

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G746	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/23/2024
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NAME OF PROVIDER OR SUPPLIER  RES CARE SOUTHEAST INDIANA	STREET ADDRESS, CITY, STATE, ZIP COD 16609 SIMA GRAY RD HENRYVILLE, IN 47126
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W 0000  Bldg. 00	<p>This visit was for the pre-determined full recertification and state licensure survey. This visit included the investigation of complaints #IN00429146 and #IN00428423.</p> <p>Complaint #IN00429146: Federal and state deficiencies related to the allegation(s) are cited at W102, W104, W122, W149, W154 and W157.</p> <p>Complaint #IN00428423: Federal and state deficiencies related to the allegation(s) are cited at: W102, W104, W122, W149, W154, W157 and W289.</p> <p>Dates of Survey: 5/14/24, 5/15/24, 5/16/14, 5/17/24, 5/21/24, 5/22/24 and 5/23/24.</p> <p>Facility Number: 011664 Provider Number: 15G746 AIMS Number: 200902010</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 6/4/24.</p>	W 0000		
W 0102  Bldg. 00	<p>483.410 GOVERNING BODY AND MANAGEMENT</p> <p>The facility must ensure that specific governing body and management requirements are met.</p> <p>Based on observation, record review and interview for 2 of 2 sampled clients (A and B), plus 2 additional clients (C and D), the governing body failed to exercise general policy, budget and operating direction over the facility to ensure client A had a surrogate to assist him to make</p>	W 0102	Unannounced random daily observations began at the Facility on 6/6/2024 to ensure plans are being implemented by staff. Weekday daily observations will remain in effect for 60 days. After	06/14/2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Tracy Callahan	Program Manager	06/16/2024

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

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	<p>decisions regarding informed consent, the facility implemented the abuse, neglect, exploitation, mistreatment and/or violation of individual's rights policy to ensure the effective implementation of clients B and C's behavior plans to prevent elopement and to prevent client to client aggression regarding clients A, B, C and D, to ensure documentation of client A and B's formal goal attempts was documented and to ensure client B's Behavioral Support Plan (BSP) included effective positive behavioral interventions, the restriction of a 24-to-72-hour safety protocol for the removal of all items within his bedroom, the removal of his shoes, and the use of 911 for emergency interventions.</p> <p>The governing body failed to ensure the facility met the Condition of Participation: Client Protections for 2 of 2 sampled clients (A and B), plus 2 additional clients (C and D).</p> <p>Findings include:</p> <p>1. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure client A had a surrogate to assist him to make decisions regarding informed consent, the facility implemented the abuse, neglect, exploitation, mistreatment and/or violation of individual's rights policy to ensure the effective implementation of clients B and C's behavior plans to prevent elopement and to prevent client to client aggression regarding clients A, B, C and D, to ensure documentation of client A and B's formal goal attempts was documented and to ensure client B's Behavioral Support Plan (BSP) included effective positive behavioral interventions, the restriction of a 24-to-72-hour safety protocol for the removal of all items within his bedroom, the removal of his</p>		<p>60 days monthly, administrative observations will be conducted.</p> <p>The management team began daily update meetings on 6/6/2024, to ensure compliance and implement changes needed developing a plan and implementation of those changes. Meetings will continue until conditions are lifted.</p> <p>Members of the administrative team, including managers from Quality, Nursing and Programming, will conduct daily observations on weekdays. Any issues will be immediately reported to the Facility Team.</p> <p>The Facility Maintenance Manger will inspect the site once weekly at a minimum to identify environmental issue that may arise.</p> <p>Facility Staff will monitor home activities and client interactions daily to ensure there is plans are followed if an issue is noted the appropriate administrative personnel i.e. Area Supervisor, Program Manager, Nurse, QIDP or AED immediately and correction will be made.</p> <p>The Behavior Consultant, Program Manager, Area Supervisor, Facility Nurse and QIDP will proactively monitor clients to ensure plan implementation.</p> <p>The facility will ensure that client A will have someone to assist him in making decisions</p>	

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	<p>shoes, and the use of 911 for emergency interventions. Please see W104.</p> <p>2. The governing body failed to ensure the facility met the Condition of Participation: Client Protections for 2 of 2 sampled clients (A and B), plus 2 additional clients (C and D). Please see W122.</p> <p>This federal tag relates to complaints #IN00429146 and #IN00428423.</p> <p>9-3-1(a)</p>		<p>regarding informed consent. June 6, 2024 a Health Representative agreed to be client A's HRC.</p> <p>The facility will ensure that staff are retrained on the ANE policy and the effective implementation of the policy to prevent elopement and client to client aggression between clients A, B, C, and D.</p> <p>The Program Manager and Area Supervisor retrained staff on, ANE (Abuse, Neglect, and Exploitation) Policy disciplinary action will be taken if the policy is not followed. Area Supervisor and will ensure that Policy is followed, and corrective measures are implemented. Monitoring of will be done by The Program Manager, Area Supervisor, and DSL to ensure all compliance.</p> <p>Staff will complete daily perimeter checks to include window, door, security system check, and gate operations. System checks will be verified by Area Supervisor, any deficiencies will be reported the Program Manager and ResCare Maintenance Manager.</p> <p>The IDT will meet to discuss positive reinforcements being added to the BSP's. The BC will update clients A, B, C and D's BSP's to reflect those changes and the staff will be trained on those changes.</p> <p>The facility will ensure that the staff are retrained on proper</p>	

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			<p>documenting of the all the client's goals and how to complete the documentation on when a client's goal is not met or completed.</p> <p>The facility will ensure that the BC updates the BSP's to include or not to include the use of 911 for emergency interventions, shoes being kept in the office due to elopement issues and the 7 day, 24/72 hour safety protocol for the removal of items from their rooms.</p> <p>The Facility will ensure that the QIDP is retrained on thoroughly completing investigations on elopements. The QIDP will also ensure follow-up IDT's to ensure the clients plan is being implemented to prevent potential neglect.</p> <p>The Area Supervisor will ensure that the staff are retrained on proper documenting of the all the client's goals and how to complete the documentation on when a client's goal is not met or completed.</p> <p>The QIPM will ensure that the QIDP is retrained on thoroughly completing investigations on elopements. The QIDP will also ensure follow-up IDT's to ensure the clients plan is being implemented to prevent potential neglect.</p> <p><b>Persons Responsible:</b> Executive Director, AED, Program Manager,</p>	

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W 0104  Bldg. 00	<p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation, record review and interview for 2 of 2 sampled clients (A and B), plus 2 additional clients (C and D), the governing body failed to exercise general policy, budget and operating direction over the facility to ensure client A had a surrogate to assist him to make decisions regarding informed consent, the facility implemented the abuse, neglect, exploitation, mistreatment and/or violation of individual's rights policy to ensure the effective implementation of clients B and C's behavior plans to prevent elopement and to prevent client to client aggression regarding clients A, B, C and D, to ensure documentation of client A and B's formal goal attempts was documented and to ensure client B's Behavioral Support Plan (BSP) included effective positive behavioral interventions, the restriction of a 24-to-72-hour safety protocol for the removal of all items within his bedroom, the removal of his shoes, and the use of 911 for emergency interventions.</p> <p>Findings include:</p> <p>1. The governing body failed to ensure client A had a surrogate to assist him to make decisions regarding informed consent. Please see W125.</p>	W 0104	<p>Maintenance Manager, Quality Assurance, Quality Assurance Manager, QIDPM, Director of Nursing, Nurse, Area Supervisor, QIDP, DSL, and DSP. DATE OF COMPLETION: 6/14/2024</p> <p>Unannounced random daily observations began at the Facility on 6/6/2024 to ensure plans are being implemented by staff. Weekday daily observations will remain in effect for 60 days. After 60 days monthly, administrative observations will be conducted.</p> <p>The management team began daily update meetings on 6/6/2024, to ensure compliance and implement changes needed developing a plan and implementation of those changes. Meetings will continue until conditions are lifted.</p> <p>Members of the administrative team, including managers from Quality, Nursing and Programming, will conduct daily observations on weekdays. Any issues will be immediately reported to the Facility Team.</p> <p>The Facility Maintenance Manger will inspect the site once weekly at a minimum to identify environmental issue that may</p>	06/14/2024

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	<p>2. The governing body failed to implement the abuse, neglect, exploitation, mistreatment and/or violation of individual's rights policy to ensure the effective implementation of clients B and C's behavior plans to prevent elopement and to prevent client to client aggression regarding clients A, B, C and D. Please see W149.</p> <p>3. The governing body failed to thoroughly investigate incidents of elopement to rule out potential neglect for the implementation of client B's program plans. Please see W154.</p> <p>4. The governing body failed to develop and implement effective corrective measures to prevent recurrence of clients B and C's elopement and peer to peer aggression behaviors. Please see W157.</p> <p>5. The governing body failed to ensure documentation of client A and B's formal goal attempts was documented. Please see W252.</p> <p>6. The governing body failed to ensure client B's Behavioral Support Plan (BSP) included effective positive behavioral interventions, the restriction of a 24-to-72-hour safety protocol for the removal of all items within his bedroom, the removal of his shoes, and the use of 911 for emergency interventions. Please see W289.</p> <p>This federal tag relates to complaints #IN00429146 and #IN00428423.</p> <p>9-3-1(a)</p>		<p>arise.</p> <p>Facility Staff will monitor home activities and client interactions daily to ensure there is plans are followed if an issue is noted the appropriate administrative personnel i.e. Area Supervisor, Program Manager, Nurse, QIDP or AED immediately and correction will be made.</p> <p>The Behavior Consultant, Program Manager, Area Supervisor, Facility Nurse and QIDP will proactively monitor clients to ensure plan implementation.</p> <p>The facility will ensure that client A will have someone to assist him in making decisions regarding informed consent. June 6, 2024 a Health Representative agreed to be client A's HRC.</p> <p>The facility will ensure that staff are retrained on the ANE policy and the effective implementation of the policy to prevent elopement and client to client aggression between clients A, B, C, and D.</p> <p>The Program Manager and Area Supervisor retrained staff on, ANE (Abuse, Neglect, and Exploitation) Policy disciplinary action will be taken if the policy is not followed. Area Supervisor and will ensure that Policy is followed, and corrective measures are implemented. Monitoring of will be done by The Program Manager, Area Supervisor, and DSL to</p>	

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			<p>ensure all compliance.</p> <p>Staff will complete daily perimeter checks to include window, door, security system check, and gate operations. System checks will be verified by Area Supervisor, any deficiencies will be reported the Program Manager and ResCare Maintenance Manager.</p> <p>The IDT will meet to discuss positive reinforcements being added to the BSP's. The BC will update clients A, B, C and D's BSP's to reflect those changes and the staff will be trained on those changes.</p> <p>The facility will ensure that the staff are retrained on proper documenting of the all the client's goals and how to complete the documentation on when a client's goal is not met or completed.</p> <p>The facility will ensure that the BC updates the BSP's to include or not to include the use of 911 for emergency interventions, shoes being kept in the office due to elopement issues and the 7 day, 24/72 hour safety protocol for the removal of items from their rooms.</p> <p>The Facility will ensure that the QIDP is retrained on thoroughly completing investigations on elopements. The QIDP will also ensure follow-up IDT's to ensure the clients plan is being implemented to prevent potential neglect.</p>	

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W 0122 Bldg. 00	<p>483.420(a) CLIENT PROTECTIONS</p> <p>The facility must ensure the rights of all clients. Therefore the facility must Based on record review and interview the facility failed to meet the Condition of Participation: Client Protections for 2 of 2 sampled clients (A and B), plus 2 additional clients (C and D).</p> <p>The facility failed to ensure client A had a surrogate to assist him to make decisions regarding informed consent, to implement the abuse, neglect, exploitation, mistreatment and/or</p>	W 0122	<p>The Area Supervisor will ensure that the staff are retrained on proper documenting of the all the client's goals and how to complete the documentation on when a client's goal is not met or completed.</p> <p>The QIPM will ensure that the QIDP is retrained on thoroughly completing investigations on elopements. The QIDP will also ensure follow-up IDT's to ensure the clients plan is being implemented to prevent potential neglect.</p> <p><b>Persons Responsible:</b> Executive Director, AED, Program Manager, Maintenance Manager, Quality Assurance, Quality Assurance Manager, QIDPM, Director of Nursing, Nurse, Area Supervisor, QIDP, DSL, and DSP. DATE OF COMPLETION: 6/14/2024</p> <p>Unannounced random daily observations began at the Facility on 6/6/2024 to ensure plans are being implemented by staff. Weekday daily observations will remain in effect for 60 days. After 60 days monthly, administrative observations will be conducted. The management team</p>	06/14/2024



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	<p>violation of individual's rights policy to ensure the effective implementation of clients B and C's behavior plans to prevent elopement and to prevent client to client aggression regarding clients A, B, C and D, to thoroughly investigate incidents of elopement to rule out potential neglect for the implementation of client B's program plans and to develop and implement effective corrective measures to prevent recurrence of clients B and C's elopement and peer to peer aggression behaviors.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. The facility failed to ensure client A had a surrogate to assist him to make decisions regarding informed consent. Please see W125.</li> <li>2. The facility failed to implement the abuse, neglect, exploitation, mistreatment and/or violation of individual's rights (ANE) policy to ensure the effective implementation of clients B and C's behavior plans to prevent elopement and to prevent client to client aggression regarding clients A, B, C and D. Please see W149.</li> <li>3. The facility failed to thoroughly investigate incidents of elopement to rule out potential neglect for the implementation of client B's program plans. Please see W154.</li> <li>4. The facility failed to develop and implement effective corrective measures to prevent recurrence of clients B and C's elopement and peer to peer aggression behaviors. Please see W157.</li> </ol> <p>This federal tag relates to complaints #IN00429146 and #IN00428423.</p> <p>9-3-2(a)</p>		<p>began daily update meetings on 6/6/2024, to ensure compliance and implement changes needed developing a plan and implementation of those changes. Meetings will continue until conditions are lifted.</p> <p>Members of the administrative team, including managers from Quality, Nursing and Programming, will conduct daily observations on weekdays. Any issues will be immediately reported to the Facility Team.</p> <p>The Facility Maintenance Manger will inspect the site once weekly at a minimum to identify environmental issue that may arise.</p> <p>Facility Staff will monitor home activities and client interactions daily to ensure there is plans are followed if an issue is noted the appropriate administrative personnel i.e. Area Supervisor, Program Manager, Nurse, QIDP or AED immediately and correction will be made.</p> <p>The Behavior Consultant, Program Manager, Area Supervisor, Facility Nurse and QIDP will proactively monitor clients to ensure plan implementation.</p> <p>The facility will ensure that client A will have someone to assist him in making decisions regarding informed consent. June 6, 2024 a Health Representative agreed to be client A's HRC.</p>	

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			<p>The facility will ensure that staff are retrained on the ANE policy and the effective implementation of the policy to prevent elopement and client to client aggression between clients A, B, C, and D.</p> <p>The Program Manager and Area Supervisor retrained staff on, ANE (Abuse, Neglect, and Exploitation) Policy disciplinary action will be taken if the policy is not followed. Area Supervisor and will ensure that Policy is followed, and corrective measures are implemented. Monitoring of will be done by The Program Manager, Area Supervisor, and DSL to ensure all compliance.</p> <p>Staff will complete daily perimeter checks to include window, door, security system check, and gate operations. System checks will be verified by Area Supervisor, any deficiencies will be reported the Program Manager and ResCare Maintenance Manager.</p> <p>The IDT will meet to discuss positive reinforcements being added to the BSP's. The BC will update clients A, B, C and D's BSP's to reflect those changes and the staff will be trained on those changes.</p> <p>The facility will ensure that the staff are retrained on proper documenting of the all the client's goals and how to complete the documentation on when a client's</p>	

