

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G508	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  02/26/2019
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NAME OF PROVIDER OR SUPPLIER  NORMAL LIFE OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP COD 4475 N 17TH ST TERRE HAUTE, IN 47805
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W 0000  Bldg. 00	<p>This visit was for the investigation of Complaint #IN00286338. This visit resulted in an Immediate Jeopardy.</p> <p>Complaint #IN00286338: Substantiated, Federal and state deficiencies related to the allegations are cited at W102, W104, W122, W149, W159, W164, W186, W189, W249, and W407.</p> <p>Unrelated deficiencies cited.</p> <p>Dates of Survey: February 20, 21, 22, 25, and 26, 2019.</p> <p>Facility Number: 001022 Provider Number: 15G508 AIM Number: 100245140</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 3/7/19.</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, the facility failed to meet the Condition of Participation: Governing Body for 3 of 3 sampled clients (A, B, and C), plus 5 additional clients (D, E, F, G, and H). The governing body neglected to implement its written policy and procedures to prevent neglect of client C in regards to an identified pressure ulcer, and to implement its POC (Plan of Correction) for clients</p>	W 0102	<b>Each home is assigned a nurse to oversee the monitoring and oversight of each individual's medical needs including documentation of the interventions and progress of any injuries or illness. Each nurse is responsible for assessing and following up any</b>	03/28/2019

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

TITLE

(X6) DATE

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

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	<p>A, B, C, D, E, F, G, and H in regard to community participation.</p> <p>The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility met the Condition of Participation: Client Protections for 1 of 3 sample clients (C). The governing body neglected to implement its written policy and procedures to prevent neglect of client C in regards to an identified pressure ulcer.</p> <p>The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility met the Condition of Participation: Health Care Services for 1 of 3 sampled clients (C). The governing body failed to ensure client C received timely nursing assessment, intervention, staff training, and monitoring following the identification of the repeated pressure ulcer occurrence.</p> <p>Findings include:</p> <p>1. The governing body failed to implement their policy and procedures to address recurrent issues with community participation addressed in prior Plans of Correction (POC) in 2018, neglected to implement their policy and procedures to ensure client C received timely nursing assessment, intervention, staff training, and monitoring following the identification of the repeated pressure ulcer occurrence, neglected to prevent Verbal Aggression (VA) and Physical Aggression (PA) by staff towards clients, and failed to provide client A with supervision to prevent elopement, failed to report an allegation of staff to client VA involving clients B and E, an allegation of staff to client PA involving clients A and B, and two of client C's Injuries of Unknown Origin</p>		<p><b>medical issue identified and maintaining documentation of specific chronic and acute needs on an ongoing basis or until the issue is resolved. Each nurse is responsible for at least a weekly visit to the home to monitor health issues and documentation that is maintained in the home. The nurse is responsible for completing a monthly progress note and a quarterly assessment for each individual assigned. All of the nurses will receive re-training on their responsibilities to monitor and complete documentation of specific chronic and acute needs on an ongoing basis or until the issue is resolved. The Health services Director will be responsible to insure this training is completed and documented in the employees training file. Client C HRP for skin integrity has been reviewed and is in place. The facility adheres to the regulations to provide medical treatment, assessments and labs as needed to ensure client's optimal health. Client C receives weekly treatment and assessments provided by Union Hospital Wound Care Center and will continue until the pressure</b></p>	

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	<p>to the Bureau of Developmental Disabilities Services (BDDS) within 24 hours of the alleged incidents, failed to thoroughly investigate multiple incidents of physical and verbal aggression between clients A, B, D, E, F, G, and unnamed clients, an allegation of PA by staff towards clients A and B, and client C's IUO in July 2018 and October 2018, failed to report the results of two investigations of staff to client Verbal Aggression (VA) and Physical Aggression (PA) towards clients A, B, and E to the administrator within 5 business days of the alleged events, failed to ensure staff demonstrated competency in tracking clients A and C's Sleep Flow Chart (SFC), client A's Location Tracking Five Minute Checks (LTFMC), failed to ensure staff completed client C's Reposition Tracking Form (RTF), and failed to ensure staff in the home were trained regarding clients A and C prior to working with them in the home, failed to address client C's need for an accurate pain assessment, failed to implement client A's door alarm protocol, and client C's Health Risk Plan (HRP) for repositioning after a diagnosed pressure ulcer, and failed to ensure client C received timely nursing assessment, intervention, staff training, and monitoring following the identification of the repeated pressure ulcer occurrence. Please see W104.</p> <p>2. The governing body failed to systemically ensure client C received timely nursing assessment, intervention, staff training, and monitoring following the identification of the repeated pressure ulcer occurrence. The governing body systemically failed to report to the Bureau of Developmental Disabilities Services (BDDS), thoroughly investigate, and implement sufficient corrective action to prevent the neglect of client C's continued pressure ulcer. Please see W122.</p>		<p><b>ulcer is cleared.</b></p> <p><b>All staff in the home will receive training on Client C HRP, proper repositioning, when to reposition, when to call the nurse, meeting of medical needs, and When to Order Medical Supplies.</b></p> <p><b>Health Services Director will train Facility Nurse on Nursing Assessments, When to do Nursing Assessments, Understanding of Job Responsibilities, When to Train Staff, and Meeting of Clients' Medical Needs.</b></p> <p><b>Health Service Director will audit each clients chart at least quarterly to ensure ongoing HRP adherence, appropriate completion of Nursing Assessments, and Meeting of Clients' Medical Needs.</b></p> <p><b>The Residential Manager and all DSPs will receive training on the clients right to receive an active habilitation program and the right to access and participate in community activities.</b></p> <p><b>The Residential Manager will develop a schedule of proposed community activities based on individual preferences and choices. The Residential Manager will check daily to ensure activities are completed. The Residential Manager will ensure all individuals residing in the</b></p>	

