. Staff will monitor for and report to nurse any increased unsteadiness of gait, all episodes of falls and will documented (sic) in the medical record. 3. Staff will provide first aid should a fall occur and notify nurse and documented in medical record. 4. Staff will provide a safe environment and continually orient to surroundings due to visual and hearing impairment. 5. Staff will assist with ambulation as needed. 6. Nurse will complete fall risk assessment quarterly to monitor risk for falls. 7. Staff will assist [client A] in attending all appointments with PCP (primary care physician) and any referrals to specialists as well as completing any lab work and other tests ordered. 8. Staff will be trained on all aspects of [client A's] care and training verification is kept at the main office. 9. The nurse will review the risk plan at least quarterly and revised as needed. 10. Staff will provide education to [client A] regarding her condition as needed to ensure that she has information to make informed decisions about her care...". Client A's unsteady gait risk protocol indicated			

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	staff assistance was needed during client A's ambulation but did not indicate a methodology for how staff should provide physical assistance. Client A's unsteady gait risk protocol did not indicate staff presence during ambulation as described by day service staff interview as a recent change due to the fall with injury. Client A's unsteady gait risk protocol did not identify the proper positioning of staff during client A's ambulation, such as the location of staff in proximity to client A as she ambulated up and/or down a ramp to prevent falls. On 3/20/23 at 1:39 PM, the Nurse and Qualified Intellectual Disabilities Professional (QIDP) were interviewed. The Nurse and QIDP were asked about client A's staffing support and fall risk prevention due to her recent fall with injuries. The Nurse indicated she was not aware of staff not assisting client A when ambulating with her walker on the ramp at the day service location. The QIDP and Nurse were asked if client A's unsteady gait risk protocol included strategies and/or methodology for how staff should assist client A during ambulation to prevent falls. Both the QIDP and Nurse indicated client A's unsteady gait risk protocol needed further review for revision to describe how staff should provide assistance to client A during ambulation. At 2:26 PM, the Nurse stated, "No there was not. There again, we need to go in depth and I guess talk about uneven surfaces". The Nurse was asked if client A's risk protocol for falls needed revision. The Nurse stated, "Yeah. Anyone walking with assistive devices needs someone assisting. In my mind it's common sense with nursing. I think I need to go more in depth with the walker, especially going up and down ramps". The Nurse indicated a team meeting was needed to review client A's risk protocols to prevent falls and			

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	stated, "so nothing (staff assistance) is left to interpretation". 2) On 3/17/23 at 12:40 PM, a review of the facility's Bureau of Developmental Disabilities Services (BDDS) incident reports and investigations was conducted. The review indicated the following affecting client B: 2 A) BDDS incident report dated 11/9/22 indicated, "It was reported staff was assisting [client B] to the bathroom when she lost her balance and fell (on 11/8/22) on her right knee then sat on the floor. Staff assisted [client B] from the floor and to the restroom. Staff completed skin assessment and found a ½ inch red spot on [client B's] right knee. Plan to Resolve: Staff will continue to contact Nurse for all falls". Investigation Summary dated 11/15/22 indicated, "Description of incident: On 11/8/22 staff (former staff #2) was helping [client B] to the bathroom after doing bed checks at 12:15 am. [Former staff #2] found that [client B] had an accident. [Former staff #2] helped [client B] to stand up and asked her if she was ready to walk to the bathroom. When they started to walk [client B] went down on her right knee then sat down on the floor. Staff helped her up and to the bathroom. While helping her to clean up staff noted a small ½ (inch) by ½ (inch) light red mark on her right knee. Nurse notified ... Conclusion: Substantiated. Client did fall. Recommendations: Staff continue to follow fall risk plan". 2 B) BDDS incident report dated 11/18/22 indicated, "It was reported [client B] was in the bathroom when she turned to sit on the toilet, she lost her balance and fell (on 11/17/22) to the floor. Plan to Resolve: Staff assisted [client B] from the			

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	floor and completed skin assessment. No injuries were found. Staff will assist [client B] as needed". Investigation Summary dated 12/15/22 indicated, "Description of incident: On 11/17/22 [client B] got up at 10:10 PM to use the restroom. She went to turn around to face away from the toilet. She lost her balance and went down onto her bottom. Staff, [staff #5], checked her for injuries. None were found ... Conclusion: Substantiated. Yes [client B] did fall. [Client B] is in PT (physical therapy) to help with her balance. Recommendations: Her PT continue until everything has been done to help [client B] with her balance". 2 C) BDDS incident report dated 12/29/22 indicated, "[Client B] had been sitting on the couch when a housemate told staff [client B] had been on the floor. Staff asked [client B] what happened and she indicated she was trying to get a toy she dropped and fell (12/29/22) on her face. [Client B] was able to get up on her own but received an inch long bruise on her left cheek. Plan to Resolve: Staff notified the nurse and reminded [client B] that she needs to get assist from staff. Staff will continue to monitor [client B] and notify the Nurse of any changes. [Client B] denied complaints of pain or discomfort". Investigation Summary dated 1/4/23 indicated, "Description of incident: [Client B] was sitting on the couch in the living room. A housemate yelled for staff and told staff that [client B] had fell. Staff came into the living room and asked [client B] what happened, she stated that she was trying to get a toy that she dropped and fell forwards onto her face ... Conclusion: Substantiated. Yes, [client B] did fall. Recommendations: Re-train staffing supervisors on ensuring appropriate staffing			