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			<p>goal is not met or completed.</p> <p>The facility will ensure that the BC updates the BSP's to include or not to include the use of 911 for emergency interventions, shoes being kept in the office due to elopement issues and the 7 day, 24/72 hour safety protocol for the removal of items from their rooms.</p> <p>The Facility will ensure that the QIDP is retrained on thoroughly completing investigations on elopements. The QIDP will also ensure follow-up IDT's to ensure the clients plan is being implemented to prevent potential neglect.</p> <p>The Area Supervisor will ensure that the staff are retrained on proper documenting of the all the client's goals and how to complete the documentation on when a client's goal is not met or completed.</p> <p>The QIPM will ensure that the QIDP is retrained on thoroughly completing investigations on elopements. The QIDP will also ensure follow-up IDT's to ensure the clients plan is being implemented to prevent potential neglect.</p> <p><b>Persons Responsible:</b> Executive Director, AED, Program Manager, Maintenance Manager, Quality Assurance, Quality Assurance Manager, QIDPM, Director of</p>	

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W 0125 Bldg. 00	<p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>Based on record review and interview for 1 of 2 sampled clients (A), the facility failed to ensure client A had a surrogate to assist him to make decisions regarding informed consent.</p> <p>Findings include:</p> <p>Client A's record was reviewed on 5/15/24 at 10:33 AM. Client A's Interdisciplinary Diagnostic and Evaluation Center (IDEC) Analysis form dated 6/3/08 indicated the following:</p> <p>"Outside of staff support in the home, [client A] does not have any supportive friendships or significant others."</p> <p>"[Client A] also must be supervised because he is at risk for emotional, social and financial exploitation."</p> <p>"[Client A] needs verbal prompting to physical assistance for ... understanding consequences of his actions, problem solving and exercising good judgement, advocating for himself..."</p> <p>"Efforts should be made to establish contact with</p>	W 0125	<p>Nursing, Nurse, Area Supervisor, QIDP, DSL, and DSP. DATE OF COMPLETION: 6/14/2024</p> <p>Unannounced random daily observations began at the Facility on 6/6/2024 to ensure plans are being implemented by staff. Weekday daily observations will remain in effect for 60 days. After 60 days monthly, administrative observations will be conducted.</p> <p>The management team began daily update meetings on 6/6/2024, to ensure compliance and implement changes needed developing a plan and implementation of those changes. Meetings will continue until conditions are lifted.</p> <p>Members of the administrative team, including managers from Quality, Nursing and Programming, will conduct daily observations on weekdays. Any issues will be immediately reported to the Facility Team.</p> <p>The Facility Maintenance Manger will inspect the site once weekly at a minimum to identify</p>	06/14/2024
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	<p>[client A's] adoptive mother and guardian to determine if further support may be needed for advocacy."</p> <p>Client A's 4/10/24 Informed Consent Assessment indicated client A needed assistance in providing informed consent regarding his medical and program needs.</p> <p>Client A's ISP (Individual Support Plan) dated 3/12/24 indicated client A did not have a guardian or HCR (Health Care Representative) to assist him in making informed decisions.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) was interviewed on 5/14/24 at 4:30 PM. QIDP indicated client A did not have a guardian or HCR.</p> <p>9-3-2(a)</p>		<p>environmental issue that may arise.</p> <p>Facility Staff will monitor home activities and client interactions daily to ensure there is plans are followed if an issue is noted the appropriate administrative personnel i.e. Area Supervisor, Program Manager, Nurse, QIDP or AED immediately and correction will be made.</p> <p>The Behavior Consultant, Program Manager, Area Supervisor, Facility Nurse and QIDP will proactively monitor clients to ensure plan implementation.</p> <p>The facility will ensure that client A will have someone to assist him in making decisions regarding informed consent. June 6, 2024 a Health Representative agreed to be client A's HRC.</p> <p>The facility will ensure that staff are retrained on the ANE policy and the effective implementation of the policy to prevent elopement and client to client aggression between clients A, B, C, and D.</p> <p>The Program Manager and Area Supervisor retrained staff on, ANE (Abuse, Neglect, and Exploitation) Policy disciplinary action will be taken if the policy is not followed. Area Supervisor and will ensure that Policy is followed, and corrective measures are implemented. Monitoring of will be done by The Program Manager,</p>	

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			<p>Area Supervisor, and DSL to ensure all compliance.</p> <p>Staff will complete daily perimeter checks to include window, door, security system check, and gate operations. System checks will be verified by Area Supervisor, any deficiencies will be reported the Program Manager and ResCare Maintenance Manager.</p> <p>The IDT will meet to discuss positive reinforcements being added to the BSP's. The BC will update clients A, B, C and D's BSP's to reflect those changes and the staff will be trained on those changes.</p> <p>The facility will ensure that the staff are retrained on proper documenting of the all the client's goals and how to complete the documentation on when a client's goal is not met or completed.</p> <p>The facility will ensure that the BC updates the BSP's to include or not to include the use of 911 for emergency interventions, shoes being kept in the office due to elopement issues and the 7 day, 24/72 hour safety protocol for the removal of items from their rooms.</p> <p>The Facility will ensure that the QIDP is retrained on thoroughly completing investigations on elopements. The QIDP will also ensure follow-up IDT's to ensure the clients plan is being implemented to prevent</p>	

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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 2 of 2 sampled clients (A and B), plus 2 additional clients (C and D), the facility failed to implement the abuse, neglect, exploitation, mistreatment and/or violation of individual's rights (ANE) policy to ensure the effective implementation of clients B and C's behavior plans to prevent	W 0149	potential neglect. The Area Supervisor will ensure that the staff are retrained on proper documenting of the all the client's goals and how to complete the documentation on when a client's goal is not met or completed. The QIPM will ensure that the QIDP is retrained on thoroughly completing investigations on elopements. The QIDP will also ensure follow-up IDT's to ensure the clients plan is being implemented to prevent potential neglect.  <b>Persons Responsible:</b> Executive Director, AED, Program Manager, Maintenance Manager, Quality Assurance, Quality Assurance Manager, QIDPM, Director of Nursing, Nurse, Area Supervisor, QIDP, DSL, and DSP. DATE OF COMPLETION: 6/14/2024  Unannounced random daily observations began at the Facility on 6/6/2024 to ensure plans are being implemented by staff. Weekday daily observations will remain in effect for 60 days. After 60 days monthly, administrative	06/14/2024

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	<p>elopement and to prevent client to client aggression regarding clients A, B, C and D.</p> <p>Findings include:</p> <p>1a. A BDS (Bureau of Disabilities Services) report was reviewed on 5/20/24 at 9:00 AM. The review indicated the following:</p> <p>-BDS report dated 5/18/24 indicated, "[Client D] had a graduation ceremony on 5/17/24. [Client D] expressed that he would like for his housemate, [client B] to attend and watch. [Client B], along with staff, attended the ceremony, and returned to the home around 9pm. Upon their arrival home, they took their medications and went to their bedrooms to lay down. Their housemate, [client C], became upset, and was asking why his housemates were on an outing and he couldn't attend. Staff discussed with [client C] that he had accessed the community earlier that day and spent the morning shopping for personal items with staff. [Client C] attempted to go towards [client D's] bedroom, staff used verbal redirection, at which time [client C] began making threats towards [client D]. Staff utilized 2 person YSIS (You're Safe I'm Safe- physical intervention technique), [client C] was able to get out of the hold, and hit [client D] in the face. Staff again attempted 2 person YSIS, with [client C], again, getting out of the hold, making his way to the kitchen window, pulling on it and breaking it. Staff implemented 2 person YSIS and alerted staff on the other side of the home, who positioned themselves in front of [client B's] bedroom door, to prevent [client C] from entering, as [client C] was able to get out of the YSIS hold staff was implementing and was making threats. Staff followed [client C], he pushed staff out of the way, and began hitting [client B]. Staff again</p>		<p>observations will be conducted.</p> <p>The management team began daily update meetings on 6/6/2024, to ensure compliance and implement changes needed developing a plan and implementation of those changes. Meetings will continue until conditions are lifted.</p> <p>Members of the administrative team, including managers from Quality, Nursing and Programming, will conduct daily observations on weekdays. Any issues will be immediately reported to the Facility Team.</p> <p>The Facility Maintenance Manger will inspect the site once weekly at a minimum to identify environmental issue that may arise.</p> <p>Facility Staff will monitor home activities and client interactions daily to ensure there is plans are followed if an issue is noted the appropriate administrative personnel i.e. Area Supervisor, Program Manager, Nurse, QIDP or AED immediately and correction will be made.</p> <p>The Behavior Consultant, Program Manager, Area Supervisor, Facility Nurse and QIDP will proactively monitor clients to ensure plan implementation.</p> <p>The facility will ensure that client A will have someone to assist him in making decisions regarding informed consent. June</p>	



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	<p>implemented 2 person YSIS, [client C] broke the hold, and exited the home. [Client C] walked to the water sewer, near [highway], with staff following, never losing sight. [Client C] returned to the property, but not before staff contacted police for assistance. Police arrived and [client C] returned home."</p> <p>And,</p> <p>"ResCare management was contacted, [client C] was sent for psychiatric evaluation, [client C] was evaluated then transferred to [psychiatric facility and city] for treatment. [Client B] was transported to the ER (Emergency Room) for evaluation, he sustained a nosebleed with no further injuries noted, he was evaluated and discharged to home with orders to follow up with PCP (Primary Care Physician), no new diagnosis was given. [Client D] was evaluated in the ER, he sustained a ½ inch abrasion and nosebleed. He was discharged to home with orders to follow up with PCP, hospital findings noted a closed head injury and chest contusion. Head tracking was initiated for both individuals, staff retrained on signs and symptoms of concussion and when to contact nurse. The BC (Behavior Consultant), QIDP (Qualified Intellectual Disabilities Professional), AS (Area Supervisor) and PM (Program Manager) met at the site on 5/18 (2024) to discuss the incident, review plans, and complete staff training as well as holding an IDT (Interdisciplinary Team) (meeting) to discuss the incident. Bill of rights and grievance (policy) were reviewed with both individuals. A review of the incident has been initiated. ResCare will maintain contact with hospital and plan for [client C's] discharge. [Client C] has a BSP (Behavior Support Plan) in place to address the use of YSIS and behaviors displayed."</p>		<p>6, 2024 a Health Representative agreed to be client A's HRC.</p> <p>The facility will ensure that staff are retrained on the ANE policy and the effective implementation of the policy to prevent elopement and client to client aggression between clients A, B, C, and D.</p> <p>The Program Manager and Area Supervisor retrained staff on, ANE (Abuse, Neglect, and Exploitation) Policy disciplinary action will be taken if the policy is not followed. Area Supervisor and will ensure that Policy is followed, and corrective measures are implemented. Monitoring of will be done by The Program Manager, Area Supervisor, and DSL to ensure all compliance.</p> <p>Staff will complete daily perimeter checks to include window, door, security system check, and gate operations. System checks will be verified by Area Supervisor, any deficiencies will be reported the Program Manager and ResCare Maintenance Manager.</p> <p>The IDT will meet to discuss positive reinforcements being added to the BSP's. The BC will update clients A, B, C and D's BSP's to reflect those changes and the staff will be trained on those changes.</p> <p>The facility will ensure that the staff are retrained on proper documenting of the all the client's</p>	

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	<p>QAM (Quality Assurance Manager) provided additional documentation of client D's medical evaluations and client C's 5/18/24 IDT via email on 5/20/24 at 11:03 AM. Client D's Medical Consultation form dated 5/18/24 was reviewed on 5/20/24 at 2:07 PM. Client D's Medical Consultation form indicated he was seen at the emergency department with the reason for the visit listed as "assault". The 5/18/24 Medical Consultation form indicated client D sustained a "closed head injury" and "chest contusion".</p> <p>Client C's 5/18/24 IDT indicated the following:</p> <p>- "Team Discussion: IDT team discussed outcomes of incident for [client B] and [client D]. No further issues noted but head tracking to continue. [QIDP] reviewing Bill of Rights with both clients and guardian. Team discussed issues with [client C]. It was discussed if he might be checking his med's and how to address that. [PM] en-servicing (sic) staff on doing checks on mouth following med's and ensuring 8 ounces of water was provided at time of med pass to ensure swallowing of all med's. Team discussed outings and the fact that [client C] was not invited by [client D] to go to graduation. However, he had been out on an outing that morning shopping with staff. Discussed how the use of YSIS was not successful during this incident. [Client C] was extremely agitated and pushed staff to get past them. He broke out of two YSIS holds. It was discussed that [client C] was reacting to the other clients having had attention from staff and he was not invited by [client D] but [client B] was. [Client C] had attended [previous placement] along with [client D]. [Client C] had not completed the academy and is not graduating. [Client C] had been calm until the arrival of other clients back to</p>		<p>goals and how to complete the documentation on when a client's goal is not met or completed.</p> <p>The facility will ensure that the BC updates the BSP's to include or not to include the use of 911 for emergency interventions, shoes being kept in the office due to elopement issues and the 7 day, 24/72 hour safety protocol for the removal of items from their rooms.</p> <p>The Facility will ensure that the QIDP is retrained on thoroughly completing investigations on elopements. The QIDP will also ensure follow-up IDT's to ensure the clients plan is being implemented to prevent potential neglect.</p> <p>The Area Supervisor will ensure that the staff are retrained on proper documenting of the all the client's goals and how to complete the documentation on when a client's goal is not met or completed.</p> <p>The QIPM will ensure that the QIDP is retrained on thoroughly completing investigations on elopements. The QIDP will also ensure follow-up IDT's to ensure the clients plan is being implemented to prevent potential neglect.</p> <p><b>Persons Responsible:</b> Executive Director, AED, Program Manager, Maintenance Manager, Quality</p>	
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	<p>the home. [Client C] left the home and ran across [highway] to sewer plant and headed toward house two (other agency owned operated group home) with staff following. Police were called. [Client D] and [client B] were transported to [hospital] for evaluations of injuries. [Client C] was transported to [hospital] due to having stated to the police that he wanted to kill himself."</p> <p>1b. An initial review of the facility's BDS reports and investigations was completed on 5/14/24 at 1:30 PM. The review indicated the following:</p> <p>-BDS report dated 3/15/24 indicated, "[Client C] was upset because his therapy session was canceled. He went to his room, packed a bag then ran out of the home, with staff following. [Client C] went to the creek, behind the property of the group home. While in the creek, [client C] fell, and sustained a ½ inch abrasion on his leg. [Client C] returned home, and punched the wall, resulting in swelling to his knuckles. ResCare LPN (not specified) was contacted, and [client C] was transported to the ER for evaluation of his injuries."</p> <p>And,</p> <p>-"[Client C] was assessed, there were no broken bones or findings. [Client C] was discharged to home. He has a BSP in place to address the behaviors."</p> <p>1c. BDS report dated 3/14/24 indicated, "[Client C] and [client B] were playing catch when the ball hit [client B]. [Client B] acted as if he was going to hit [client C], [client C] then ran after [client B], pushing their way through staff and hit [client B] in the back and arms. Staff redirected both individuals to calming areas."</p>		<p>Assurance, Quality Assurance Manager, QIDPM, Director of Nursing, Nurse, Area Supervisor, QIDP, DSL, and DSP. DATE OF COMPLETION: 6/14/2024</p>	