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	<p>3. The governing body failed meet the Condition of Participation: Health Care Services. The governing body failed to ensure client C received timely nursing assessment, intervention, staff training, and monitoring following the identification of the repeated pressure ulcer occurrence. Please see W318.</p> <p>This federal tag relates to complaint #IN00286338.</p> <p>9-3-1(a)</p>		<p><b>facility have an opportunity to participate in community activities.</b></p> <p><b>The Area Supervisor will be responsible for providing this training. Additional training will be provided immediately in instances where staff are observed not to be meeting the expectations. The Residential Manager will provide the Area Supervisor with a monthly activity calendar and will inform the Area Supervisor of any changes or concerns with attending the activities.</b></p> <p><b>Area Supervisors and QIDP's home audit forms have been updated to include a physical inspection of the community participation schedule and logs. These will be completed and submitted to the Program Manager for review on a weekly basis. The Program Manager will review the submitted audit and implement corrections and schedule follow up visit where deficiencies are noted. Repeat deficiencies will be addressed following the agency's progressive disciplinary action policy.</b></p> <p><b>Administrative observations have been implemented in the home daily, seven days a week and will remain in place until the team determines it is appropriate to decrease the</b></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 3 of 3 sampled clients (A, B, and C), plus 5 additional clients (D, E, F, G, and H), the governing body failed to exercise general policy, budget and operating direction over the facility by failing to implement their policy and procedures to address recurrent issues with community participation addressed in prior Plans of Correction (POC) in 2018, neglected to implement their policy and procedures to ensure client C received timely nursing assessment, intervention, staff training, and monitoring following the identification of the repeated pressure ulcer occurrence, neglected to prevent Verbal Aggression (VA) and Physical Aggression (PA) by staff towards clients, and failed to provide client A with supervision to prevent elopement, failed to report an allegation of staff to client VA involving clients B and E, an allegation of staff to client PA involving clients A and B, and two of client C's Injuries of Unknown Origin to the</p>	W 0104	<p><b>number of observations. This will ensure all corrections are implemented per ResCare policy and regulations. Ongoing weekly and monthly observations and review will continue with the QIDP and Area Supervisor over the location. Observations are completed by various staff at various times, including morning, evening and weekend visits.</b></p> <p><b>The facility will ensure that specific governing body and management requirements are met. The Governing Body will exercise general policy and operating direction over the facility and will implement written policy and procedures to ensure all individuals supported are free from abuse, neglect, exploitation and mistreatment. The facility has developed and will consistently implement its written policies that define and prohibit abuse, neglect, exploitation and mistreatment and the obligation and responsibility of reporting violations; the process for reporting and appropriate</b></p>	03/28/2019

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	<p>Bureau of Developmental Disabilities Services (BDDS) within 24 hours of the alleged incidents, failed to thoroughly investigate multiple incidents of physical and verbal aggression between clients A, B, D, E, F, G, and unnamed clients, an allegation of PA by staff towards clients A and B, and client C's IUO in July 2018 and October 2018, failed to report the results of two investigations of staff to client Verbal Aggression (VA) and Physical Aggression (PA) towards clients A, B, and E to the administrator within 5 business days of the alleged events, failed to ensure staff demonstrated competency in tracking clients A and C's Sleep Flow Chart (SFC), client A's Location Tracking Five Minute Checks (LTFMC), failed to ensure staff completed client C's Reposition Tracking Form (RTF), and failed to ensure staff in the home were trained regarding clients A and C prior to working with them in the home, failed to address client C's need for an accurate pain assessment, failed to implement client A's door alarm protocol, and client C's Health Risk Plan (HRP) for repositioning after a diagnosed pressure ulcer, and failed to ensure client C received timely nursing assessment, intervention, staff training, and monitoring following the identification of the repeated pressure ulcer occurrence.</p> <p>Findings include:</p> <p>1. Client E was interviewed on 2/20/19 at 4:25 PM. Client E stated, "We don't get to go out very often. I really want to go to church." Client E indicated she has told staff on the weekends that she'd like to go to church. Client E stated, "I don't know why I can't go."</p> <p>Client G was interviewed on 2/20/19 at 4:30 PM. Client G stated, "Yes, I want to go to church. I</p>		<p><b>follow-up to any such allegations reported. All employees receive training on this policy upon hire and at least annually thereafter. All staff, including the Residential Manager and support roles will complete competency-based training on the facilities ANEM policy with an emphasis on defining and recognizing neglect.</b></p> <p><b>The Residential Manager and all DSPs will receive training on the clients right to receive an active habilitation program and the right to access and participate in community activities.</b></p> <p><b>The Residential Manager will develop a schedule of proposed community activities based on individual preferences and choices. The Residential Manager will check daily to ensure activities are completed. The Residential Manager will ensure all individuals residing in the facility have an opportunity to participate in community activities.</b></p> <p><b>The Area Supervisor will be responsible for providing this training. Additional training will be provided immediately in instances where staff are observed not to be meeting the expectations. The Residential</b></p>		

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	<p>love going." Client G provided a Sunday bulletin for a church she attended in October 2018. Client G indicated that was the last time she had visited church. Client G stated, "This is the church I want to go to. I like it there. I asked [Home Manager (HM) #1] about going. She told me that I can't go to church because she doesn't go either."</p> <p>Community Participation Logs (CPLs) were reviewed on 2/21/19 at 11:55 AM. The review indicated the following:</p> <p>- Client A's CPL dated November 2018 did not indicate client A had gone on any outings during the month.</p> <p>Client A's CPL dated January 2019 indicated client A had gone on one outing on 1/26/19.</p> <p>Client A's CPL dated February 2019 indicated client A had gone on two outings on 2/19/19 and 2/20/19.</p> <p>- Client B's CPL dated November 2018 did not indicate client B had gone on any outings during the month.</p> <p>Client B's CPL dated January 2019 indicated client B had gone on one outing on 1/16/19.</p> <p>Client B's CPL dated February 2019 did not indicate client B had gone on any outings during the month.</p> <p>- Client D's CPL dated November 2018 did not indicate client D had gone on any outings during the month.</p> <p>Client D's CPL dated December 2018 indicated client D had gone on one outing on 12/7/18.</p>		<p><b>Manager will provide the Area Supervisor with a monthly activity calendar and will inform the Area Supervisor of any changes or concerns with attending the activities.</b></p> <p><b>Area Supervisors and QIDP's home audit forms have been updated to include a physical inspection of the community participation schedule and logs. These will be completed and submitted to the Program Manager for review on a weekly basis. The Program Manager will review the submitted audit and implement corrections and schedule follow up visit where deficiencies are noted. Repeat deficiencies will be addressed following the agency's progressive disciplinary action policy.</b></p> <p><b>Each home is assigned a nurse to oversee the monitoring and oversight of each individual's medical needs including documentation of the interventions and progress of any injuries or illness. Each nurse is responsible for assessing and following up any medical issue identified and maintaining documentation of specific chronic and acute needs on an ongoing basis or until the issue is resolved.</b></p> <p><b>Each nurse is responsible for at least a weekly visit to the home</b></p>	

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	<p>Client D's CPL dated January 2019 did not indicate client D had gone on any outings during the month.</p> <p>Client D's CPL dated February 2019 did not indicate client D had gone on any outings during the month.</p> <p>- Client E's CPL dated November 2018 indicated client E had gone on three outings on 11/5/18, 11/18/18, and 11/25/18.</p> <p>Client E's CPL dated December 2018 indicated client E had gone on three outings on 12/4/18, 12/6/18, and 12/21/18.</p> <p>Client E's CPL dated January 2019 did not indicate client E had gone on any outings during the month.</p> <p>Client E's CPL dated February 2019 did not indicate client E had gone on any outings during the month.</p> <p>- Client F's CPL dated November 2018 did not indicate client F had gone on any outings during the month.</p> <p>Client F's CPL dated December 2018 indicated client F had gone on three outings on 12/7/18, 12/15/18, and 12/21/18.</p> <p>Client F's CPL dated January 2019 did not indicate client F had gone on any outings during the month.</p> <p>Client F's CPL dated February 2019 did not indicate client F had gone on any outings during the month.</p>		<p><b>to monitor health issues and documentation that is maintained in the home. The nurse is responsible for completing a monthly progress note and a quarterly assessment for each individual assigned.</b></p> <p><b>All of the nurses will receive re-training on their responsibilities to monitor and complete documentation of specific chronic and acute needs on an ongoing basis or until the issue is resolved. The Health services Director will be responsible to insure this training is completed and documented in the employees training file.</b></p> <p><b>Client C HRP for skin integrity has been reviewed and is in place.</b></p> <p><b>The facility adheres to the regulations to provide medical treatment, assessments and labs as needed to ensure client's optimal health.</b></p> <p><b>Client C receives weekly treatment and assessments provided by Union Hospital Wound Care Center and will continue until the pressure ulcer is cleared.</b></p> <p><b>All staff in the home will receive training on Client C HRP, proper repositioning, when to reposition, when to call the nurse, meeting of medical needs, and When to</b></p>	