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	levels are in place to implement the clients plans". 2 D) BDDS incident report dated 2/14/23 indicated, "It was reported staff was assisting [client B] down the stairs at day program. [Client B] fell (on 2/14/23) and hit her leg on a stair. Staff was able to prevent [client B] from falling down the stairs. Plan to Resolve: Staff completed skin assessment and found a 5-inch bruise and two 1-inch bumps on her right shin. Nurse was contacted. Staff applied ice to the area and propped [client B's] leg up. Investigation Summary dated 2/15/23 indicated, "Description of incident: Staff was helping [client B] downstairs when she fell. She caught her ® (right) shin on a stair. Staff caught her before she could completely fall. They helped her sit down on the stairs and assessed her for injuries. She had 2 bumps and a bruise ... Conclusion: Substantiated. Yes [client B] fell. Recommendations: Falls risk plan will (be) changed to show that staff are to walk in front of her down any stairs". 2 E) BDDS incident report dated 2/23/23 indicated, "It was reported [client B] was walking into the doctor's office when she tripped stepping up onto the sidewalk. [Client B] fell (on 2/22/23) to the ground landing on her knees. Plan to Resolve: Staff assisted [client B] from the ground and completed skin assessment. [Client B] sustained a ½ inch abrasion on her right knee. First aid was applied. [Client B's] has a Fall Risk Plan which was being followed at the time of the fall". Investigation Summary dated 2/23/23 indicated, "Description of incident: [Client B] was walking from the van to the door of the Dr. (doctor) office. When she went to step up onto the sidewalk she			

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	stumbled and went down on her ® (right) knee. She had a ½ (inch) scrape that was bleeding. Staff helped her up check (sic) knees ... Conclusion: Substantiated. Yes, [client B] did fall. Recommendations: Staff will remind [client B] that (sic) to lift her foot higher". On 3/20/22 at 10:44 AM, a focused review of client B's record was conducted. The review indicated the following: -Individual Support Plan (ISP) dated 11/1/22 indicated, "Priority Objectives:... 4. Navigating her environment in a safe manner...". -Fall Risk Protocol dated 2/22/23 indicated, "APPROACH: 1. Staff will assist [client B] with ambulation (especially when waking for am med pass) when necessary to ensure her safety, and encourage her to stand up straight when walking and always looking ahead of herself. Staff will VP (verbally prompt) [client B] to slow down when walking fast. 2. Staff will keep environment free of any obstacles to prevent falls. Staff will ensure [client B] has tennis shoes on when ambulating. 3. Nurse will notify physician of any injury and document in medical record. 4. Staff will notify nurse of any falls and complete report for QA (Quality Assurance) department. 5. Staff will physically assist and provide verbal cues and reminders with ambulation and when getting on and off of the van, also when walking on uneven surfaces and around parking curbs, or other objects that are a risk for falling. 6. Staff will VP client to not 'plop' into a chair when trying to sit provide education to client when needed on reaching back to feel for her seat when sitting down. 7. Staff will encourage [client B] to use handrails and monitor while taking a bath. 8. The nurse will review all documentation at site visits.			

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	9. Staff will assist [client B] in attending all appointments with PCP (primary care physician) and any referrals to specialists as well as completing any lab work and other tests ordered. 10. Staff will encourage [client B] to walk slowly, counting her steps. 11. Staff will be trained on all aspects of [client B's] care and training verification is kept at the main office. 12. The nurse will review the risk plan at least quarterly and revised as needed. 13. Staff will provide education to [client B] regarding her condition as needed to ensure that she has information to make informed decisions about her care...". -Physical Therapy discharge summary dated 1/12/23 indicated, "Patient seen for physical therapy for weakness and preventing falls. Patient will discharge from therapy after today's date. Recommends straight cane for ambulation ...". Client B's fall risk protocol indicated physical assistance was needed during client B's ambulation but did not indicate a methodology for how staff should provide the physical assistance. Client B's fall risk protocol did not indicate adaptive supports, such as the recommended use of a walking cane at the time of discharge from Physical Therapy services and/or the team decision for the use of adaptive support devices. Client B's fall risk protocol did not identify the proper positioning of staff during client B's ambulation, such as the location of staff in proximity to client B when ambulating stairs to prevent falls. On 3/20/23 at 1:39 PM, the Nurse and Qualified Intellectual Disabilities Professional (QIDP) were interviewed. The Nurse and QIDP were asked about client B's pattern of falls and implementation of her falls risk protocol. Both the			

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	Nurse and QIDP indicated client B ambulated in a quick pace, not pay attention during ambulation and/or wait for staff to assist her. The Nurse and QIDP were asked about client B's fall risk protocol's lack of description for staff physical assistance during ambulation and the lack of adaptive devices to aid client B with her balance. Both the Nurse and QIDP indicated the interdisciplinary team reviewed for adaptive supports, client B was discharged from physical therapy and additional adaptive supports were determined to elevate the risk for falls due to client B's lack of attention during ambulation. The Nurse and QIDP were asked about the lack of description for staff physical assistance such as when client B ambulated downstairs and/or upstairs. At 2:08 PM, the QIDP stated, "When on uneven ground staff are to the side. Going down the stairs, staff are in front. We have two staff in front and behind". The QIDP indicated client B's fall risk protocol required further review for revision concerning staff physical assistance during ambulation. At 2:11 PM, the Nurse stated, "I need to go more descriptive for physical assistance". At 2:18 PM, the QIDP stated, "We're leaving it open to staff interpretation". At 2:26 PM the Nurse indicated a team meeting was needed to review client B's fall risk protocol and stated, "so nothing (staff assistance) is left to interpretation". 9-3-4(a)			