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	<p>And,</p> <p>"BSPs are in place to address the behaviors. [Client B] sustained a ½ inch red mark on his back and 1-inch red mark on the back of his left arm. No further injuries were reported to have developed."</p> <p>-The review did not indicate documentation of an investigation of the incident.</p> <p>1d. BDS report dated 3/9/24 indicated, "Staff reported [client C] attempted to take something that belonged to [client B]. [Client B] ran outside and [client C] followed him, along with staff. [Client C] tackled [client B] to the grass, attempting to choke him. Staff separated both individuals. There were no physical injuries present, however, [client B] was transported to the ER for evaluation to the aggression."</p> <p>And,</p> <p>"[Client B] was assessed in the ER, with no findings and was discharged to home. [Client C] has a BSP in place to address aggression. Staff will continue to monitor and follow plans in place. IDT will meet to determine if any changes are needed."</p> <p>-The review did not indicate documentation of an investigation of the incident.</p> <p>1e. BDS report dated 3/2/24 indicated, "Staff reported [client C] was attempting to 'redirect' [client A], then acted as if he was going to hit [client A]. [Client A] responded by hitting [client C]. Staff redirected both individuals, [client C] became upset and ran outside, to the highway, then came back inside where he began trying to</p>			

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	<p>hit staff and punched the wall and office door. Verbal redirection was, again, used and [client C] calmed and spoke with staff."</p> <p>And,</p> <p>"[Client C] sustained a 1/2-inch scratch on his hand. [Client A] did not have any injuries. No further injuries were observed. Both individuals have BSP's in place to address the behaviors. Staff will continue to follow plans in place."</p> <p>-The review did not indicate documentation of an investigation of the incident.</p> <p>2a. An initial review of the facility's BDS reports and investigations was completed on 5/14/24 at 1:30 PM. The review indicated the following:</p> <p>-BDS report dated 3/18/24 indicated, "Staff reported [client B] was prompted to complete his daily chores. He began yelling at staff, then ran outside. Staff followed, [client B] made it to the highway and continued to walk, then began throwing rocks at cars. Staff contacted police for assistance with getting [client B] home."</p> <p>And,</p> <p>"[Client B] returned home with staff. [Client B] has a BSP in place to address the behaviors. Staff will continue to follow plans."</p> <p>2b. BDS report dated 3/8/24 indicated, "[Client B] was upset because his housemate was going to the store, and he wasn't. [Client B] left the home, with staff following. [Client B] returned to the site without further reported incidents."</p> <p>And,</p>			

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	<p>"[Client B] has a BSP in place to address the behavior. He was not out of line of sight of staff. There were no injuries as a result of this incident."</p> <p>2c. BDS report dated 3/5/24 indicated, "It was reported [client B] became upset when he thought staff was talking about him and ran out the door going to [other agency home] with staff following. [Client B] was walked back to his house by staff and the [BC (Behavior Consultant)]. When [client B] returned, he began beating on the walls and door resulting the door breaking and chipping paint and dry wall from throwing a chair. Staff verbally redirected [client B] to his safe space for calming time. The nurse was notified."</p> <p>And,</p> <p>"Staff assessed [client B] for injuries with none being noted and notified administration of the property damage. Staff will continue to monitor [client B], following his plans in place, and notify his team of any changes. No further incidents have been reported."2d.) On 5/16/24 at 10:42 AM, a review of the facility's Bureau of Disabilities Services (BDS) reports and accompanying investigation summaries was conducted. The review indicated the following affecting clients B and C:</p> <p>BDS incident report dated 2/9/24 indicated, "It was reported [client B] eloped from the house and was immediately followed by staff. [Client B] crossed [highway] multiple times dodging in and out of traffic. Police were called to assist due to [client B] nearly getting hit by vehicles and refusing redirection from staff. Police arrived and [client B] returned to the home with staff and the officers left. [Client B] then began attempting to</p>			

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	<p>strangle himself using a cord and hitting and kicking at staff. Staff implemented 2-person YSIS (You're Safe, I'm Safe) hold for 30 seconds two times. [Client B] then opened his bedroom window and exited the home. Staff followed and maintained line of sight. Staff were able to implement 2- person YSIS and escort [client B] home. The police arrived again due to the window alarm being triggered when [client B] eloped. The nurse was notified. Plan to Resolve: [Client B] did not receive any signs of injury. Staff will continue to monitor [client B], following his plans in place which include 1:1 supervision and YSIS in his HRC (Human Rights Committee) approved behavior plan. Staff will notify [client B's] team of any changes. No further incidents have been reported...".</p> <p>No investigation was available for review.</p> <p>2e.) BDS incident report dated 2/15/24 indicated, "It was reported [client B] eloped from his house and went to another site. Staff was able to gain control of [client B] and escort him back to his site. [Client B] then ran from staff onto [highway]. BC (Behavior Consultant) followed in her car and [client B] then ran in front of traffic. BC explained to [client B] he needed to get in the car or she would have to call the police. [Client B] got in the car and staff placed [client B] in a 2-person YSIS hold to his home and [client B] went into his room. Approximately 10 minutes later, [client B] eloped again from his house to another site. Staff were able to place [client B] in a 2-person YSIS hold and [client B] began fighting staff and dropped to the ground and started crawling around. Staff again placed [client B] in a 2-person YSIS hold and got [client B] in the van. [Client B] ran to the back of the van, grabbed a tire iron and began swinging it at staff. Staff were able to deflect</p>			

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	<p>[client B] and place him in a 2-person YSIS seated hold and transported him back to his site. Once [client B] arrived at his site, EMS was called and transported [client B] to the ER (emergency room) for an evaluation. Plan to Resolve: [Client B] was evaluated in the ER and admitted to [behavioral health facility #1] for further treatment. ResCare will maintain contact with the hospital and plan for discharge...".</p> <p>No investigation was available for review.</p> <p>2f.) BDS incident report dated 2/22/24 indicated, "[Client C] was watching TV (television) in the living room when his housemate [client A] stood up and slapped [client C] on the chin. [Client C] got upset, walked out the side door to the patio with staff following. [Client C] came back in with staff and went to his calming area. [Client C] was still upset from the previous incident and began making threats of suicide and went out the side door again with staff following and ran toward the highway voicing he wanted to be hit by a car. The police were called to assist with traffic. EMS arrived and transported [client C] to the ER for evaluation. The nurse was notified. Plan to Resolve: [client C] was evaluated in the ER and admitted to [behavioral health facility #2] for further evaluation and treatment. ResCare will maintain contact with the hospital and plan for discharge. [Client A] did not show any signs of injury, pain, or discomfort. Staff will continue to monitor and notify the nurse of any changes...".</p> <p>Investigation summary dated 3/19/24 indicated, "Introduction: On 2/20/24, [client C] was watching TV in the living room when his housemate [client A] stood up and slapped [client C] on the chin. [Client C] got upset, walked out the side door to the patio with staff following. [Client C] came back</p>			



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	<p>in with staff and went to his calming area. [Client C] was still upset from the previous incident and began making threats of suicide and went out the side door again with staff following and ran toward the highway voicing he wanted to be hit by a car. The police were called to assist with traffic...</p> <p>Summary of Interviews: [Direct Support Professional/DSP #1] stated, 'I was in the kitchen and was watching over [client C] and [client A]. I saw [client C] sit right next to [client A]. I asked him to move. He didn't listen. Then [client A] just reached up and hit [client C] on the chin. [Client C] got really mad and stomped out of the door. I followed and he was cursing and yelling. I let him have a moment and then I asked if he wanted to go to his room and calm. He went to his room. Then he got mad again and was saying he wasn't going to be at [group home]. That he didn't like the rules. He was going to hurt anyone that was going to hit him. Then he walked out of the house again. I followed him and so did [Direct Support Lead/DSL]. We tried to talk to him. He was saying he was going to run into traffic and wanted to go to [Behavioral Health Facility #1]. I followed him and [DSL] called BC and cops due to him being out in the middle of the road and not coming out of it. The police came to help get him out of the road and he told them he was going to kill himself and that he wanted to be inpatient at [Behavioral Health Facility #1]. He was screaming at the police. The police asked us what we wanted them to do. [DSL] told them she had the behaviorist on the phone. Police talked to behaviorist, and we called EMS (emergency medical services) for transport to the hospital. He just wasn't listening to anything I said. It was almost like that day [client B] ran and said he wanted to go to the hospital and was sent to [Behavioral Health</p>			

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	<p>Facility #1]. I remember [client C] was standing outside when all that happened'...</p> <p>[DSL] stated, 'I was in the office when [client C] got hit by [client A]. He got pretty upset. [DSP #1] followed him out on the patio and he came back in. [DSP #3] was on [client C's] side of the home. [DSP #1] talked to him, but he was mad. He wanted to talk to [BC] ... she said when he calmed, she would talk to him. He said he wanted her to come right now. He took off out of the garage door and headed for the highway. [DSP #3] stayed back, [DSP #1] walked with him, and I got in my car to follow him. He was cursing and yelling. He was saying something to [DSP #1]. I think he said he was going to the hospital. He mentioned [Behavioral Health Facility #1]. I called the Area supervisor and the BC. He went out into the Hwy (highway) and said he wanted to get hit by a car. I called the cops for help because he wasn't coming out of the Hwy for me or [DSP #1]. The cops came and he started yelling and cursing at them. I got on the phone with BC and told her what was happening and that he was telling everyone he wanted to go to [Behavioral Health Facility #1]. He told the cops he was going to kill himself. They called for EMS and [client C] calmed down and then went to the hospital for psych eval (evaluation). Not sure if he will get admitted but he seems to want to be there'...</p> <p>Conclusion: It is substantiated all behavior strategies were addressed in each individual's (client A and client C's) BSPs (Behavior Support Plans) and were implemented appropriately...</p> <p>Recommendations: Staff will continue to work with [client C] on coping strategies to implement in place of suicidal ideation".</p>			

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	<p>On 5/16/24 at 11:34 AM, a focused review of client B's record was conducted. The review indicated the following:</p> <p>Behavior Support Plan (BSP) dated 11/30/23 indicated, "Target Behaviors:... Elopement; 0 occurrences each month for 3 months. Measured/Data Collection: Leaving the area with the intent to escape staff supervision at home or in community...</p> <p>Client Specific Restrictions:...</p> <p>Limited Phone Use; Due to an increase in behaviors, including elopement, [client B] will be limited to speaking with his family... twice per week at a scheduled date and time...</p> <p>Supervision; Due to decrease in elopement, [client B] will be removed from 1:1 and placed on line of sight during waking hours. This is defined as staff being able to see him at all times, but they do not need to be in the same room...</p> <p>Door and Window Alarms; Alarms are placed on bedroom windows, exterior doors and the kitchen door due to client risk of elopements and theft. These alarms notify staff of door or window opening and do not limit opening or other use...</p> <p>Reactive Procedures:... Elopement; -Verbally redirect him back to his side of the house. -Engage him in preferred activity with the staff in his area. -If he is attempting to leave an area, request that he go for a walk with staff and/or go to an area away from the source of what may be frustrating/bothering him. If he continues to attempt to leave or does leave, immediately follow</p>			

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	<p>him and continue to redirect him back to the assigned area or an area where you can problem solve with him.</p> <p>-If he complies provide abundant praise and work with him on what is bothering him.</p> <p>-If he does not comply, immediately notify the AS (Area Supervisor) and BC (Behavior Consultant) of the incident.</p> <p>-If while at the home, he is attempting to leave and is walking in the neighborhood or toward the road staff will block him from going that direction.</p> <p>-If the behavior persist and he gets to the end of driveway, staff will implement YSIS (You're Safe, I'm Safe/Physical Behavioral Intervention) starting with the one-person physical redirection. If the behavior persists staff will implement the two-person physical redirection...".</p> <p>Interdisciplinary Team Meeting (IDT) dated 12/6/23 indicated, "On 12/4/23, [client B] became agitated due to housemate's behaviors. [Client B] ran out the back door and went to the neighboring group home with staff following. [Client B] returned to his group home with staff. No injuries were reported ...</p> <p>Plan of Action: Staff will continue to follow plans in place...</p> <p>[Behavior Consultant] and [Qualified Intellectual Disabilities Professional] have met w/ (with) his mother ... [Client B] currently talks with mom daily (with staff monitoring) but not sure that is a good idea and would like to limit his phone conversations with his family and restrict to twice a week, currently calls daily at 8 AM. [Client B] will not be able to go on home visit for the holidays due to family issues ...</p> <p>Limit calls to Mom to twice a week with specific</p>			

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	<p>dates/times and parameters if she does not answer and implement a phone log ...</p> <p>Believed he possibly has schizoaffective ([Director of Nursing] suggested getting gene testing to determine at next appt (appointment) and possibly having a medication adverse effect with the Halo (Haldol/ schizophrenia) injection monthly. Increase in behaviors as it gets closer to next dose, supposed to receive every 14 days. [Program Director] suggested a PRN (as needed) medication...".</p> <p>Interdisciplinary Team Meeting (IDT) dated 3/4/24 indicated, "Behavioral: Client's BSP addresses elopement with reactive strategies. Staff are often right next to client and he will move to go to his room and turn and run. Team has worked to monitor client at all times. However, it has been demonstrated that the more attention [client B] gets, the more he acts out ...</p> <p>Include any IDT Recommendations: ... [Client B] did not leave the property. [Client B] was never out of sight of staff. [Client B] was never in danger of harm to self or others. Staff were following his plan. Team moved [client B] to office side of home to provide added supervision and attention ...</p> <p>Team Discussion: Team reviewed a pattern of increased elopements on [client B's] part. Team has continued to meet to address these changes. We admitted a new client to the home and as of 3/1/24 (when) we transitioned a client out of [group home] and admitted another new client. This is an extreme amount of change for [client B] to deal with. We moved him on 3/1/24 from his old room to one on the side of the office. Team agrees that this will let him have the attention of the staff on that side of the home and separate him from</p>			

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	<p>the new clients where they are on one-to-one staffing and can't address his issues as quickly...".</p> <p>On 5/16/24 at 1:40 PM, a focused review of client C's record was conducted. The review indicated the following:</p> <p>Behavior Support Plan (BSP) dated 3/15/24 indicated, "Target Behaviors:... Elopement; 0 occurrences each month for 3 months. Measured/Data Collection: Leaving the area with the intent to escape staff supervision at home or in community...</p> <p>Client Specific Restrictions:...</p> <p>Alarms; Due to excessive elopement/leaving assigned area in the home, alarms will be placed on all windows, kitchen, pantry, office, bedroom and exterior doors. The restriction will be reviewed quarterly...</p> <p>Reactive Procedures:... Elopement;</p> <p>-Verbally redirect him back to his side of the house. -Engage him in preferred activity with the staff in his area. -If he is attempting to leave an area, request that he go for a walk with staff and/or go to an area away from the source of what may be frustrating/bothering him. If he continues to attempt to leave or does leave, immediately follow him and continue to redirect him back to the assigned area or an area where you can problem solve with him. -If he complies provide abundant praise and work with him on what is bothering him. -If he does not comply, immediately notify the AS (Area Supervisor) and BC (Behavior Consultant)</p>			