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	<p>- Client G's CPL dated November 2018 indicated client G had gone on three outings on 11/3/18, 11/4/18, and 11/6/18.</p> <p>Client G's CPL dated January 2019 indicated client G had gone on three outings on 1/19/19, 1/21/19, and 1/26/19.</p> <p>Client G's CPL dated February 2019 indicated client G had gone on one outing on 2/17/19.</p> <p>- Client H's CPL dated November 2018 indicated client H had gone on two outings on 11/11/18 and 11/13/18.</p> <p>Client H's CPL dated December 2018 indicated client H had gone on two outings on 12/3/18 and 12/7/18.</p> <p>Client H's CPL dated January 2019 did not indicate client H had gone on any outings during the month.</p> <p>Client H's CPL dated February 2019 indicated client H had gone on two outings on 2/5/19 and 2/6/19.</p> <p>On 2/26/19 at 1:30 PM, the facility's 8/17/18 Plan of Correction (POC) indicated, "All staff at the residence will receive training on client's right to receive active habilitation program and the right to access and participate in community activities. The Area Supervisor (AS) will be responsible for providing this training. Additional training will be provided immediately in instances where staffs (sic) are observed not to be meeting the expectations. The Site Supervisor will provide the AS with a monthly activity calendar and will inform the AS of any changes or concerns with</p>		<p><b>Order Medical Supplies.</b> <b>Health Services Director will train Facility Nurse on Nursing Assessments, When to do Nursing Assessments, Understanding of Job Responsibilities, When to Train Staff, and Meeting of Clients' Medical Needs.</b> <b>Health Service Director will audit each clients chart at least quarterly to ensure ongoing HRP adherence, appropriate completion of Nursing Assessments, and Meeting of Clients' Medical Needs.</b> <b>Administrative observations have been implemented in the home daily, seven days a week and will remain in place until the team determines it is appropriate to decrease the number of observations. This will ensure all corrections are implemented per ResCare policy and regulations.</b> <b>Ongoing weekly and monthly observations and review will continue with the QIDP and Area Supervisor over the location. Observations are completed by various staff at various times, including morning, evening and weekend visits.</b></p>	

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	<p>attending the activities. AS and QIDPs (Qualified Intellectual Disabilities Professional) will be conducting audits of the CPLs during their weekly and monthly site visits to ensure the promotion of community outings are taking place at all service locations."</p> <p>Area Supervisor (AS) #1 was interviewed on 2/22/19 at 11:00 AM. AS #1 indicated POCs should be implemented as written. AS #1 indicated she is unsure why the POC was not implemented. AS #1 indicated the CPL documents outings into the community clients A, B, D, E, F, G, and H make each day. AS #1 indicated outings for clients in the home should be weekly at minimum. AS #1 indicated she was unsure why clients A, B, D, E, F, G, and H were not going on more frequent outings. AS #1 indicated all staff are responsible for ensuring clients have community outings regularly. AS #1 stated, "I'm aware community outings have been a problem at this home for a long time. I know they were cited at the annual in July 2018. We should have fixed it then."</p> <p>2. The governing body neglected to implement their policy and procedures to ensure client C received timely nursing assessment, intervention, staff training, and monitoring following the identification of the repeated pressure ulcer occurrence, neglected to prevent Verbal Aggression (VA) and Physical Aggression (PA) by staff towards clients, and failed to provide client A with supervision to prevent elopement. The facility systemically failed to report the Bureau of Developmental Disabilities Services (BDDS), thoroughly investigate, and implement sufficient corrective action to prevent the neglect of client C's continued pressure ulcer. Please see W149.</p>				

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	<p>3. The governing body failed to report an allegation of staff to client VA involving clients B and E, an allegation of staff to client PA involving clients A and B, and two of client C's Injuries of Unknown Origin to the Bureau of Developmental Disabilities Services (BDDS) within 24 hours of the alleged incidents. Please see W153.</p> <p>4. The governing body failed to thoroughly investigate multiple incidents of physical and verbal aggression between clients A, B, D, E, F, G, and unnamed clients, an allegation of PA by staff towards clients A and B, and client C's IUO in July 2018 and October 2018. Please see W154.</p> <p>5. The governing body failed to report the results of two investigations of staff to client Verbal Aggression (VA) and Physical Aggression (PA) towards clients A, B, and E to the administrator within 5 business days of the alleged events. Please see W156.</p> <p>6. The governing body failed to ensure staff demonstrated competency in tracking clients A and C's Sleep Flow Chart (SFC), client A's Location Tracking Five Minute Checks (LTFMC), failed to ensure staff completed client C's Reposition Tracking Form (RTF), and failed to ensure staff in the home were trained regarding clients A and C prior to working with them in the home. Please see W189.</p> <p>7. The governing body failed to address client C's need for an accurate pain assessment. Please see W210.</p> <p>8. The governing body failed to implement client A's door alarm protocol, and client C's Health Risk Plan (HRP) for repositioning after a diagnosed</p>			

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W 0122 Bldg. 00	<p>pressure ulcer. Please see W249.</p> <p>9. The governing body failed to ensure client C received timely nursing assessment, intervention, staff training, and monitoring following the identification of the repeated pressure ulcer occurrence. Please see W331.</p> <p>This federal tag relates to complaint #IN00286338.</p> <p>9-3-1(a)</p> <p>483.420 CLIENT PROTECTIONS The facility must ensure that specific client protections requirements are met. Based on observation, record review, and interview, the facility failed to meet the Condition of Participation: Client Protections for 1 of 3 sampled clients (C). The facility failed to systemically ensure client C received timely nursing assessment, intervention, staff training, and monitoring following the identification of the repeated pressure ulcer occurrence. The facility systemically failed to report to the Bureau of Developmental Disabilities Services (BDDS), thoroughly investigate, and implement sufficient corrective action to prevent the neglect of client C's continued pressure ulcer.</p> <p>This noncompliance resulted in an Immediate Jeopardy. The Immediate Jeopardy was identified on 2/22/19 at 12:11 PM. Area Supervisor (AS) #1 was notified of the Immediate Jeopardy on 2/22/19 at 12:11 PM. The Immediate Jeopardy began on 10/18/18 when client C was diagnosed with a second pressure ulcer on the same site which was previously healed in 8/2018. The facility failed to systemically ensure client C received timely nursing assessment, intervention, staff training,</p>	W 0122	<p><b>The facility has developed and will consistently implement its written policies that define and prohibit abuse, neglect, exploitation and mistreatment and the obligation and responsibility of reporting violations; the process for reporting and appropriate follow-up to any such allegations reported. All employees receive training on this policy upon hire and at least annually thereafter. Each home is assigned a nurse to oversee the medical aspects of each person according to their needs. Client C HRP for skin integrity has been reviewed and is in place. Client C receives weekly treatment and assessments provided by Union Hospital</b></p>	03/28/2019

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	<p>and monitoring following the identification of the repeated pressure ulcer occurrence. In addition, the facility systemically failed to report to BDDS, thoroughly investigate, and implement sufficient corrective action to prevent the neglect of client C's continued pressure ulcer.</p> <p>The facility submitted a plan of action to remove the Immediate Jeopardy on 2/23/19 at 5:19 PM by Executive Director (ED) #1. The facility's 2/23/19 Plan for Removal of Immediate Jeopardy indicated the following:</p> <p>- "Client C has a standing weekly appointment with [hospital] wound care center. Documentation provided from the center is specific to the pressure ulcer and includes the physician's weekly assessment, measurement, and required follow up care. Review of the documentation shows the interventions provided by the wound care center is (sic) effective and the pressure ulcer is reducing in size. The nurse will attend the next appointment with client C and staff to ensure all possible care and outcomes are available and provided."</p> <p>- "The director of nursing will complete training with the nurses on providing timely nursing assessment, interventions, staff training and monitoring regarding their responsibilities to provided (sic) nursing services to all individuals supported. Training will be complete by 2/25/19."</p> <p>- "All required care supplies have been obtained and are present in the home."</p> <p>- "Staff addressing client C's rotation and repositioning schedule, tracking and dressing care has been initiated in the home throughout the weekend and will be complete by 2/25/19."</p>		<p><b>Wound Care Center and will continue until the pressure ulcer is cleared.</b></p> <p><b>The facility adheres to the regulations to provide medical treatment, assessments and labs as needed to ensure client's optimal health.</b></p> <p><b>All staff in the home will receive training on Client C HRP, proper repositioning, when to reposition, when to call the nurse, meeting of medical needs to include dressing of wounds and appropriate use of medical supplies, and When to Order Medical Supplies.</b></p> <p><b>Health Services Director will train Facility Nurse on Nursing Assessments, When to do Nursing Assessments, Understanding of Job Responsibilities, When to Train Staff, and Meeting of Clients' Medical Needs.</b></p> <p><b>Health Service Director will audit each client chart at least quarterly to ensure ongoing HRP adherence, appropriate completion of Nursing Assessments, Meeting of Clients' Medical Needs, and adherence to Physician's Orders.</b></p> <p><b>All staff, including the Residential Manager and support roles will complete competency-based training on the facilities ANEM policy with</b></p>	

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	<p>- "The nursing team will maintain a presence in the home twice daily to ensure the training is effective and proper care is provided to client C."</p> <p>- "The operations team, comprised of the program manager, quality assurance manager, QIDP (Qualified Intellectual Disabilities Professional), nurse manager, and registered nurse, as well as area supervisors will maintain a daily presence in the home."</p> <p>"- Administrative monitoring in the home includes, but is not limited to staff/client observations and documentation review."</p> <p>- "The operations team is conducting daily conference calls to develop and ensure implementation of solutions for identified needs."</p> <p>Based on observation, record review, and interview, it was determined the facility's plan for removal of Immediate Jeopardy dated 2/23/19 had been effective to remove the Immediate Jeopardy. The Immediate Jeopardy was removed on 2/26/19 at 12:00 PM. ED #1 was notified of the Immediate Jeopardy removal on 2/26/19 at 12:00 PM.</p> <p>Observations were done at the home on 2/25/19 from 3:07 PM to 5:00 PM. Client C was present in the home during observations with staff #1, Home Manager (HM) #1, AS #1, and staff #9 supervising. Upon arrival to the home, client C was in her bedroom. Client C was laying in her bed with a pillow under her left hip. She was tilted to the right side. Client C was not wearing depends, but her bed was dry. At 3:09 PM, the wall of client C's bedroom had "[Client C's] Wound Care" posted. It was dated 2/22/19. The dresser in client C's room had a plastic tote. The tote housed</p>		<p><b>an emphasis on prevention of abuse, neglect, and mistreatment.</b></p> <p><b>The agency has current policies and procedures that prohibit the mistreatment, neglect and abuse of the individuals served as well as policies that specifically address the reporting of and completion of investigations of client abuse, neglect, exploitation and mistreatment.</b></p> <p><b>The facility will have evidence that all allegations of abuse, neglect and mistreatment are thoroughly investigated and reported to BDDS per reporting guidelines.</b></p> <p><b>The Leadership Team will complete a review of these policies to ensure that they are current and continue to meet the needs and safety of the individuals served. All staff receive training on these policies upon hire and annually thereafter. The training includes a review and competency of the process for reporting and investigating any incidents on client on client aggression.</b></p> <p><b>All staff, including Supervisors, QA, Nursing and QIDPs will receive retraining on agencies Abuse, Neglect, Exploitation and Mistreatment, Incident Management and Reporting</b></p>	

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	<p>supplies for client C's wound care. The supplies included: Normal saline tubes, Hypafix (reinforced adhesive bandages), Medihoney (wound care ointment), circular sponges, and gauze. At 3:11 PM, staff #1 entered client C's bedroom. Staff #1 removed the pillow from client C's left side and moved it to her right side. Client C was now tilted to the left. At 3:26 PM, AS #1 walked into client C's bedroom and checked on her. As #1 did not readjust client C. At 4:06 PM, AS #1 walked into client C's bedroom and checked on her. AS #1 did not readjust client C. At 4:30 PM, staff #1 walked into client C's bedroom to prepare her for dinner. Staff #1 checked client C's wound. The wound was covered with Hypafix, and had a foam padding underneath. Staff #1 applied an adult protective undergarment to client C. At 4:33 PM, AS #1 came to assist staff #1 to move client C into her wheelchair. Client C was lifted and placed into her wheelchair. A pillow was on the left side of the wheelchair. At 4:52 PM, AS #1 adjusted client C in her wheelchair. She used the protective pad under client C to tilt her to the right. At 4:55 PM, AS #1 adjusted client C in her wheelchair again. She used the protective pad under client C to tilt her to the left.</p> <p>Observations were done at the home on 2/26/19 from 7:00 AM to 8:45 AM. Client C was present in the home during observations with staff #1 and #2, and AS #1 supervising. Upon arrival to the home, client C was in her wheelchair sitting in the dining room. At 7:06 AM, AS #1 adjusted client C in her wheelchair. She used the protective pad under client C to tilt her to the left. AS #1 asked staff #2 to reset the timer on the oven. AS #1 stated, "We're using a timer to help us remember to move [client C's] position every 15 minutes. I think it's working." At 7:22 AM, the timer sounded from the stove. AS #1 adjusted client C in her</p>		<p><b>and Investigation policies. The Area Supervisor/QIDP is responsible for initiating and completing initial investigation of client to client aggression. The Quality Assurance Manager is responsible for ensuring that these incidents of allegations of abuse, neglect and mistreatment are reported to BDDS, thoroughly investigated, and follow-up is completed within the established timelines. Area Supervisor, Residential Manager and QIDP will be trained to ensure all corrective measures are implemented following an IDT and/or investigation. This will include obtaining all necessary consents and authorizations for such corrective measures. Administrative observations have been implemented in the home daily, seven days a week and will remain in place until the team determines it is appropriate to decrease the number of observations. This will ensure all corrections are implemented per ResCare policy and regulations. Ongoing weekly and monthly observations and review will continue with the QIDP and Area Supervisor over the location. Observations are completed by various staff at various times, including</b></p>		