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	<p>of the incident.</p> <p>-If while at the home, he is attempting to leave and is walking in the neighborhood or toward the road staff will block him from going that direction.</p> <p>-If the behavior persists and he gets to the end of driveway, staff will implement YSIS (You're Safe, I'm Safe/Physical Behavioral Intervention) starting with the one-person physical redirection. If the behavior persists staff will implement the two-person physical redirection...".</p> <p>On 5/17/24 at 10:12 AM, the Nurse and Program Director (PD) were interviewed. The Nurse and PD were asked about the IDT meeting minutes indication of an adverse reaction to medication for client B as a contributing factor for increased behavior such as elopement. The Nurse indicated she was not a part of this team meeting and stated, "I don't know what that's about". At 10:17 AM, the Nurse reviewed the IDT note and stated, "I'm not aware of this. [Client B] has not had Geno (genetic testing)". The Nurse indicated client B had not experienced any adverse reaction to Haldol and stated, "Not to my knowledge, even inpatient stays". At 10:21 AM, the PD stated, "I was not there, but do remember saying switching him from monthly to weekly (dosage). He does not act like that all the time, maybe PRN (as needed)". The Nurse was asked if client B had the genetic testing. The Nurse stated, "No, I would have asked psych (psychiatrist) if I would have known". The Nurse was asked about the IDT's indication of client B being schizoaffective as a diagnosis or being speculative. The Nurse stated, "I think suspected. [Behavior Clinician] will sometimes note things". The Nurse was asked if the suspected schizoaffective disorder for client B had been discussed with client B's psychiatrist. The Nurse stated, "Not that I know of. I did not talk with psych about it. Let me look, maybe they</p>			

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	<p>did. I'll have to look". At 10:27 AM, the PD was asked about tracking for the use of Haldol with client B to gather data concerning the suspected increase in behavioral incidents. The PD indicated the only tracking being completed was the usual behavioral tracking and stated, "We just talked about how it might be increasing when he comes off of it". At 10:29 AM, the Nurse stated, "That morning he went to [behavioral health facility #1] it was on Valentines Day (2/14/24). He went out to [name of highway] and staff was able to get him back to the house. The police came. He was messing with the seatbelt. I felt he needed an eval (evaluation). He went from the ER (emergency room) to [behavioral health facility #1]. Going through the packet from [behavioral health facility #1], it seemed like attention seeking behaviors". The Nurse and PD were asked if the IDT met to review the discharge paperwork for recommendations for the modifications to client B's program plans. The Nurse shook her head no and the PD stated, "No".</p> <p>On 5/17/24 at 11:13 AM, the Behavior Consultant (BC) was interviewed. The BC was asked about the implementation of clients B and C's positive replacement strategies and staff implementation of their reactive procedures to prevent them from elopement. The BC stated, "Yeah, yep it's client choice (positive replacement strategies). It's keeping him (client B) busy". The BC was asked about clients being out of bounds versus elopement and how staff should interact when a client was refusing redirection. The BC stated, "If it's dangerous, they can start the YSIS (You're Safe, I'm Safe) with him (client B), usually there has been aggression, he would be redirectable normally". The BC was asked the definition between out of bounds versus elopement. The BC stated, "The difference is off property. Intent to</p>			



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	<p>escape staff". The BC was asked if she was referring to client B or client C. The BC stated, "Both really. [Client B] prefers to go to house #2". The BC was asked to define when staff implementation of the physical behavioral intervention YSIS should be initiated by staff. The BC stated, "The end of the driveway is where they will try to implement YSIS". The BC was asked once less restrictive interventions had been attempted should staff implement YSIS to prevent the elopement of clients B and C. The BC stated, "Yes. Sometimes there is a need for a break, not just put them into a hold". The BC was asked how many people would be needed to safely support client C during physical intervention. The BC stated, "For him, he tends to calm down when someone is in control. My experience is one person is enough". The BC was asked if there were incidents where staff were unable to implement the YSIS to prevent clients B and C from elopement. The BC stated, "Yes sir".</p> <p>On 5/20/24 at 10:46 AM, the Quality Assurance Manager (QAM) was interviewed. The QAM was asked about clients being free from abuse and neglect. The QAM stated, "Yes". The QAM was asked about staff implementation of the physical behavioral intervention using YSIS at the end of the driveway to prevent elopement. The QAM stated, "I would say yes, if that's how the plan is written ... I would say leaving to go to another area is different than going to the highway". The QAM was asked her knowledge of an overall picture for the number of times client B had eloped which involved placing himself in danger on, across or near the highway for the past 3 to 4 years. The QAM indicated she would review and provide more feedback. The QAM indicated the abuse, neglect, exploitation, mistreatment and/or violation of individual's rights (ANE) policy</p>			

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	<p>should be implemented at all times.</p> <p>On 5/20/24 at 1:03 PM, the QAM indicated through email client B's elopement history which involved the highway as: 2021 - 5 elopements, with staff in line of sight of him, 2022 - 3 elopements, with staff in line of sight of him, and 2023 - 8 elopements, with staff in line of sight of him, 1 he was out of line of sight for 10 seconds.</p> <p>On 5/20/24 at 12:26 PM, a review of the undated 24-hour Extensive Support Needs (ESN) Reimbursement Guideline was conducted. The review indicated, "Consumers in an extensive needs residence will receive intensive assistance with their problematic behavior(s) and continued active treatment, so that they may ultimately live a more community integrated life with the fewest possible supports... Individuals living in residences under this category must be supervised at all times and the staffing pattern at full capacity should be a minimum of: three (3) staff on the day shift; three (3) staff on the evening shift; and two (2) staff on the night shift".</p> <p>On 5/20/24 at 1:08 PM, the Assistant Executive Director (AED) was interviewed. The AED was asked about the pattern of elopement incidents between clients B and C and the indication from interviews where implementation of YSIS physical behavioral interventions to prevent clients B and C from elopement to the highway may not always be possible. The AED indicated communication with local law enforcement had occurred and was positive and supportive to assist during elopement incidents. The AED stated, "Nothing like a barrier. We've talked about different ideas. There was a decrease in elopement since March (2024). Some adjustments to meds (medications). Maybe adding a fence. They talked about [name</p>			

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W 0154 Bldg. 00	<p>of locked facility]. We don't have the capability to lock our doors. It's my understanding ESN can't have locked doors. I may be wrong on that. One of the major considerations is elopement for [name of locked facility]". The AED was asked if he felt the level of support needed for clients B and C was a more secured and/or locked facility to keep them from eloping to the highway. The AED stated, "I think it could be. We've had trial and error with the alarm system. That's to keep people out". The AED indicated more follow up to review clients B and C's level of support and the implementation of the positive behavioral supports to prevent elopements placing themselves in a dangerous situation on and/or near the highway was needed. The AED indicated the ANE policy should be implemented at all times. On 5/20/24 at 3:24 PM, a review of the 11/10/23 ANE policy was conducted. The review indicated the following: "ResCare staff actively advocate for the rights and safety of all individuals... ResCare strictly prohibits abuse, neglect, exploitation, mistreatment, or violation of an Individual's rights...". This federal tag relates to complaints #IN00429146 and #IN00428423.9-3-2(a) 483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated. Based on record review and interview for 1 of 2</p>	W 0154	Unannounced random daily	06/14/2024

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	<p>sampled clients (B), plus 1 additional client (C), the facility failed to thoroughly investigate incidents of elopement to rule out potential neglect for the implementation of client B's program plans.</p> <p>Findings include:</p> <p>1a. An review of the facility's BDS (Bureau of Disabilities Services) reports and investigations was completed on 5/14/24 at 1:30 PM. The review indicated the following:</p> <p>-BDS report dated 3/9/24 indicated, "Staff reported [client C] attempted to take something that belonged to [client B]. [Client B] ran outside and [client C] followed him, along with staff. [Client C] tackled [client B] to the grass, attempting to choke him. Staff separated both individuals. There were no physical injuries present, however, [client B] was transported to the ER (Emergency Room) for evaluation to the aggression."</p> <p>And,</p> <p>"[Client B] was assessed in the ER, with no findings and was discharged to home. [Client C] has a BSP in place to address aggression. Staff will continue to monitor and follow plans in place. IDT will meet to determine if any changes are needed."</p> <p>-The review did not indicate documentation of an investigation of the incident.</p> <p>1b. BDS report dated 3/2/24 indicated, "Staff reported [client C] was attempting to 'redirect' [client A], then acted as if he was going to hit [client A]. [Client A] responded by hitting [client C]. Staff redirected both individuals, [client C]</p>		<p>observations began at the Facility on 6/6/2024 to ensure plans are being implemented by staff. Weekday daily observations will remain in effect for 60 days. After 60 days monthly, administrative observations will be conducted.</p> <p>The management team began daily update meetings on 6/6/2024, to ensure compliance and implement changes needed developing a plan and implementation of those changes. Meetings will continue until conditions are lifted.</p> <p>Members of the administrative team, including managers from Quality, Nursing and Programming, will conduct daily observations on weekdays. Any issues will be immediately reported to the Facility Team.</p> <p>The Facility Maintenance Manger will inspect the site once weekly at a minimum to identify environmental issue that may arise.</p> <p>Facility Staff will monitor home activities and client interactions daily to ensure there is plans are followed if an issue is noted the appropriate administrative personnel i.e. Area Supervisor, Program Manager, Nurse, QIDP or AED immediately and correction will be made.</p> <p>The Behavior Consultant, Program Manager, Area Supervisor, Facility Nurse and QIDP will proactively monitor</p>	

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	<p>became upset and ran outside, to the highway, then came back inside where he began trying to hit staff and punched the wall and office door. Verbal redirection was, again, used and [client C] calmed and spoke with staff."</p> <p>And,</p> <p>"[Client C] sustained a 1/2-inch scratch on his hand. [Client A] did not have any injuries. No further injuries were observed. Both individuals have BSP's in place to address the behaviors. Staff will continue to follow plans in place."</p> <p>-The review did not indicate documentation of an investigation of the incident.</p> <p>2a) On 5/16/24 at 10:42 AM, a review of the facility's Bureau of Disabilities Services (BDS) reports and accompanying investigation summaries was conducted. The review indicated the following affecting clients B and C:</p> <p>-BDS incident report dated 2/9/24 indicated, "It was reported [client B] eloped from the house and was immediately followed by staff. [Client B] crossed [highway] multiple times dodging in and out of traffic. Police were called to assist due to [client B] nearly getting hit by vehicles and refusing redirection from staff. Police arrived and [client B] returned to the home with staff and the officers left. [Client B] then began attempting to strangle himself using a cord and hitting and kicking at staff. Staff implemented 2-person YSIS (You're Safe, I'm Safe) hold for 30 seconds two times. [Client B] then opened his bedroom window and exited the home. Staff followed and maintained line of sight. Staff were able to implement 2- person YSIS and escort [client B] home. The police arrived again due to the window alarm being triggered when [client B] eloped. The</p>		<p>clients to ensure plan implementation.</p> <p>The facility will ensure that client A will have someone to assist him in making decisions regarding informed consent. June 6, 2024 a Health Representative agreed to be client A's HRC.</p> <p>The facility will ensure that staff are retrained on the ANE policy and the effective implementation of the policy to prevent elopement and client to client aggression between clients A, B, C, and D.</p> <p>The Program Manager and Area Supervisor retrained staff on, ANE (Abuse, Neglect, and Exploitation) Policy disciplinary action will be taken if the policy is not followed. Area Supervisor and will ensure that Policy is followed, and corrective measures are implemented. Monitoring of will be done by The Program Manager, Area Supervisor, and DSL to ensure all compliance.</p> <p>Staff will complete daily perimeter checks to include window, door, security system check, and gate operations. System checks will be verified by Area Supervisor, any deficiencies will be reported the Program Manager and ResCare Maintenance Manager.</p> <p>The IDT will meet to discuss positive reinforcements being added to the BSP's. The BC will update clients A, B, C and D's</p>	

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	<p>nurse was notified. Plan to Resolve: [Client B] did not receive any signs of injury. Staff will continue to monitor [client B], following his plans in place which include 1:1 supervision and YSIS in his HRC (Human Rights Committee) approved behavior plan. Staff will notify [client B's] team of any changes. No further incidents have been reported...".</p> <p>No investigation was available for review.</p> <p>2b) BDS incident report dated 2/15/24 indicated, "It was reported [client B] eloped from his house and went to another site. Staff were able to gain control of [client B] and escort him back to his site. [Client B] then ran from staff onto [highway]. BC (Behavior Consultant) followed in her car and [client B] then ran in front of traffic. BC explained to [client B] he needed to get in the car, or she would have to call the police. [Client B] got in the car and staff placed [client B] in a 2-person YSIS hold to his home and [client B] went into his room. Approximately 10 minutes later, [client B] eloped again from his house to another site. Staff were able to place [client B] in a 2-person YSIS hold and [client B] began fighting staff and dropped to the ground and started crawling around. Staff again placed [client B] in a 2-person YSIS hold and got [client B] in the van. [Client B] ran to the back of the van, grabbed a tire iron and began swinging it at staff. Staff were able to deflect [client B] and place him in a 2-person YSIS seated hold and transported him back to his site. Once [client B] arrived at his site, EMS was called and transported [client B] to the ER (emergency room) for an evaluation. Plan to Resolve: [Client B] was evaluated in the ER and admitted to [behavioral health facility #1] for further treatment. ResCare will maintain contact with the hospital and plan for discharge...".</p>		<p>BSP's to reflect those changes and the staff will be trained on those changes.</p> <p>The facility will ensure that the staff are retrained on proper documenting of the all the client's goals and how to complete the documentation on when a client's goal is not met or completed.</p> <p>The facility will ensure that the BC updates the BSP's to include or not to include the use of 911 for emergency interventions, shoes being kept in the office due to elopement issues and the 7 day, 24/72 hour safety protocol for the removal of items from their rooms.</p> <p>The Facility will ensure that the QIDP is retrained on thoroughly completing investigations on elopements. The QIDP will also ensure follow-up IDT's to ensure the clients plan is being implemented to prevent potential neglect.</p> <p>The Area Supervisor will ensure that the staff are retrained on proper documenting of the all the client's goals and how to complete the documentation on when a client's goal is not met or completed.</p> <p>The QIPM will ensure that the QIDP is retrained on thoroughly completing investigations on elopements. The QIDP will also ensure follow-up IDT's to ensure the clients plan is being implemented to prevent</p>	

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W 0157  Bldg. 00	<p>No investigation was available for review.</p> <p>On 5/17/24 at 12:58 PM, a request for the investigations into client B's elopement incident history above was made with the Program Director (PD). The PD indicated investigations for the above elopement incident were not available for review, but more follow up would be provided.</p> <p>On 5/20/24 at 10:31 AM, the Quality Assurance Manager (QAM) was interviewed. The QAM was asked about the investigations for the above incident history for client B. The QAM indicated a miscommunication with the PD had occurred and the incident reports for client B's elopement had been provided twice. The QAM was asked if client B's elopement incidents above would require investigation to rule out any potential neglect for the failure to implement client B's program plans. The QAM stated, "We would (investigate elopement)". The QAM indicated she would follow up to determine if investigations were available to provide for review. No investigations into client B's incidents of elopements were provided for review.</p> <p>This federal tag relates to complaints #IN00429146 and #IN00428423.</p> <p>9-3-2(a)</p> <p>483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken. Based on record review and interview for 2 of 2 sampled clients (A and B), plus 2 additional clients (C and D), the facility failed to develop and implement effective corrective measures to</p>	W 0157	<p>potential neglect.</p> <p><b>Persons Responsible:</b> Executive Director, AED, Program Manager, Maintenance Manager, Quality Assurance, Quality Assurance Manager, QIDPM, Director of Nursing, Nurse, Area Supervisor, QIDP, DSL, and DSP. DATE OF COMPLETION: 6/14/2024</p> <p>Unannounced random daily observations began at the Facility on 6/6/2024 to ensure plans are being implemented by staff.</p>	06/14/2024