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	<p>wheelchair. She used the protective pad under client C to tilt her to the right. AS #1 then walked over to the oven and reset the timer. At 7:38 AM, the timer sounded from the stove. Staff #2 adjusted client C in her wheelchair. She used the protective pad under client C to tilt her to the left. Staff #2 then walked over to the oven and reset the timer. At 7:54 AM, the timer sounded from the stove. Staff #2 adjusted client C in her wheelchair. She used the protective pad under client C to tilt her to the right. Staff #2 then walked over to the oven and reset the timer. At 8:08 AM, the timer sounded from the stove. Staff #1 adjusted client C in her wheelchair. She used the protective pad under client C to tilt her to the left. Staff #1 then walked over to the oven and reset the timer. At 8:25 AM, the timer sounded from the stove. AS #1 adjusted client C in her wheelchair. She used the protective pad under client C to tilt her to the right. AS #1 then walked over to the oven and reset the timer. At 8:40 AM, the timer sounded from the stove. AS #1 adjusted client C in her wheelchair. She used the protective pad under client C to tilt her to the left. AS #1 then walked over to the oven and reset the timer.</p> <p>Client C's Wound Care Protocol (WCP) dated 2/22/19 was reviewed on 2/25/19 at 3:09 PM. The WCP indicated the following:</p> <p>"Gather your equipment."</p> <p>"Wash your hands."</p> <p>"Put on gloves and remove old dressing. Place dressing in a trash bag."</p> <p>"Wash hands and put on new gloves."</p> <p>"Open packages needed for the dressing change."</p>		<p><b>morning, evening and weekend visits.</b></p>	



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	<p>"Open normal saline and cleanse the open area. Do not scrub or use excessive force. Pat dry with a sterile gauze. Do not use a cotton ball."</p> <p>"Apply Medihoney to the wound bed with a clean corner of gauze and cover with a foam dressing and cover with the gauze sponge."</p> <p>"Cover the whole dressing with Hypafix waterproof tape."</p> <p>"Twice daily: Apply antifungal around dressing."</p> <p>"Report to the nurse if supplies are needed or the wound has a change."</p> <p>Staff #1 was interviewed on 2/25/19 at 3:14 PM. Staff #1 stated, "[Health Services Manager (HSM) #1] came to the house and did reposition training and wound care training. She taught us to change the dressing."</p> <p>Staff #2 was interviewed on 2/26/19 at 7:42 AM. Staff #2 indicated HSM #1 had trained her on the care of client C. Staff #2 stated, "With the training and having the supplies in the house now, I think we can take care of [client C] the right way." Staff #2 indicated staffing the home has been better too. Staff #2 stated, "We actually have people here to help when the clients are awake and need to get ready for the day."</p> <p>AS #1 was interviewed on 2/25/19 at 7:48 AM. AS #1 indicated HSM #1 had come to the home over the weekend and done the training for the staff in the home. AS #1 indicated she was trained on the wound care. AS #1 stated, "That's the first time I've seen the wound. I was a little surprised by it." AS #1 stated, "When [HSM #1] was here, she</p>			

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	<p>trained all the staff on wound care and repositioning of [client C]." AS #1 indicated the staff were using a timer to prompt them to change client C's position. AS #1 indicated the timer appeared to be working. AS #1 stated, "The staff feel a lot more comfortable caring for [client C] after having the needed supplies and training."</p> <p>Even though the facility's corrective actions removed the Immediate Jeopardy on 2/26/19, the facility remained out of compliance at a Condition level (Client Protections) in that the facility showed a pattern which failed to systemically ensure client C received timely nursing assessment, intervention, staff training, and monitoring following the identification of the repeated pressure ulcer occurrence. The facility systemically failed to report to the Bureau of Developmental Disabilities Services (BDDS), thoroughly investigate, and implement sufficient corrective action to prevent the neglect of client C's continued pressure ulcer.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. The facility failed to promote community outings for clients A, B, D, E, F, G, and H. Please see W136.</li> <li>2. The facility neglected to implement their policy and procedures to ensure client C received timely nursing assessment, intervention, staff training, and monitoring following the identification of the repeated pressure ulcer occurrence, neglected to prevent Verbal Aggression (VA) and Physical Aggression (PA) by staff towards clients, and failed to provide client A with supervision to prevent elopement. Please see W149.</li> <li>3. The facility failed to report an allegation of staff</li> </ol>			
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W 0136 Bldg. 00	<p>to client VA involving clients B and E, an allegation of staff to client PA involving clients A and B, and two of client C's Injuries of Unknown Origin to the Bureau of Developmental Disabilities Services (BDDS) within 24 hours of the alleged incidents. Please see W153.</p> <p>4. The facility failed to thoroughly investigate multiple incidents of physical and verbal aggression between clients A, B, D, E, F, G, and unnamed clients, an allegation of PA by staff towards clients A and B, and client C's IUO in July 2018 and October 2018. Please see W154.</p> <p>5. The facility failed to report the results of two investigations of staff to client Verbal Aggression (VA) and Physical Aggression (PA) towards clients A, B, and E to the administrator within 5 business days of the alleged events. Please see W156.</p> <p>This federal tag relates to complaint #IN00286338.</p> <p>9-3-2(a)</p> <p>483.420(a)(11) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the opportunity to participate in social, religious, and community group activities.</p> <p>Based on record review and interview for 2 of 3 sample clients (A and B), plus 5 additional clients (D, E, F, G, and H), the facility failed to promote community outings for clients A, B, D, E, F, G, and H.</p> <p>Findings include:</p>	W 0136	<b>The Residential Manager and all DSPs will receive training on the clients right to receive an active habilitation program and the right to access and participate in community activities. The Residential Manager will</b>	03/28/2019	

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	<p>Client E was interviewed on 2/20/19 at 4:25 PM. Client E stated, "We don't get to out out very often. I really want to go to church." Client E indicated she has told staff on the weekends that she'd like to go to church. Client E stated, "I don't know why I can't go."</p> <p>Client G was interviewed on 2/20/19 at 4:30 PM. Client G stated, "Yes, I want to go to church. I love going." Client G provided a Sunday bulletin for a church she attended in October 2018. Client G indicated that was the last time she had visited church. Client G stated, "This is the church I want to go to. I like it there. I asked [Home Manager (HM) #1] about going. She told me that I can't go to church because she doesn't go either."</p> <p>Community Participation Logs (CPLs) were reviewed on 2/21/19 at 11:55 AM. The review indicated the following:</p> <p>1. Client A's CPL dated November 2018 did not indicate client A had gone on any outings during the month.</p> <p>Client A's CPL dated January 2019 indicated client A had gone on one outing on 1/26/19.</p> <p>Client A's CPL dated February 2019 indicated client A had gone on two outings on 2/19/19 and 2/20/19.</p> <p>2. Client B's CPL dated November 2018 did not indicate client B had gone on any outings during the month.</p> <p>Client B's CPL dated January 2019 indicated client B had gone on one outing on 1/16/19.</p> <p>Client B's CPL dated February 2019 did not</p>		<p><b>develop a schedule of proposed community activities based on individual preferences and choices. The Residential Manager will check daily to ensure activities are completed. The Residential Manager will ensure all individuals residing in the facility have an opportunity to participate in community activities.</b></p> <p><b>The Area Supervisor will be responsible for providing this training. Additional training will be provided immediately in instances where staff are observed not to be meeting the expectations. The Residential Manager will provide the Area Supervisor with a monthly activity calendar and will inform the Area Supervisor of any changes or concerns with attending the activities.</b></p> <p><b>Area Supervisors and QIDP's home audit forms have been updated to include a physical inspection of the community participation schedule and logs. These will be completed and submitted to the Program Manager for review on a weekly basis. The Program Manager will review the submitted audit and implement corrections and schedule follow up visit where deficiencies are noted. Repeat deficiencies will be addressed</b></p>	

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	<p>indicate client B had gone on any outings during the month.</p> <p>3. Client D's CPL dated November 2018 did not indicate client D had gone on any outings during the month.</p> <p>Client D's CPL dated December 2018 indicated client D had gone on one outing on 12/7/18.</p> <p>Client D's CPL dated January 2019 did not indicate client D had gone on any outings during the month.</p> <p>Client D's CPL dated February 2019 did not indicate client D had gone on any outings during the month.</p> <p>4. Client E's CPL dated November 2018 indicated client E had gone on three outings on 11/5/18, 11/18/18, and 11/25/18.</p> <p>Client E's CPL dated December 2018 indicated client E had gone on three outings on 12/4/18, 12/6/18, and 12/21/18.</p> <p>Client E's CPL dated January 2019 did not indicate client E had gone on any outings during the month.</p> <p>Client E's CPL dated February 2019 did not indicate client E had gone on any outings during the month.</p> <p>5. Client F's CPL dated November 2018 did not indicate client F had gone on any outings during the month.</p> <p>Client F's CPL dated December 2018 indicated client F had gone on three outings on 12/7/18,</p>		<p><b>following the agency's progressive disciplinary action policy. Administrative observations have been implemented in the home daily, seven days a week and will remain in place until the team determines it is appropriate to decrease the number of observations. This will ensure all corrections are implemented per ResCare policy and regulations. Ongoing weekly and monthly observations and review will continue with the QIDP and Area Supervisor over the location. Observations are completed by various staff at various times, including morning, evening and weekend visits.</b></p>	

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	<p>12/15/18, and 12/21/18.</p> <p>Client F's CPL dated January 2019 did not indicate client F had gone on any outings during the month.</p> <p>Client F's CPL dated February 2019 did not indicate client F had gone on any outings during the month.</p> <p>6. Client G's CPL dated November 2018 indicated client G had gone on three outings on 11/3/18, 11/4/18, and 11/6/18.</p> <p>Client G's CPL dated January 2019 indicated client G had gone on three outings on 1/19/19, 1/21/19, and 1/26/19.</p> <p>Client G's CPL dated February 2019 indicated client G had gone on one outing on 2/17/19.</p> <p>7. Client H's CPL dated November 2018 indicated client H had gone on two outings on 11/11/18 and 11/13/18.</p> <p>Client H's CPL dated December 2018 indicated client H had gone on two outings on 12/3/18 and 12/7/18.</p> <p>Client H's CPL dated January 2019 did not indicate client H F had gone on any outings during the month.</p> <p>Client H's CPL dated February 2019 indicated client H had gone on two outings on 2/5/19 and 2/6/19.</p> <p>Area Supervisor (AS) #1 was interviewed on 2/22/19 at 11:00 AM. AS #1 indicated the CPL documents outings into the community clients A,</p>			

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W 0149 Bldg. 00	<p>B, D, E, F, G, and H make each day. AS #1 indicated outings for clients in the home should be weekly at minimum. AS #1 indicated she was unsure why clients A, B, D, E, F, G, and H were not going on more frequent outings. AS #1 indicated all staff are responsible for ensuring clients have community outings regularly.</p> <p>9-3-2(a)</p> <p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on observation, record review, and interview for 2 of 3 sampled clients (A and B), plus 2 additional clients (E and Former Client (FC)), the facility neglected to implement their policy and procedures to ensure client C received timely nursing assessment, intervention, staff training, and monitoring following the identification of the repeated pressure ulcer occurrence, neglected to prevent Verbal Aggression (VA) and Physical Aggression (PA) by staff towards clients, and failed to provide client A with supervision to prevent elopement. The facility systemically failed to report the Bureau of Developmental Disabilities Services (BDDS), thoroughly investigate, and implement sufficient corrective action to prevent the neglect of client C's continued pressure ulcer.</p> <p>Findings include:</p> <p>1. Observations were done at the home on 2/20/19 from 4:12 PM to 5:35 PM. At 5:29 PM, client C was laying in bed. Client C was non-verbal and required staff assistance for all aspects of her care. Staff #1 removed the adult brief from client C. The brief was resting on client C's hips and</p>	W 0149	<p><b>Each home is assigned a nurse to oversee the monitoring and oversight of each individual's medical needs including documentation of the interventions and progress of any injuries or illness. Each nurse is responsible for assessing and following up any medical issue identified and maintaining documentation of specific chronic and acute needs on an ongoing basis or until the issue is resolved. Each nurse is responsible for at least a weekly visit to the home to monitor health issues and documentation that is maintained in the home. The nurse is responsible for completing a monthly progress note and a quarterly assessment for each individual assigned. All of the nurses will receive</b></p>	03/28/2019	