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	<p>prevent recurrence of clients B and C's elopement and peer to peer aggression behaviors.</p> <p>Findings include:</p> <p>1a. A BDS (Bureau of Disabilities Services) report was reviewed on 5/20/24 at 9:00 AM. The review indicated the following:</p> <p>-BDS report dated 5/18/24 indicated, "[Client D] had a graduation ceremony on 5/17/24. [Client D] expressed that he would like for his housemate, [client B] to attend and watch. [Client B], along with staff, attended the ceremony, and returned to the home around 9pm. Upon their arrival home, they took their medications and went to their bedrooms to lay down. Their housemate, [client C], became upset, and was asking why his housemates were on an outing and he couldn't attend. Staff discussed with [client C] that he had accessed the community earlier that day and spent the morning shopping for personal items with staff. [Client C] attempted to go towards [client D's] bedroom, staff used verbal redirection, at which time [client C] began making threats towards [client D]. Staff utilized 2 person YSIS (You're Safe I'm Safe- physical intervention technique), [client C] was able to get out of the hold, and hit [client D] in the face. Staff again attempted 2 person YSIS, with [client C], again, getting out of the hold, making his way to the kitchen window, pulling on it and breaking it. Staff implemented 2 person YSIS and alerted staff on the other side of the home, who positioned themselves in front of [client B's] bedroom door, to prevent [client C] from entering, as [client C] was able to get out of the YSIS hold staff was implementing and was making threats. Staff followed [client C], he pushed staff out of the way, and began hitting [client B]. Staff again</p>		<p>Weekday daily observations will remain in effect for 60 days. After 60 days monthly, administrative observations will be conducted.</p> <p>The management team began daily update meetings on 6/6/2024, to ensure compliance and implement changes needed developing a plan and implementation of those changes. Meetings will continue until conditions are lifted.</p> <p>Members of the administrative team, including managers from Quality, Nursing and Programming, will conduct daily observations on weekdays. Any issues will be immediately reported to the Facility Team.</p> <p>The Facility Maintenance Manger will inspect the site once weekly at a minimum to identify environmental issue that may arise.</p> <p>Facility Staff will monitor home activities and client interactions daily to ensure there is plans are followed if an issue is noted the appropriate administrative personnel i.e. Area Supervisor, Program Manager, Nurse, QIDP or AED immediately and correction will be made.</p> <p>The Behavior Consultant, Program Manager, Area Supervisor, Facility Nurse and QIDP will proactively monitor clients to ensure plan implementation.</p> <p>The facility will ensure that</p>	



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	<p>implemented 2 person YSIS, [client C] broke the hold, and exited the home. [Client C] walked to the water sewer, near [highway], with staff following, never losing sight. [Client C] returned to the property, but not before staff contacted police for assistance. Police arrived and [client C] returned home."</p> <p>And,</p> <p>"ResCare management was contacted, [client C] was sent for psychiatric evaluation, [client C] was evaluated then transferred to [psychiatric facility and city] for treatment. [Client B] was transported to the ER (Emergency Room) for evaluation, he sustained a nosebleed with no further injuries noted, he was evaluated and discharged to home with orders to follow up with PCP (Primary Care Physician), no new diagnosis was given. [Client D] was evaluated in the ER, he sustained a ½ inch abrasion and nosebleed. He was discharged to home with orders to follow up with PCP, hospital findings noted a closed head injury and chest contusion. Head tracking was initiated for both individuals, staff retrained on signs and symptoms of concussion and when to contact nurse. The BC (Behavior Consultant), QIDP (Qualified Intellectual Disabilities Professional), AS (Area Supervisor) and PM (Program Manager) met at the site on 5/18 (2024) to discuss the incident, review plans, and complete staff training as well as holding an IDT (Interdisciplinary Team) (meeting) to discuss the incident. Bill of rights and grievance (policy) were reviewed with both individuals. A review of the incident has been initiated. ResCare will maintain contact with hospital and plan for [client C's] discharge. [Client C] has a BSP (Behavior Support Plan) in place to address the use of YSIS and behaviors displayed."</p>		<p>client A will have someone to assist him in making decisions regarding informed consent. June 6, 2024 a Health Representative agreed to be client A's HRC.</p> <p>The facility will ensure that staff are retrained on the ANE policy and the effective implementation of the policy to prevent elopement and client to client aggression between clients A, B, C, and D.</p> <p>The Program Manager and Area Supervisor retrained staff on, ANE (Abuse, Neglect, and Exploitation) Policy disciplinary action will be taken if the policy is not followed. Area Supervisor and will ensure that Policy is followed, and corrective measures are implemented. Monitoring of will be done by The Program Manager, Area Supervisor, and DSL to ensure all compliance.</p> <p>Staff will complete daily perimeter checks to include window, door, security system check, and gate operations. System checks will be verified by Area Supervisor, any deficiencies will be reported the Program Manager and ResCare Maintenance Manager.</p> <p>The IDT will meet to discuss positive reinforcements being added to the BSP's. The BC will update clients A, B, C and D's BSP's to reflect those changes and the staff will be trained on those changes.</p>	

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	<p>QAM (Quality Assurance Manager) provided additional documentation of client D's medical evaluations and client C's 5/18/24 IDT via email on 5/20/24 at 11:03 AM. Client D's Medical Consultation form dated 5/18/24 was reviewed on 5/20/24 at 2:07 PM. Client D's Medical Consultation form indicated he was seen at the emergency department with the reason for the visit listed as "assault". The 5/18/24 Medical Consultation form indicated client D sustained a "closed head injury" and "chest contusion".</p> <p>Client C's 5/18/24 IDT indicated the following:</p> <p>-"Team Discussion: IDT team discussed outcomes of incident for [client B] and [client D]. No further issues noted but head tracking to continue. [QIDP] reviewing Bill of Rights with both clients and guardian. Team discussed issues with [client C]. It was discussed if he might be checking his med's and how to address that. [PM] en-servicing (sic) staff on doing checks on mouth following med's and ensuring 8 ounces of water was provided at time of med pass to ensure swallowing of all med's. Team discussed outings and the fact that [client C] was not invited by [client D] to go to graduation. However, he had been out on an outing that morning shopping with staff. Discussed how the use of YSIS was not successful during this incident. [Client C] was extremely agitated and pushed staff to get past them. He broke out of two YSIS holds. It was discussed that [client C] was reacting to the other clients having had attention from staff and he was not invited by [client D] but [client B] was. [Client C] had attended [previous placement] along with [client D]. [Client C] had not completed the academy and is not graduating. [Client C] had been calm until the arrival of other clients back to</p>		<p>The facility will ensure that the staff are retrained on proper documenting of the all the client's goals and how to complete the documentation on when a client's goal is not met or completed.</p> <p>The facility will ensure that the BC updates the BSP's to include or not to include the use of 911 for emergency interventions, shoes being kept in the office due to elopement issues and the 7 day, 24/72 hour safety protocol for the removal of items from their rooms.</p> <p>The Facility will ensure that the QIDP is retrained on thoroughly completing investigations on elopements. The QIDP will also ensure follow-up IDT's to ensure the clients plan is being implemented to prevent potential neglect.</p> <p>The Area Supervisor will ensure that the staff are retrained on proper documenting of the all the client's goals and how to complete the documentation on when a client's goal is not met or completed.</p> <p>The QIPM will ensure that the QIDP is retrained on thoroughly completing investigations on elopements. The QIDP will also ensure follow-up IDT's to ensure the clients plan is being implemented to prevent potential neglect.</p>	

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	<p>the home. [Client C] left the home and ran across [highway] to sewer plant and headed toward house two (other agency owned operated group home) with staff following. Police were called. [Client D] and [client B] were transported to [hospital] for evaluations of injuries. [Client C] was transported to [hospital] due to having stated to the police that he wanted to kill himself."</p> <p>1b. An initial review of the facility's BDS reports and investigations was completed on 5/14/24 at 1:30 PM. The review indicated the following:</p> <p>-BDS report dated 3/15/24 indicated, "[Client C] was upset because his therapy session was canceled. He went to his room, packed a bag then ran out of the home, with staff following. [Client C] went to the creek, behind the property of the group home. While in the creek, [client C] fell, and sustained a ½ inch abrasion on his leg. [Client C] returned home, and punched the wall, resulting in swelling to his knuckles. ResCare LPN (not specified) was contacted, and [client C] was transported to the ER for evaluation of his injuries."</p> <p>And,</p> <p>-"[Client C] was assessed, there were no broken bones or findings. [Client C] was discharged to home. He has a BSP in place to address the behaviors."</p> <p>1c. BDS report dated 3/14/24 indicated, "[Client C] and [client B] were playing catch when the ball hit [client B]. [Client B] acted as if he was going to hit [client C], [client C] then ran after [client B], pushing their way through staff and hit [client B] in the back and arms. Staff redirected both individuals to calming areas."</p>		<p><b>Persons Responsible:</b> Executive Director, AED, Program Manager, Maintenance Manager, Quality Assurance, Quality Assurance Manager, QIDPM, Director of Nursing, Nurse, Area Supervisor, QIDP, DSL, and DSP.</p> <p>DATE OF COMPLETION: 6/14/2024</p>	

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	<p>And,</p> <p>"BSPs are in place to address the behaviors. [Client B] sustained a ½ inch red mark on his back and 1-inch red mark on the back of his left arm. No further injuries were reported to have developed."</p> <p>1d. BDS report dated 3/9/24 indicated, "Staff reported [client C] attempted to take something that belonged to [client B]. [Client B] ran outside and [client C] followed him, along with staff. [Client C] tackled [client B] to the grass, attempting to choke him. Staff separated both individuals. There were no physical injuries present, however, [client B] was transported to the ER for evaluation to the aggression."</p> <p>And,</p> <p>"[Client B] was assessed in the ER, with no findings and was discharged to home. [Client C] has a BSP in place to address aggression. Staff will continue to monitor and follow plans in place. IDT will meet to determine if any changes are needed."</p> <p>1e. BDS report dated 3/2/24 indicated, "Staff reported [client C] was attempting to 'redirect' [client A], then acted as if he was going to hit [client A]. [Client A] responded by hitting [client C]. Staff redirected both individuals, [client C] became upset and ran outside, to the highway, then came back inside where he began trying to hit staff and punched the wall and office door. Verbal redirection was, again, used and [client C] calmed and spoke with staff."</p> <p>And,</p>			

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	<p>"[Client C] sustained a 1/2-inch scratch on his hand. [Client A] did not have any injuries. No further injuries were observed. Both individuals have BSP's in place to address the behaviors. Staff will continue to follow plans in place."</p> <p>2a. An initial review of the facility's BDS reports and investigations was completed on 5/14/24 at 1:30 PM. The review indicated the following:</p> <p>-BDS report dated 3/18/24 indicated, "Staff reported [client B] was prompted to complete his daily chores. He began yelling at staff, then ran outside. Staff followed, [client B] made it to the highway and continued to walk, then began throwing rocks at cars. Staff contacted police for assistance with getting [client B] home."</p> <p>And,</p> <p>"[Client B] returned home with staff. [Client B] has a BSP in place to address the behaviors. Staff will continue to follow plans."</p> <p>2b. BDS report dated 3/8/24 indicated, "[Client B] was upset because his housemate was going to the store, and he wasn't. [Client B] left the home, with staff following. [Client B] returned to the site without further reported incidents."</p> <p>And,</p> <p>"[Client B] has a BSP in place to address the behavior. He was not out of line of sight of staff. There were no injuries as a result of this incident."</p> <p>2c. BDS report dated 3/5/24 indicated, "It was reported [client B] became upset when he thought staff was talking about him and ran out the door going to [other agency home] with staff following.</p>			

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	<p>[Client B] was walked back to his house by staff and the [BC (Behavior Consultant)]. When [client B] returned, he began beating on the walls and door resulting the door breaking and chipping paint and dry wall from throwing a chair. Staff verbally redirected [client B] to his safe space for calming time. The nurse was notified."</p> <p>And,</p> <p>"Staff assessed [client B] for injuries with none being noted and notified administration of the property damage. Staff will continue to monitor [client B], following his plans in place, and notify his team of any changes. No further incidents have been reported."On 5/16/24 at 10:42 AM, a review of the facility's Bureau of Disabilities Services (BDS) reports and accompanying investigation summaries was conducted. The review indicated the following affecting clients B and C:</p> <p>2d.) BDS incident report dated 2/9/24 indicated, "It was reported [client B] eloped from the house and was immediately followed by staff. [Client B] crossed [highway] multiple times dodging in and out of traffic. Police were called to assist due to [client B] nearly getting hit by vehicles and refusing redirection from staff. Police arrived and [client B] returned to the home with staff and the officers left. [Client B] then began attempting to strangle himself using a cord and hitting and kicking at staff. Staff implemented 2-person YSIS (You're Safe, I'm Safe) hold for 30 seconds two times. [Client B] then opened his bedroom window and exited the home. Staff followed and maintained line of sight. Staff were able to implement 2- person YSIS and escort [client B] home. The police arrived again due to the window alarm being triggered when [client B] eloped. The</p>			

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	<p>nurse was notified. Plan to Resolve: [Client B] did not receive any signs of injury. Staff will continue to monitor [client B], following his plans in place which include 1:1 supervision and YSIS in his HRC (Human Rights Committee) approved behavior plan. Staff will notify [client B's] team of any changes. No further incidents have been reported...".</p> <p>No investigation was available for review.</p> <p>2e.) BDS incident report dated 2/15/24 indicated, "It was reported [client B] eloped from his house and went to another site. Staff was able to gain control of [client B] and escort him back to his site. [Client B] then ran from staff onto [highway]. BC (Behavior Consultant) followed in her car and [client B] then ran in front of traffic. BC explained to [client B] he needed to get in the car or she would have to call the police. [Client B] got in the car and staff placed [client B] in a 2-person YSIS hold to his home and [client B] went into his room. Approximately 10 minutes later, [client B] eloped again from his house to another site. Staff were able to place [client B] in a 2-person YSIS hold and [client B] began fighting staff and dropped to the ground and started crawling around. Staff again placed [client B] in a 2-person YSIS hold and got [client B] in the van. [Client B] ran to the back of the van, grabbed a tire iron and began swinging it at staff. Staff were able to deflect [client B] and place him in a 2-person YSIS seated hold and transported him back to his site. Once [client B] arrived at his site, EMS was called and transported [client B] to the ER (emergency room) for an evaluation. Plan to Resolve: [Client B] was evaluated in the ER and admitted to [behavioral health facility #1] for further treatment. ResCare will maintain contact with the hospital and plan for discharge...".</p>			

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	<p>No investigation was available for review.</p> <p>2f.) BDS incident report dated 2/22/24 indicated, "[Client C] was watching TV (television) in the living room when his housemate [client A] stood up and slapped [client C] on the chin. [Client C] got upset, walked out the side door to the patio with staff following. [Client C] came back in with staff and went to his calming area. [Client C] was still upset from the previous incident and began making threats of suicide and went out the side door again with staff following and ran toward the highway voicing he wanted to be hit by a car. The police were called to assist with traffic. EMS arrived and transported [client C] to the ER for evaluation. The nurse was notified. Plan to Resolve: [client C] was evaluated in the ER and admitted to [behavioral health facility #2] for further evaluation and treatment. ResCare will maintain contact with the hospital and plan for discharge. [Client A] did not show any signs of injury, pain, or discomfort. Staff will continue to monitor and notify the nurse of any changes...".</p> <p>Investigation summary dated 3/19/24 indicated, "Introduction: On 2/20/24, [client C] was watching TV in the living room when his housemate [client A] stood up and slapped [client C] on the chin. [Client C] got upset, walked out the side door to the patio with staff following. [Client C] came back in with staff and went to his calming area. [Client C] was still upset from the previous incident and began making threats of suicide and went out the side door again with staff following and ran toward the highway voicing he wanted to be hit by a car. The police were called to assist with traffic...</p> <p>Summary of Interviews: [Direct Support</p>			