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	<p>snugly attached. Staff #1 and Home Manager (HM) #1 rolled client C to her right side. Staff #1 removed the old dressing from client C's left lower buttocks. The dressing consisted of a non stick pad 2 inches by 2 inches. The non stick pad was held to the skin by a 3 inch by 4 inch reinforced adhesive bandage. There was no foam present on the old dressing. The dressing covering client C's left lower buttocks had a 2 CM (Centimeter) round open area. The open area did not have drainage. The skin surrounding the open area was red for 2 inches surrounding the site. Staff #1 did not clean the site after removing the old dressing. Staff #1 prepared a new dressing by adding a quarter sized amount of A&amp;D ointment (skin protectant) to a non stick pad. Staff #1 stated, "This non stick pad is collagen. It's supposed to help with healing [client C's] bed sore. We used to use Medihoney Cream (chronic wounds), but they changed it. We don't have that anymore." Staff #1 then put the prepared collagen non stick pad with A&amp;D ointment onto client C's open area. Staff #1 took Hypafix (reinforced adhesive bandage) and covered the site. There was no foam present on the new dressing staff #1 applied.</p> <p>Observations were done at the home on 2/21/19 from 7:15 AM to 9:28 AM. Upon arrival to the home, staff #2 and #3 were supervising the clients. At 7:15 AM, client C was sitting upright in her wheelchair at a 90 degree angle. Client C's bottom was flat on the wheelchair. At 7:27 AM, client C continued sitting upright in her wheelchair at a 90 degree angle. Client C's bottom was flat on the wheelchair. Staff #2 and #3 did not reposition client C. At 7:37 AM, client C continued sitting upright in her wheelchair at a 90 degree angle. Client C's bottom was flat on the wheelchair. Staff #2 and #3 did not reposition client C. At 7:42 AM, client C continued sitting</p>		<p><b>re-training on their responsibilities to monitor and complete documentation of specific chronic and acute needs on an ongoing basis or until the issue is resolved. The Health services Director will be responsible to insure that this training is completed and documented in the employees training file.</b></p> <p><b>Client C HRP for skin integrity has been reviewed and is in place.</b></p> <p><b>Client C receives weekly treatment and assessments provided by Union Hospital Wound Care Center and will continue until the pressure ulcer is cleared.</b></p> <p><b>The facility adheres to the regulations to provide medical treatment, assessments and labs as needed to ensure client's optimal health.</b></p> <p><b>All staff in the home will receive training on Client C HRP, proper repositioning, when to reposition, when to call the nurse, meeting of medical needs, and When to Order Medical Supplies.</b></p> <p><b>Health Services Director will train Facility Nurse on Nursing Assessments, When to do Nursing Assessments, Understanding of Job Responsibilities, When to Train Staff, and Meeting of Clients' Medical Needs.</b></p>	



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	<p>upright in her wheelchair at a 90 degree angle. Client C's bottom was flat on the wheelchair. Staff #2 and #3 did not reposition client C. At 7:47 AM, staff #2 walked over to client C's wheelchair and sat down next to her at the dining room table. Staff #2 prepared client C's breakfast. Staff #2 began assisting client C to eat her breakfast. Staff #2 did not reposition client C. At 7:55 AM, client C was sitting upright in her wheelchair at a 90 degree angle. Client C's bottom was flat on the wheelchair. Staff #2 continued to assist client C with dining. Staff #2 did not reposition client C. At 8:07 AM, client C was sitting upright in her wheelchair at a 90 degree angle. Client C's bottom was flat on the wheelchair. Staff #2 continued to assist client C with dining. Staff #2 did not reposition client C. At 8:13 AM, client C was sitting upright in her wheelchair at a 90 degree angle. Client C's bottom was flat on the wheelchair. Staff #3 assisted client C by utilizing her wheelchair to go to the office for her morning medication pass. At 8:18 AM, staff #3 adjusted client C in her wheelchair. Staff #3 pulled on the protective pad under client C in order to shift her hips to the left. At 8:33 AM, client C was sitting upright in her wheelchair with her hips slightly tilted to the left. Staff #3 was next to client C. Staff #3 was preparing client C's medications. At 8:38 AM, staff #3 adjusted client C in her wheelchair. Staff #3 pulled on the protective pad under client C in order to shift her hips to the right. At 8:48 AM, HM #1 arrived to assist with morning routine. At 8:53 AM, client C was sitting upright in her wheelchair with her hips tilted to the right. Staff #2, #3, and HM #1 did not reposition client C. At 9:08 AM, client C was sitting upright in her wheelchair with her hips tilted to the right. Staff #2, #3, and HM #1 did not reposition client C. At 9:23 AM, client C was sitting upright in her wheelchair with her hips tilted to the right. Staff</p>		<p><b>Health Service Director will audit each clients chart at least quarterly to ensure ongoing HRP adherence, appropriate completion of Nursing Assessments, and Meeting of Clients' Medical Needs. The facility will ensure that specific governing body and management requirements are met. The Governing Body will exercise general policy and operating direction over the facility and will implement written policy and procedures to ensure all individuals supported are free from abuse, neglect, exploitation and mistreatment. The facility has developed and will consistently implement its written policies that define and prohibit abuse, neglect, exploitation and mistreatment and the obligation and responsibility of reporting violations; the process for reporting and appropriate follow-up to any such allegations reported. All employees receive training on this policy upon hire and at least annually thereafter. All staff, including the Residential Manager and support roles will complete competency-based training on the facilities ANEM policy with an emphasis on defining and recognizing abuse and</b></p>	

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	<p>#2, #3, and HM #1 did not reposition client C.</p> <p>Observations were done on 2/22/19 from 7:00 AM to 9:14 AM. Upon arrival, staff #2 was the only staff working in the home. Staff #2 was in the bathroom assisting client F with her shower. At 7:03 AM, client C was awake and laying in her hospital bed with an air mattress. Client C was laying on her back, with a pillow under each hip. She did not have an adult brief on. Client C was laying in her bowel movement. The bowel movement was present from her mid back to her ankles, and had spread the width of her body on the sheet she was laying on. The protective pad under client C was saturated, and had soaked through to the sheets underneath. At 7:05 AM, staff #3 arrived for her shift. Staff #3 stated to staff #2, "Sorry I'm late." At 7:08 AM, the cabinet at the end of client C's bed had medical supplies on it. The cabinet had disposable gloves, wipes, Hypafix, A&amp;D ointment, and collagen non stick pads. The cabinet did not have supplies to clean the open area, or any padding to use in dressing changes. At 7:16 AM, staff #2 went into client C's room to prepare her for the day. Staff #2 stated, "Oh no, she had a blow out." Staff #2 called to staff #3 and told her to bring a bowl of soapy water, a towel, and more wipes. At 7:24 AM, staff #2 and #3 were present in client C's room assisting with the cleaning of client C after her bowel movement. Staff #2 stated, "With this wound, we can't put any depends on her." Client C's wound was uncovered. There was not a dressing on the site. Staff #2 stated, "The wound is supposed to be covered at all times. I guess the bandage fell off." Staff #2 was unable to locate the bandage in client C's bed. Staff #2 stated, "It's (the wound) not supposed to have any open air time at all." Staff #2 and #3 continued to clean client C using wet wipes. At 7:34 AM, while staff #2 and #3</p>		<p><b>mistreatment.</b></p> <p><b>Self-Advocacy meetings will occur with all individuals in the home to promote an open forum to voice concerns.</b></p> <p><b>The facility will provide sufficient staff to manage and supervise clients in accordance with their individualized plan.</b></p> <p><b>The home has recently experienced turnover that has initiated extra recruiting and training efforts to meet the needs of the individuals in the home.</b></p> <p><b>The Area Supervisor and/or Residential Manager is responsible for ensuring that there is sufficient staff in the home always. The Area Supervisor is responsible to review and approve the staffing schedule weekly to ensure that adequate staffs are assigned. The staffing schedule has been reviewed for the home and the Area Supervisor will monitor that adequate staff are assigned daily.</b></p> <p><b>Area Supervisor will train Residential Manager on Job Responsibilities, and ensuring adequate staffing in the home.</b></p> <p><b>The facility has policies and procedures in place to train employees who work with clients on skills and competencies directed towards clients' health needs and programming objectives.</b></p>		