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	<p>Professional/DSP #1 stated, 'I was in the kitchen and was watching over [client C] and [client A]. I saw [client C] sit right next to [client A]. I asked him to move. He didn't listen. Then [client A] just reached up and hit [client C] on the chin. [Client C] got really mad and stomped out of the door. I followed and he was cursing and yelling. I let him have a moment and then I asked if he wanted to go to his room and calm. He went to his room. Then he got mad again and was saying he wasn't going to be at [group home]. That he didn't like the rules. He was going to hurt anyone that was going to hit him. Then he walked out of the house again. I followed him and so did [Direct Support Lead/DSL]. We tried to talk to him. He was saying he was going to run into traffic and wanted to go to [Behavioral Health Facility #1]. I followed him and [DSL] called BC and cops due to him being out in the middle of the road and not coming out of it. The police came to help get him out of the road and he told them he was going to kill himself and that he wanted to be inpatient at [Behavioral Health Facility #1]. He was screaming at the police. The police asked us what we wanted them to do. [DSL] told them she had the behaviorist on the phone. Police talked to behaviorist, and we called EMS (emergency medical services) for transport to the hospital. He just wasn't listening to anything I said. It was almost like that day [client B] ran and said he wanted to go to the hospital and was sent to [Behavioral Health Facility #1]. I remember [client C] was standing outside when all that happened'...</p> <p>[DSL] stated, 'I was in the office when [client C] got hit by [client A]. He got pretty upset. [DSP #1] followed him out on the patio, and he came back in. [DSP #3] was on [client C's] side of the home. [DSP #1] talked to him, but he was mad. He wanted to talk to [BC] ... she said when he calmed,</p>			

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	<p>she would talk to him. He said he wanted her to come right now. He took off out of the garage door and headed for the highway. [DSP #3] stayed back, [DSP #1] walked with him, and I got in my car to follow him. He was cursing and yelling. He was saying something to [DSP #1]. I think he said he was going to the hospital. He mentioned [Behavioral Health Facility #1]. I called the Area supervisor and the BC. He went out into the Hwy (highway) and said he wanted to get hit by a car. I called the cops for help because he wasn't coming out of the Hwy for me or [DSP #1]. The cops came and he started yelling and cursing at them. I got on the phone with BC and told her what was happening and that he was telling everyone he wanted to go to [Behavioral Health Facility #1]. He told the cops he was going to kill himself. They called for EMS and [client C] calmed down and then went to the hospital for psych eval (evaluation). Not sure if he will get admitted but he seems to want to be there'...</p> <p>Conclusion: It is substantiated all behavior strategies were addressed in each individual's (client A and client C's) BSPs (Behavior Support Plans) and were implemented appropriately...</p> <p>Recommendations: Staff will continue to work with [client C] on coping strategies to implement in place of suicidal ideation".</p> <p>On 5/16/24 at 11:34 AM, a focused review of client B's record was conducted. The review indicated the following:</p> <p>Behavior Support Plan (BSP) dated 11/30/23 indicated, "Target Behaviors:... Elopement; 0 occurrences each month for 3 months. Measured/Data Collection: Leaving the area with the intent to escape staff supervision at home or</p>			

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	<p>in community...</p> <p>Client Specific Restrictions:...</p> <p>Limited Phone Use; Due to an increase in behaviors, including elopement, [client B] will be limited to speaking with his family... twice per week at a scheduled date and time...</p> <p>Supervision; Due to decrease in elopement, [client B] will be removed from 1:1 and placed on line of sight during waking hours. This is defined as staff being able to see him at all times, but they do not need to be in the same room...</p> <p>Door and Window Alarms; Alarms are placed on bedroom windows, exterior doors and the kitchen door due to client risk of elopements and theft. These alarms notify staff of door or window opening and do not limit opening or other use...</p> <p>Reactive Procedures:... Elopement; -Verbally redirect him back to his side of the house. -Engage him in preferred activity with the staff in his area. -If he is attempting to leave an area, request that he go for a walk with staff and/or go to an area away from the source of what may be frustrating/bothering him. If he continues to attempt to leave or does leave, immediately follow him and continue to redirect him back to the assigned area or an area where you can problem solve with him. -If he complies provide abundant praise and work with him on what is bothering him. -If he does not comply, immediately notify the AS (Area Supervisor) and BC (Behavior Consultant) of the incident. -If while at the home, he is attempting to leave and</p>			

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	<p>is walking in the neighborhood or toward the road staff will block him from going that direction. -If the behavior persists and he gets to the end of driveway, staff will implement YSIS (You're Safe, I'm Safe/Physical Behavioral Intervention) starting with the one-person physical redirection. If the behavior persists staff will implement the two-person physical redirection...".</p> <p>Interdisciplinary Team Meeting (IDT) dated 12/6/23 indicated, "On 12/4/23, [client B] became agitated due to housemate's behaviors. [Client B] ran out the back door and went to the neighboring group home with staff following. [Client B] returned to his group home with staff. No injuries were reported...</p> <p>Plan of Action: Staff will continue to follow plans in place...</p> <p>[Behavior Consultant] and [Qualified Intellectual Disabilities Professional] have met w/ (with) his mother ... [Client B] currently talks with mom daily (with staff monitoring) but not sure that is a good idea and would like to limit his phone conversations with his family and restrict to twice a week, currently calls daily at 8 AM. [Client B] will not be able to go on home visit for the holidays due to family issues...</p> <p>Limit calls to Mom to twice a week with specific dates/times and parameters if she does not answer and implement a phone log...</p> <p>Believed he possibly has schizoaffective ([Director of Nursing] suggested getting gene testing to determine at next appt (appointment) and possibly having a medication adverse effect with the Halo (Haldol/ schizophrenia) injection monthly. Increase in behaviors as it gets closer to</p>			

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	<p>next dose, supposed to receive every 14 days. [Program Director] suggested a PRN (as needed) medication...".</p> <p>Interdisciplinary Team Meeting (IDT) dated 3/4/24 indicated, "Behavioral: Client's BSP addresses elopement with reactive strategies. Staff are often right next to client and he will move to go to his room and turn and run. Team has worked to monitor client at all times. However, it has been demonstrated that the more attention [client B] gets, the more he acts out...</p> <p>Include any IDT Recommendations:... [Client B] did not leave the property. [Client B] was never out of sight of staff. [Client B] was never in danger of harm to self or others. Staff were following his plan. Team moved [client B] to office side of home to provide added supervision and attention...</p> <p>Team Discussion: Team reviewed a pattern of increased elopements on [client B's] part. Team has continued to meet to address these changes. We admitted a new client to the home and as of 3/1/24 (when) we transitioned a client out of [group home] and admitted another new client. This is an extreme amount of change for [client B] to deal with. We moved him on 3/1/24 from his old room to one on the side of the office. Team agrees that this will let him have the attention of the staff on that side of the home and separate him from the new clients where they are on one-to-one staffing and can't address his issues as quickly...".</p> <p>On 5/16/24 at 1:40 PM, a focused review of client C's record was conducted. The review indicated the following: Behavior Support Plan (BSP) dated 3/15/24 indicated, "Target Behaviors:... Elopement; 0</p>			

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	<p>occurrences each month for 3 months.</p> <p>Measured/Data Collection: Leaving the area with the intent to escape staff supervision at home or in community...</p> <p>Client Specific Restrictions:...</p> <p>Alarms; Due to excessive elopement/leaving assigned area in the home, alarms will be placed on all windows, kitchen, pantry, office, bedroom and exterior doors. The restriction will be reviewed quarterly...</p> <p>Reactive Procedures:... Elopement;</p> <ul style="list-style-type: none"> <li>-Verbally redirect him back to his side of the house.</li> <li>-Engage him in preferred activity with the staff in his area.</li> <li>-If he is attempting to leave an area, request that he go for a walk with staff and/or go to an area away from the source of what may be frustrating/bothering him. If he continues to attempt to leave or does leave, immediately follow him and continue to redirect him back to the assigned area or an area where you can problem solve with him.</li> <li>-If he complies provide abundant praise and work with him on what is bothering him.</li> <li>-If he does not comply, immediately notify the AS (Area Supervisor) and BC (Behavior Consultant) of the incident.</li> <li>-If while at the home, he is attempting to leave and is walking in the neighborhood or toward the road staff will block him from going that direction.</li> <li>-If the behavior persists and he gets to the end of driveway, staff will implement YSIS (You're Safe, I'm Safe/Physical Behavioral Intervention) starting with the one-person physical redirection. If the behavior persists staff will implement the two-person physical redirection...".</li> </ul>			

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	<p>On 5/17/24 at 10:12 AM, the Nurse and Program Director (PD) were interviewed. The Nurse and PD were asked about the IDT meeting minutes indication of an adverse reaction to medication for client B as a contributing factor for increased behavior such as elopement. The Nurse indicated she was not a part of this team meeting and stated, "I don't know what that's about". At 10:17 AM, the Nurse reviewed the IDT note and stated, "I'm not aware of this. [Client B] has not had Geno (genetic testing)". The Nurse indicated client B had not experienced any adverse reaction to Haldol and stated, "Not to my knowledge, even inpatient stays". At 10:21 AM, the PD stated, "I was not there, but do remember saying switching him from monthly to weekly (dosage). He does not act like that all the time, maybe PRN (as needed)". The Nurse was asked if client B had the genetic testing. The Nurse stated, "No, I would have asked psych (psychiatrist) if I would have known". The Nurse was asked about the IDT's indication of client B being schizoaffective as a diagnosis or being speculative. The Nurse stated, "I think suspected. [Behavior Clinician] will sometimes note things". The Nurse was asked if the suspected schizoaffective disorder for client B had been discussed with client B's psychiatrist. The Nurse stated, "Not that I know of. I did not talk with psych about it. Let me look, maybe they did. I'll have to look". At 10:27 AM, the PD was asked about tracking for the use of Haldol with client B to gather data concerning the suspected increase in behavioral incidents. The PD indicated the only tracking being completed was the usual behavioral tracking and stated, "We just talked about how it might be increasing when he comes off of it". At 10:29 AM, the Nurse stated, "That morning he went to [behavioral health facility #1] it was on Valentines Day (2/14/24). He went out to</p>			
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	<p>[name of highway] and staff was able to get him back to the house. The police came. He was messing with the seatbelt. I felt he needed an eval (evaluation). He went from the ER (emergency room) to [behavioral health facility #1]. Going through the packet from [behavioral health facility #1], it seemed like attention seeking behaviors". The Nurse and PD were asked if the IDT met to review the discharge paperwork for recommendations for the modifications to client B's program plans. The Nurse shook her head no and the PD stated, "No".</p> <p>On 5/17/24 at 11:13 AM, the Behavior Consultant (BC) was interviewed. The BC was asked about the implementation of clients B and C's positive replacement strategies and staff implementation of their reactive procedures to prevent elopement. The BC stated, "Yeah, yep it's client choice (positive replacement strategies). It's keeping him (client B) busy". The BC was asked about clients being out of bounds versus elopement and how staff should interact when a client was refusing redirection. The BC stated, "If it's dangerous, they can start the YSIS (You're Safe, I'm Safe) with him (client B), usually there has been aggression. He would be redirectable normally". The BC was asked the definition between out of bounds versus elopement. The BC stated, "The difference is off property. Intent to escape staff". The BC was asked if she was referring to client B or client C. The BC stated, "Both really. [Client B] prefers to go to house #2". The BC was asked to define when staff implementation of the physical behavioral intervention YSIS should be initiated by staff. The BC stated, "The end of the driveway is where they will try to implement YSIS". The BC was asked about least restrictive interventions failing to work once at the end of the driveway if staff should implement YSIS to prevent the</p>			



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	<p>elopement of clients B and C. The BC stated, "Yes. Sometimes there is a need for a break, not just put them into a hold". The BC was asked how many people would be needed to safely support client C during physical intervention. The BC stated, "For him, he tends to calm down when someone is in control. My experience is one person is enough". The BC was asked about incidents where staff were unable to implement the YSIS to prevent clients B and C from elopement. The BC stated, "Yes sir".</p> <p>On 5/20/24 at 10:46 AM, the Quality Assurance Manager (QAM) was interviewed. The QAM was asked about clients being free from abuse and neglect. The QAM stated, "Yes". The QAM was asked about staff implementation of the physical behavioral intervention using YSIS at the end of the driveway to prevent elopement. The QAM stated, "I would say yes, if that's how the plan is written... I would say leaving to go to another area is different than going to the highway". The QAM was asked her knowledge of an overall picture for the number of times client B had eloped which involved placing himself in danger on, across or near the highway for the past 3 to 4 years. The QAM indicated she would review and provide more feedback.</p> <p>On 5/20/24 at 1:03 PM, the QAM indicated through email client B's elopement history which involved the highway as: 2021 - 5 elopements, with staff in line of sight of him, 2022 - 3 elopements, with staff in line of sight of him, and 2023 - 8 elopements, with staff in line of sight of him, 1 he was out of line of sight for 10 seconds.</p> <p>The facility failed to develop effective corrective measures based on the pattern of elopement incident between clients B and C to a highway</p>			

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	<p>and the lack of effective positive behavioral interventions to prevent a pattern of elopement from reoccurring. Indicated through interviews were incidents of elopement in a manner in which staff would not be able to progress from least restrictive to most restrictive interventions for the implementation of YSIS physical behavioral interventions and prevent clients B and client C from elopement incidents and/or reaching the highway.</p> <p>On 5/20/24 at 1:08 PM, the Assistant Executive Director (AED) was interviewed. The AED was asked about corrective measure to address the pattern of elopement incidents between clients B and C and the indication from interviews where implementation YSIS physical behavioral interventions to prevent clients B and C from elopement to the highway may not always be possible. The AED indicated communication with local law enforcement had occurred and was positive and supportive to assist during elopement incidents. The AED stated, "Nothing like a barrier. We've talked about different ideas. There was a decrease in elopement since March (2024). Some adjustments to meds (medications). Maybe adding a fence. They talked about [name of locked facility]. We don't have the capability to lock our doors. It's my understanding ESN can't have locked doors. I may be wrong on that. One of the major considerations is elopement for [name of locked facility]". The AED was asked if he felt the level of support needed for clients B and C was a more secured and/or locked facility to keep them from eloping to the highway. The AED stated, "I think it could be. We've had trial and error with the alarm system. That's to keep people out". The AED indicated more follow up to review clients B and C's level of support and the implementation of the positive behavioral</p>			

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W 0252 Bldg. 00	<p>supports to prevent elopements placing themselves in a dangerous situation on and/or near the highway was needed.</p> <p>This federal tag relates to complaints #IN00429146 and #IN00428423.9-3-2(a) 483.440(e)(1)</p> <p><b>PROGRAM DOCUMENTATION</b> Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.</p> <p>Based on record review and interview for 2 of 2 sampled clients (A and B), the facility failed to ensure documentation of client A and B's formal goal attempts was documented.</p> <p>Findings include:</p> <p>1. Client A's record was reviewed on 5/15/24 at 10:33 AM. Client A's ISP (Individual Support Plan) dated 3/12/24 indicated the following formal training objectives:</p> <p>- "OBJECTIVE: Will fold and put away his laundry once a week with one verbal prompt 95% of the opportunities for 12 months by 03-12-2025."</p> <p>- "DATA COLLECTION: One (1) time per week after [client A] participates in folding his laundry and putting it away."</p> <p>- "OBJECTIVE: Will identify items he wishes to purchase (by use of cash, pcard, or online) with one verbal prompt 70% of the opportunities for 12 months by 03-12-25."</p> <p>- "DATA COLLECTION: His outing day, the weekends, and any other time he makes a purchase in the community/office."</p>	W 0252	<p>Unannounced random daily observations began at the Facility on 6/6/2024 to ensure plans are being implemented by staff. Weekday daily observations will remain in effect for 60 days. After 60 days monthly, administrative observations will be conducted.</p> <p>The management team began daily update meetings on 6/6/2024, to ensure compliance and implement changes needed developing a plan and implementation of those changes. Meetings will continue until conditions are lifted.</p> <p>Members of the administrative team, including managers from Quality, Nursing and Programming, will conduct daily observations on weekdays. Any issues will be immediately reported to the Facility Team.</p> <p>The Facility Maintenance Manger will inspect the site once weekly at a minimum to identify environmental issue that may arise.</p> <p>Facility Staff will monitor</p>	06/14/2024

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	<p>-"OBJECTIVE: Will read to staff from a book or newspaper daily with one verbal prompt 75% of the opportunities for 12 months by 03-12-2025."</p> <p>-"DATA COLLECTION: One (1) time daily after [client A] correctly reads at least two (2) words during AM or PM shifts."</p> <p>-"OBJECTIVE: Will wipe off the table and put his dishes in the sink after dinner with two verbal prompts 100% of the opportunities for 12 months by 03-12-2024."</p> <p>-"DATA COLLECTION: Daily During meal time."</p> <p>-"OBJECTIVE: Will get up nightly and use the bathroom with 2 verbal prompts 90% of the opportunities for 12 months by 03-12-2024 (sic)."</p> <p>-"DATA COLLECTION: PM shift."</p> <p>-"OBJECTIVE: Will pour himself a cup of water for med's, return cup to kitchen sink after med's with one verbal prompt 100% of the opportunities by 03-12-2024 (sic)."</p> <p>-"DATA COLLECTION: Daily when [client A] applies (sic) his medication properly."</p> <p>-"OBJECTIVE: While in public, [client A] will be introduced to different activities, exercises and safe practices in the community with two verbal prompts 85% of opportunities for 12 months by 03-12-2024 (sic)."</p> <p>-"DATA COLLECTION: Twice weekly while [client A] is on his outings."</p> <p>Client A's record did not indicate documentation of client A's goal attempts.</p>		<p>home activities and client interactions daily to ensure there is plans are followed if an issue is noted the appropriate administrative personnel i.e. Area Supervisor, Program Manager, Nurse, QIDP or AED immediately and correction will be made.</p> <p>The Behavior Consultant, Program Manager, Area Supervisor, Facility Nurse and QIDP will proactively monitor clients to ensure plan implementation.</p> <p>The facility will ensure that client A will have someone to assist him in making decisions regarding informed consent. June 6, 2024 a Health Representative agreed to be client A's HRC.</p> <p>The facility will ensure that staff are retrained on the ANE policy and the effective implementation of the policy to prevent elopement and client to client aggression between clients A, B, C, and D.</p> <p>The Program Manager and Area Supervisor retrained staff on, ANE (Abuse, Neglect, and Exploitation) Policy disciplinary action will be taken if the policy is not followed. Area Supervisor and will ensure that Policy is followed, and corrective measures are implemented. Monitoring of will be done by The Program Manager, Area Supervisor, and DSL to ensure all compliance.</p> <p>Staff will complete daily</p>	

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	<p>2. Client B's record was reviewed on 5/15/24 at 11:25 AM. Client B's ISP dated 11/14/23 indicated the following formal training objectives:</p> <p>-"OBJECTIVE: Will clean his room daily including making his bed with no verbal prompts 100% of all opportunities across 12 consecutive months by 11/14/2024."</p> <p>-"DATA COLLECTION: Daily."</p> <p>-"OBJECTIVE: Client will be able to identify wants versus needs when asking for items to be purchased utilizing cash, p-card, or online with two verbal prompts 85% of the opportunities for 12 months by 11.14.23."</p> <p>-"DATA COLLECTION: Weekly discussion with staff."</p> <p>-"OBJECTIVE: Will discuss with staff appropriate ways to cope with anxiety/anger by practice self-calming techniques with no verbal prompts 90% of the opportunities for 12 months by 11/14/2024."</p> <p>-"DATA COLLECTION: One (1) time daily, AM or PM shifts."</p> <p>-"OBJECTIVE: Will select a chore from the chore list without any verbal prompts 100% of the opportunities for 12 months by 11/14/2024."</p> <p>-"DATA COLLECTION: Daily."</p> <p>-"OBJECTIVE: Will improve hygiene with two verbal prompts 100% of the opportunities for 12 months by 11/14/2024."</p>		<p>perimeter checks to include window, door, security system check, and gate operations. System checks will be verified by Area Supervisor, any deficiencies will be reported the Program Manager and ResCare Maintenance Manager.</p> <p>The IDT will meet to discuss positive reinforcements being added to the BSP's. The BC will update clients A, B, C and D's BSP's to reflect those changes and the staff will be trained on those changes.</p> <p>The facility will ensure that the staff are retrained on proper documenting of the all the client's goals and how to complete the documentation on when a client's goal is not met or completed.</p> <p>The facility will ensure that the BC updates the BSP's to include or not to include the use of 911 for emergency interventions, shoes being kept in the office due to elopement issues and the 7 day, 24/72 hour safety protocol for the removal of items from their rooms.</p> <p>The Facility will ensure that the QIDP is retrained on thoroughly completing investigations on elopements. The QIDP will also ensure follow-up IDT's to ensure the clients plan is being implemented to prevent potential neglect.</p> <p>The Area Supervisor will ensure that the staff are retrained</p>	

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	<p>-"DATA COLLECTION: Daily."</p> <p>-"OBJECTIVE: Will learn the names of two medications, the purpose, and side effects with one verbal prompt 100% accuracy at all opportunities by 11/14/2024."</p> <p>-"DATA COLLECTION: Daily."</p> <p>-"OBJECTIVE: [Client B] will be able to identify ways to maintain his own safety out of the home by being able to communicate dangers of leaving the support of staff 90% of opportunities for 12 months by 11/14/2024."</p> <p>-"DATA COLLECTION: Daily."</p> <p>-"OBJECTIVE: Will choose and participate in a leisure activity of choice with one verbal prompt 90% of opportunities for 12 months by 11/14/2024."</p> <p>-"DATA COLLECTION: Daily."</p> <p>Client B's record did not indicate documentation of client B's goal attempts.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) was interviewed on 5/15/24 at 11:58 AM. QIDP indicated clients A and B's goal attempts should be documented in the facility's electronic record keeping system. QIDP indicated clients A and B's goals should be documented as frequently as indicated in the goals criteria.</p> <p>9-3-4(a)</p>		<p>on proper documenting of the all the client's goals and how to complete the documentation on when a client's goal is not met or completed.</p> <p>The QIPM will ensure that the QIDP is retrained on thoroughly completing investigations on elopements. The QIDP will also ensure follow-up IDT's to ensure the clients plan is being implemented to prevent potential neglect.</p> <p><b>Persons Responsible:</b> Executive Director, AED, Program Manager, Maintenance Manager, Quality Assurance, Quality Assurance Manager, QIDPM, Director of Nursing, Nurse, Area Supervisor, QIDP, DSL, and DSP.</p> <p>DATE OF COMPLETION: 6/14/2024</p>		

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W 0289  Bldg. 00	<p>483.450(b)(4) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR</p> <p>The use of systematic interventions to manage inappropriate client behavior must be incorporated into the client's individual program plan, in accordance with §483.440(c) (4) and (5) of this subpart.</p> <p>Based on observation, record review and interview for 1 of 2 sampled clients (B), the facility failed to ensure client B's Behavioral Support Plan (BSP) included effective positive behavioral interventions, the restriction of a 24-to-72-hour safety protocol for the removal of all items within his bedroom, the removal of his shoes, and the use of 911 for emergency interventions.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 5/14/24 from 3:50 PM through 5:00 PM and on 5/15/24 from 6:45 AM through 8:15 AM. Client B was observed in the home throughout the observation periods and was not wearing shoes while inside of the home. On 5/15/24 at 7:36 PM, DSP (Direct Support Professional) #3 retrieved client B's shoes from the home's locked medication administration room and encouraged him to wear his shoes to assist with taking out the home's trash.</p> <p>Client B was interviewed on 5/15/24 at 7:36 AM. Client B stated he did not have his shoes in the house because "I like to elope".</p> <p>A BDS (Bureau of Disabilities Services) report was reviewed on 5/20/24 at 9:00 AM. The review indicated the following:</p> <p>-BDS report dated 5/18/24 indicated, "[Client D]</p>	W 0289	<p>Unannounced random daily observations began at the Facility on 6/6/2024 to ensure plans are being implemented by staff. Weekday daily observations will remain in effect for 60 days. After 60 days monthly, administrative observations will be conducted.</p> <p>The management team began daily update meetings on 6/6/2024, to ensure compliance and implement changes needed developing a plan and implementation of those changes. Meetings will continue until conditions are lifted.</p> <p>Members of the administrative team, including managers from Quality, Nursing and Programming, will conduct daily observations on weekdays. Any issues will be immediately reported to the Facility Team.</p> <p>The Facility Maintenance Manger will inspect the site once weekly at a minimum to identify environmental issue that may arise.</p> <p>Facility Staff will monitor home activities and client interactions daily to ensure there is plans are followed if an issue is</p>	06/14/2024	

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	<p>had a graduation ceremony on 5/17/24. [Client D] expressed that he would like for his housemate, [client B] to attend and watch. [Client B], along with staff, attended the ceremony, and returned to the home around 9pm. Upon their arrival home, they took their medications and went to their bedrooms to lay down. Their housemate, [client C], became upset, and was asking why his housemates were on an outing and he couldn't attend. Staff discussed with [client C] that he had accessed the community earlier that day and spent the morning shopping for personal items with staff. [Client C] attempted to go towards [client D's] bedroom, staff used verbal redirection, at which time [client C] began making threats towards [client D]. Staff utilized 2 person YSIS (You're Safe I'm Safe- physical intervention technique), [client C] was able to get out of the hold, and hit [client D] in the face. Staff again attempted 2 person YSIS, with [client C], again, getting out of the hold, making his way to the kitchen window, pulling on it and breaking it. Staff implemented 2 person YSIS and alerted staff on the other side of the home, who positioned themselves in front of [client B's] bedroom door, to prevent [client C] from entering, as [client C] was able to get out of the YSIS hold staff was implementing and was making threats. Staff followed [client C], he pushed staff out of the way, and began hitting [client B]. Staff again implemented 2 person YSIS, [client C] broke the hold, and exited the home. [Client C] walked to the water sewer, near [highway], with staff following, never losing sight. [Client C] returned to the property, but not before staff contacted police for assistance. Police arrived and [client C] returned home."</p> <p>An initial review of the facility's BDS reports and investigations was completed on 5/14/24 at 1:30</p>		<p>noted the appropriate administrative personnel i.e. Area Supervisor, Program Manager, Nurse, QIDP or AED immediately and correction will be made.</p> <p>The Behavior Consultant, Program Manager, Area Supervisor, Facility Nurse and QIDP will proactively monitor clients to ensure plan implementation.</p> <p>The facility will ensure that client A will have someone to assist him in making decisions regarding informed consent. June 6, 2024 a Health Representative agreed to be client A's HRC.</p> <p>The facility will ensure that staff are retrained on the ANE policy and the effective implementation of the policy to prevent elopement and client to client aggression between clients A, B, C, and D.</p> <p>The Program Manager and Area Supervisor retrained staff on, ANE (Abuse, Neglect, and Exploitation) Policy disciplinary action will be taken if the policy is not followed. Area Supervisor and will ensure that Policy is followed, and corrective measures are implemented. Monitoring of will be done by The Program Manager, Area Supervisor, and DSL to ensure all compliance.</p> <p>Staff will complete daily perimeter checks to include window, door, security system check, and gate operations.</p>	



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	<p>PM. The review indicated the following:</p> <p>-BDS report dated 3/18/24 indicated, "Staff reported [client B] was prompted to complete his daily chores. He began yelling at staff, then ran outside. Staff followed, [client B] made it to the highway and continued to walk, then began throwing rocks at cars. Staff contacted police for assistance with getting [client B] home."On 5/16/24 at 10:42 AM, a review of the facility's Bureau of Disabilities Services (BDS) reports and accompanying investigation summaries was conducted. The review indicated the following affecting client B:</p> <p>-BDS incident report dated 2/9/24 indicated, "It was reported [client B] eloped from the house and was immediately followed by staff. [Client B] crossed [highway] multiple times dodging in and out of traffic. Police were called to assist due to [client B] nearly getting hit by vehicles and refusing redirection from staff. Police arrived and [client B] returned to the home with staff and the officers left. [Client B] then began attempting to strangle himself using a cord and hitting and kicking at staff. Staff implemented 2-person YSIS (You're Safe, I'm Safe) hold for 30 seconds two times. [Client B] then opened his bedroom window and exited the home. Staff followed and maintained line of sight. Staff were able to implement 2- person YSIS and escort [client B] home. The police arrived again due to the window alarm being triggered when [client B] eloped. The nurse was notified. Plan to Resolve: [Client B] did not receive any signs of injury. Staff will continue to monitor [client B], following his plans in place which include 1:1 supervision and YSIS in his HRC (Human Rights Committee) approved behavior plan. Staff will notify [client B's] team of any changes. No further incidents have been</p>		<p>System checks will be verified by Area Supervisor, any deficiencies will be reported the Program Manager and ResCare Maintenance Manager.</p> <p>The IDT will meet to discuss positive reinforcements being added to the BSP's. The BC will update clients A, B, C and D's BSP's to reflect those changes and the staff will be trained on those changes.</p> <p>The facility will ensure that the staff are retrained on proper documenting of the all the client's goals and how to complete the documentation on when a client's goal is not met or completed.</p> <p>The facility will ensure that the BC updates the BSP's to include or not to include the use of 911 for emergency interventions, shoes being kept in the office due to elopement issues and the 7 day, 24/72 hour safety protocol for the removal of items from their rooms.</p> <p>The Facility will ensure that the QIDP is retrained on thoroughly completing investigations on elopements. The QIDP will also ensure follow-up IDT's to ensure the clients plan is being implemented to prevent potential neglect.</p> <p>The Area Supervisor will ensure that the staff are retrained on proper documenting of the all the client's goals and how to complete the documentation on</p>	

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	<p>reported...".</p> <p>-BDS incident report dated 2/15/24 indicated, "It was reported [client B] eloped from his house and went to another site. Staff was able to gain control of [client B] and escort him back to his site. [Client B] then ran from staff onto [highway]. BC (Behavior Consultant) followed in her car and [client B] then ran in front of traffic. BC explained to [client B] he needed to get in the car, or she would have to call the police. [Client B] got in the car and staff placed [client B] in a 2-person YSIS hold to his home and [client B] went into his room. Approximately 10 minutes later, [client B] eloped again from his house to another site. Staff were able to place [client B] in a 2-person YSIS hold and [client B] began fighting staff and dropped to the ground and started crawling around. Staff again placed [client B] in a 2-person YSIS hold and got [client B] in the van. [Client B] ran to the back of the van, grabbed a tire iron and began swinging it at staff. Staff were able to deflect [client B] and place him in a 2-person YSIS seated hold and transported him back to his site. Once [client B] arrived at his site, EMS (emergency medical services) was call and transported [client B] to the ER (emergency room) for an evaluation. Plan to Resolve: [Client B] was evaluated in the ER and admitted to [behavioral health facility #1] for further treatment. ResCare will maintain contact with the hospital and plan for discharge...".</p> <p>On 5/16/24 at 11:34 AM, a focused review of client B's record was conducted. The review indicated the following:</p> <p>Behavior Support Plan (BSP) dated 11/30/23 indicated, "Target Behaviors:... Elopement; 0 occurrences each month for 3 months.</p>		<p>when a client's goal is not met or completed.</p> <p>The QIPM will ensure that the QIDP is retrained on thoroughly completing investigations on elopements. The QIDP will also ensure follow-up IDT's to ensure the clients plan is being implemented to prevent potential neglect.</p> <p><b>Persons Responsible:</b> Executive Director, AED, Program Manager, Maintenance Manager, Quality Assurance, Quality Assurance Manager, QIDPM, Director of Nursing, Nurse, Area Supervisor, QIDP, DSL, and DSP.</p> <p>DATE OF COMPLETION: 6/14/2024</p>	

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	<p>Measured/Data Collection: Leaving the area with the intent to escape staff supervision at home or in community...</p> <p>Client Specific Restrictions:...</p> <p>Limited Phone Use; Due to an increase in behaviors, including elopement, [client B] will be limited to speaking with his family... twice per week at a scheduled date and time...</p> <p>Supervision; Due to decrease in elopement, [client B] will be removed from 1:1 and placed on line of sight during waking hours. This is defined as staff being able to see him at all times, but they do not need to be in the same room...</p> <p>Door and Window Alarms; Alarms are placed on bedroom windows, exterior doors and the kitchen door due to client risk of elopements... These alarms notify staff of door or window opening and do not limit opening or other use...</p> <p>Preventative Procedures: -Do not be bossy with [client B]- ask don't tell... -Keep him busy... -Always utilize redirection before physical redirection. YSIS physical intervention aspects should be used only when there is imminent threat or danger to others. Otherwise, physical intervention will only escalate behaviors... -Always allow for choices and give him options with literal phrasing (not joking or sarcastic)... -It is best to redirect [client B] in a non-confrontational manner and not in front of his peers... -Allow [client B] to help with chores around the house as much as possible... -Use positive statements... -Do not make promises to him or tell him "NO", if</p>			

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	<p>he is asking for something that you are unsure that he can have, let him know that you will look into it. Ask the RM (Residential Manager, Q (Qualified Intellectual Disabilities Professional), or BC (Behavior Consultant). If you do have an item that he is requesting, let him know when he can have it. Always follow through with that you are telling him...</p> <ul style="list-style-type: none"> <li>-Do not engage in horse play or sarcasm...</li> <li>-Provide abundant specific praise (That is great how you INSERT ACTIVITY so nicely)...</li> <li>-Allow daily alone time in his room...</li> <li>-Notify [client B] if an appointment or activity is coming up to avoid anxiety...</li> <li>-Maintain personal boundaries...</li> <li>-When he appears to be getting agitated, as evidenced by having trouble expressing his feelings or a change in his demeanor: Explain to him that you will listen to what he has to say as long as he can communicate without yelling, cursing, or making threats...</li> <li>-Give him time to gather his thoughts and communicate with you and give him opportunities to express himself..</li> <li>-Staff will help him solve the problem and verbally praise him for speaking appropriately and waiting...</li> <li>-Remind him throughout the day to use an appropriate tone of voice and appropriate personal space...</li> <li>-It is best to utilize basic role play when teaching him new tasks...</li> <li>-Repetition is necessary due to limited cognitive ability and inability to retain information...</li> <li>-Allow additional time to respond to questions. Do not repetitively ask him the same questions in rapid succession or demand him to respond...</li> <li>-Always remember that physical redirection is the last resort technique of YSIS...</li> <li>-Be aware of your nonverbals (arms crossed in</li> </ul>			

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	<p>front vs down)..</p> <p>-Attempt to Resolve or Redirect the problem before it escalates to Physical Aggression or Property Destruction...</p> <p>-Do not get in a power struggle with him...</p> <p>Reactive Procedures:... Elopement;</p> <p>-Verbally redirect him back to his side of the house...</p> <p>-Engage him in preferred activity with the staff in his area...</p> <p>-If he is attempting to leave an area, request that he go for a walk with staff and/or go to an area away from the source of what may be frustrating/bothering him. If he continues to attempt to leave or does leave, immediately follow him and continue to redirect him back to the assigned area or an area where you can problem solve with him...</p> <p>-If he complies provide abundant praise and work with him on what is bothering him...</p> <p>-If he does not comply, immediately notify the AS (Area Supervisor) and BC (Behavior Consultant) of the incident...</p> <p>-If while at the home, he is attempting to leave and is walking in the neighborhood or toward the road staff will block him from going that direction...</p> <p>-If the behavior persist and he gets to the end of driveway, staff will implement YSIS (You're Safe, I'm Safe/Physical Behavioral Intervention) starting with the one-person physical redirection. If the behavior persists staff will implement the two-person physical redirection...".</p> <p>Interdisciplinary Team Meeting (IDT) dated 12/6/23 indicated, "On 12/4/23, [client B] became agitated due to housemate's behaviors. [Client B] ran out the back door and went to the neighboring group home with staff following. [Client B] returned to his group home with staff. No injuries</p>			

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	<p>were reported...</p> <p>Plan of Action: Staff will continue to follow plans in place...</p> <p>[Behavior Consultant] and [Qualified Intellectual Disabilities Professional] have met w/ (with) his mother ... [Client B] currently talks with mom daily (with staff monitoring) but not sure that is a good idea and would like to limit his phone conversations with his family and restrict to twice a week, currently calls daily at 8 AM. [Client B] will not be able to go on home visit for the holidays due to family issues...</p> <p>Limit calls to Mom to twice a week with specific dates/times and parameters if she does not answer and implement a phone log...</p> <p>Believed he possibly has schizoaffective ([Director of Nursing] suggested getting gene testing to determine at next appt (appointment) and possibly having a medication adverse effect with the Halo (Haldol/ schizophrenia) injection monthly. Increase in behaviors as it gets closer to next dose, supposed to receive every 14 days. [Program Director] suggested a PRN (as needed) medication...".</p> <p>Interdisciplinary Team Meeting (IDT) dated 3/4/24 indicated, "Behavioral: Client's BSP address elopement with reactive strategies. Staff are often right next to client, and he will move to go to his room and turn and run. Team has worked to monitor client at all times. However, it has been demonstrated that the more attention [client B] gets, the more he acts out...</p> <p>Include any IDT Recommendations:... [Client B] did not leave the property. [Client B] was never</p>			

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	<p>out of sight of staff. [Client B] was never in danger of harm to self or others. Staff were following his plan. Team moved [client B] to office side of home to provide added supervision and attention...</p> <p>Team Discussion: Team reviewed a pattern of increased elopements on [client B's] part. Team has continued to meet to address these changes. We admitted a new client to the home and as of 3/1/24 (when) we transitioned a client out of [group home] and admitted another new client. This is an extreme amount of change for [client B] to deal with. We moved him on 3/1/24 from his old room to one on the side of the office. Team agrees that this will let him have the attention of the staff on that side of the home and separate him from the new clients where they are on one-to-one staffing and can't address his issues as quickly...".</p> <p>On 5/17/24 at 10:12 AM, the Nurse and Program Director (PD) were interviewed. The Nurse and PD were asked about client B's pattern of elopement, placement in behavioral health facilities following elopement incidents to the highway with recommendations for changes to his program plans, and a restrictive safety protocol for 24 to 72 hours and the removal of his shoes. The PD indicated she needed to follow up with the Qualified Intellectual Disabilities Professional (QIDP) and would provide more follow-up. At 10:44 AM the PD returned and stated, "No IDT after discharge (from behavioral health facility #1). He does not do therapy because he'll refuse. [Behavior Consultant] even attempted to get him to write his feelings down and he won't do that either". The PD was asked about a safety protocol if client B continued to display behavior and elopement toward the highway. The PD indicated there was a general practice for the</p>			

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	<p>implementation of a 24-to-72-hour restriction for safety and stated, "The only thing I know, is they don't have access to their stuff. They (staff) move their things out of their room. It's a blanket thing, no sharps, alarms, staff remove everything out of their room and staff sit at the door". The PD was asked how client B would know when he had earned his items and privileges back. The PD stated, "Well, that's based on his behavior". The PD was asked if shoes would be kept from client B due to his elopement behaviors. The PD stated, "I thought that was in the plan. After they elope, [Behavior Consultant] has staff take them and put them into the closet. I don't know how (they get them back). Should have approval, be in the plan, and have an IDT".</p> <p>On 5/17/24 at 11:13 AM, the Behavior Consultant (BC) was interviewed. The BC was asked about client B's pattern of elopement and positive behavioral replacement strategies. The BC stated, "Yeah, yep it's client choice (positive replacement strategies). It's keeping him (client B) busy". The BC was asked about clients being out of bounds versus elopement and how staff should intervene when a client refused redirection. The BC stated, "If it's dangerous, they can start the YSIS (You're Safe, I'm Safe) with him (client B), usually there has been aggression, he would be redirectable normally". The BC was asked the definition between out of bounds versus elopement. The BC stated, "The difference is off property. Intent to escape staff". The BC was asked to define when staff implementation of the physical behavioral intervention YSIS should be initiated by staff. The BC stated, "The end of the driveway is where they will try to implement YSIS". The BC was asked once less restrictive interventions had been attempted should staff implement YSIS to prevent the elopement of client B. The BC stated, "Yes.</p>			



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	<p>Sometimes there is a need for a break, not just put them into a hold".</p> <p>The BC was asked about the definition of a 24-to-72-hour restriction for the removal of items from client B's bedroom. The BC stated, "When they're a danger to themselves. We take items that could be used to harm themselves. Staff would be in place to monitor". The BC was asked if this was indicated with the clients' BSP. The BC stated, "It's not identified that I see. It's like I described". The BC was asked who would make the determination for the implementation of the 24-to-72-hour safety protocol. The BC stated, "I would. They (staff) will call if it (behaviors) has escalated. Staff will call me". The BC was asked if this included weekends and holidays. The BC stated, "Yes". The BC was asked if staff were trained to call her for the implementation of the 24-to-72-hour safety protocol. The BC stated, "Yep, that's one where if it's a new behavior call me". The BC was asked if this was in the BSP. The BC stated, "Probably not". The BC was asked who would determine if the behavior had decreased to a level of compliance for the return of items within the 24 hour-to-72-hour safety protocol. The BC stated, "Me, staff will call". The BC was asked if staff completed shift reports to communicate the implementation of the safety protocol indicating when it began and/or ended. The BC stated, "No, they (staff) will let me know how things are going". The BC was asked about a lack of strategies outlined for the implementation of the safety protocol described within client B's BSP. The BC stated, "Ok, I can tell you if I approve, they will remove everything from the room. They're (clients') highly dangerous. [Client B] will use his socks to wrap around his neck, I mean everything is removed from the room...".</p>			

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	<p>The BC was asked about the removal of client B's shoes and if this practice was due to elopement incidents. The BC stated, "His shoes remain in the office because of his elopement". The BC was asked how client B would regain his shoes back following an elopement incident. The BC stated, "At the quarterly, we'll discuss that". The BC was asked her thoughts on how client B would regain his shoes back. The BC stated, "Stop eloping. If he wants to play basketball, he can have them". The BC was asked if the shoe restriction should be in client B's BSP. The BC stated, "I'm sure it is, but will check. I do not see it...".</p> <p>The BC was asked about client B's line of sight supervision. The BC stated, "Correct". The BC was asked if staff did not have to be in the same room as client B. The BC stated, "Correct...".</p> <p>The BC was asked about client B's positive replacement strategies to prevent elopement. The BC stated, "[Client B] likes attention, you don't have do anything. Just talk with him. The BC was asked about client B earning one on one time with staff. The BC stated, "We tried that. He did not like it". The BC was asked what were proactive strategies that would work to help prevent client B from elopement. The BC stated, "Keep him busy is number one. Giving him choices. Redirection in non-confrontational ways, maintaining bounders". The BC was asked about coping strategies for client B. The BC stated, "He likes to walk, he'll ask staff to take him to the basketball court. There is not a lot. He likes the [athletic center]". The BC was asked if client B earned time at the athletic center. The BC stated, "That's on Monday, Wednesday and Friday's". The BC was asked if client B had a reward program. The BC stated, "Not so much, he has where he can lose outings. As long as he's not eloping (he can</p>			

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	<p>attend weekly). The BC was asked if there were incentives incorporated into client B's BSP to discourage behavior such as elopement. The BC stated, "Not really". The BC was asked if the surveyor understanding for the pattern of elopement incidents and interviews which indicated physical intervention for the implementation of YSIS, was not always possible as successful strategies to prevent client B from elopement and reaching the highway as an accurate interpretation. The BC stated, "Yes sir".</p> <p>The BC was asked about police involvement and when staff would call 911 to request emergency assistance during client B's elopement on and/or near the highway. The BC stated, "We discuss it. Let me review the plan". The BC was asked if staff should call 911. The BC stated, "Yes, they should, he's (client B) fast. There can be times staff could not stop him from running to implement YSIS". The BC indicated more follow up to ensure a protocol for requesting emergency services was indicated within client B's BSP.</p> <p>On 5/20/24 at 10:46 AM, the Quality Assurance Manager (QAM) was interviewed. The QAM was asked about clients' being free from abuse and neglect. The QAM stated, "Yes". The QAM was asked about staff implementation of the physical behavioral intervention using YSIS at the end of the driveway to prevent elopement. The QAM stated, "I would say yes, if that's how the plan is written... I would say leaving to go to another area is different than going to the highway". The QAM was asked her knowledge of an overall picture for the number of times client B had eloped which involved placing himself in danger on, across or near the highway for the past 3 to 4 years. The QAM indicated she would review and provide more feedback.</p>			

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	<p>On 5/20/24 at 1:03 PM, the QAM indicated through email client B's elopement history which involved the highway as: 2021 - 5 elopements, with staff in line of sight of him, 2022 - 3 elopements, with staff in line of sight of him, and 2023 - 8 elopements, with staff in line of sight of him, 1 he was out of line of sight for 10 seconds.</p> <p>On 5/20/24 at 1:08 PM, the Assistant Executive Director (AED) was interviewed. The AED was asked about the pattern of elopement incidents with client B and the indication from interviews where the implementation of YSIS physical behavioral interventions to prevent client B from elopement to the highway may not always be possible. The AED indicated communication with local law enforcement had occurred and was positive and supportive to assist during elopement incidents. The AED stated, "Nothing like a barrier. We've talked about different ideas. There was a decrease in elopement since March (2024). Some adjustments to meds (medications). Maybe adding a fence. They talked about [name of locked facility]. We don't have the capability to lock our doors. It's my understanding ESN can't have locked doors. I may be wrong on that. One of the major considerations is elopement for [name of locked facility]". The AED was asked if he felt the level of support needed for client B was a more secured and/or locked facility to keep him from eloping to the highway. The AED stated, "I think it could be. We've had trial and error with the alarm system. That's to keep people out". The AED indicated more follow up to review client B's level of support and the implementation of positive behavioral supports to prevent elopements placing himself in a dangerous situation on and/or near the highway was needed.</p>			

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

PRINTED: 06/26/2024  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15G746	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____		X3) DATE SURVEY COMPLETED 05/23/2024
NAME OF PROVIDER OR SUPPLIER  RES CARE SOUTHEAST INDIANA			STREET ADDRESS, CITY, STATE, ZIP COD 16609 SIMA GRAY RD HENRYVILLE, IN 47126		
(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	
	This federal tag relates to complaint #IN00428423.  9-3-5(a)				