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	continued to clean client C, client C said, "ow" when her buttocks were cleaned. Staff #2 stated, "I think she's in pain, but I really don't know. She says 'ow' and we can call the nurse. The nurse normally just has us take temperatures. If she has a temperature then we give her medication." Staff #2 indicated she was unaware if there was a pain assessment for client C. At 7:36 AM, staff #2 and #3 rolled client C to her right side again. Staff #2 took the same wet towel she had been using the clean bowel movement off of client C and used it to pat over the wound. At 7:39 AM, staff #2 said to staff #3, "She's pretty much done. Are you ok if I leave and go start breakfast?" Staff #2 then left the room. Staff #3 remained to provide continued care to client C as she got ready for the day. Staff #3 prepared to apply a new dressing to client C's wound. Staff #3 did not clean the site prior to applying a new dressing. Staff #3 prepared a new dressing by adding a quarter sized amount of A&D ointment to a non stick pad. Staff #3 then put the prepared collagen non stick pad with A&D ointment onto client C's open area. Staff #3 took Hypafix and covered the site. There was no foam present on the new dressing staff #3 applied. At 7:55 AM, staff #3 placed client C into her wheelchair. Client C was now sitting upright in her wheelchair at a 90 degree angle. Client C's bottom was flat on the wheelchair. At 8:10 AM, client C was sitting upright in her wheelchair at a 90 degree angle. Client C's bottom was flat on the wheelchair. Staff #2 and #3 did not reposition client C. At 8:25 AM, client C continued to sit upright in her wheelchair at a 90 degree angle. Client C's bottom was flat on the wheelchair. Staff #2 and #3 did not reposition client C. At 8:31 AM, staff #3 adjusted client C in her wheelchair. Staff #3 pulled on the protective pad under client C in order to shift her hips to the right. At 8:34 AM, staff #3 walked over to client C's wheelchair and		<b>The Area Supervisor will be retrained on ensuring all staff are thoroughly consumer specific trained to include their health needs, ISP, BSP, objectives, and HRC approved Rights Restrictions. All staff will be retrained on the implementation and monitoring of door alarms in the home. All staff will receive competency-based consumer specific training to include their health needs, HRP, ISP, BSP and objectives. All clients have the potential to be affected by this deficiency. Consumer specific training and reviewing client needs remains a prominent component of the agencies all staff monthly meetings. The facility will have evidence that all allegations of abuse, neglect and mistreatment are thoroughly investigated and reported to BDDS per reporting guidelines. The agency has current policies and procedures that prohibit the mistreatment, neglect and abuse of the individuals served as well as policies that specifically address the reporting of and completion of investigations of client to client abuse or incidents. The Leadership Team will</b>	

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	<p>sat down next to her at the dining room table. Staff #3 prepared client C's breakfast. Staff #3 did not reposition client C while she was next to her. Staff #3 began assisting client C to eat her breakfast. At 8:46 AM, staff #3 continued assisting client C to eat her breakfast. Staff #3 did not reposition client C. At 8:58 AM, staff #1 arrived to the home for her shift. At 9:01 AM, staff #3 continued assisting client C to eat her breakfast. Staff #1, #2 and #3 did not reposition client C. At 9:14 AM, client C continued to sit tilted to the right in her wheelchair. Staff #1, #2 and #3 did not reposition client C.</p> <p>Home Manager (HM) #1 was interviewed on 2/20/19 at 5:29 PM. HM #1 stated, "This is the longest we've ever taken anyone to the wound care clinic. I just can't believe it's not healed yet." HM #1 indicated she had re-educated staff about caring for client C. HM #1 stated, "I keep trying to tell staff they need to change her position more, get her out of wet depends, and keep the bandage dry." HM #1 indicated the home only had A&amp;D ointment at this time for client C's pressure ulcer. HM #1 stated, "We used to have Medihoney ointment. We ran out, and now I think the nurse is trying to get us more. We haven't had it for a long time." HM #1 stated. "I just don't know why the sore is taking so long to heal. I feel like we're doing everything we can for [client C]."</p> <p>Staff #3 was interviewed on 2/21/19 at 8:17 AM, and on 2/22/19 at 7:40 AM. Staff #3 indicated she works day shift, and sometimes will work evenings. Staff #3 stated, "The nurse is here maybe once a week. She comes in to watch staff do medication passes and check on [client C's] catheter." Staff #3 indicated she was unaware of the last time the nurse had visited the home and looked at client C's wound. When asked if the</p>		<p><b>complete a review of these policies to ensure that they are current and continue to meet the needs and safety of the individuals served. All staff receive training on these policies upon hire and annually thereafter. The training includes a review and competency of the process for reporting and investigating any incidents on client on client aggression.</b></p> <p><b>All staff, including Supervisors, QA, Nursing and QIDPs will receive retraining on agencies Abuse, Neglect, Exploitation and Mistreatment, Incident Management and Reporting and Investigation policies. The Area Supervisor/QIDP is responsible for initiating and completing initial investigation of client to client aggression. The Quality Assurance Manager is responsible for ensuring that these incidents of allegations of abuse, neglect and mistreatment are reported to BDDS, thoroughly investigated, and follow-up is completed within the established timelines.</b></p> <p><b>Administrative observations have been implemented in the home daily, seven days a week and will remain in place until the team determines it is appropriate to decrease the number of observations. This</b></p>		

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	<p>nurse had trained her on the protocol of changing client C's dressing, staff #3 stated, "Have you ever heard of the game telephone? One person tells one person something, then the next person tells the next person something and so on. My training has been like that." Staff #3 indicated staff #1 had trained her in regards to changing client C's dressing on her wound. Staff #3 stated, "We change the dressing in the morning and at night." Staff #3 stated, "I know we're supposed to clean it when we change the dressing. We just don't have any cleaner in the home. We haven't had it for a while." Staff #3 indicated the home has never had a foam to add to the dressing for client C's wound care. Staff #3 indicated client C has to change positions frequently. Staff #3 stated, "When [client C] is in bed, she has to change positions every hour. When she's in her wheelchair, she has to shift positions every fifteen minutes." Staff #3 indicated client C is unable to change positions by herself. Staff #3 stated, "[Client C] completely relies upon staff to help her change positions." Staff #3 stated, "I started here in August and [client C] had a bed sore on her back. Now, it's her bottom. I feel bad for her. She shouldn't have to have all these sores."</p> <p>Staff #2 was interviewed on 2/21/19 at 8:55 AM, and on 2/22/19 at 7:48 AM. Staff #2 indicated she had worked at the home for several years. Staff #2 stated, "Since the new nurse has started, I've only seen her two or three times." Staff #2 indicated she had not been trained by the nurse. Staff #2 stated, "I've been trained by watching other staff, and by reading the risk plan the nurse made for [client C's] skin care." Staff #2 stated, "No one has ever really told me what to do. I just try to do what I think is best." Staff #2 indicated she changes the dressing every two days, or when the dressing is soiled. Staff #2 indicated the home used to have a</p>		<p><b>will ensure all corrections are implemented per ResCare policy and regulations. Ongoing weekly and monthly observations and review will continue with the QIDP and Area Supervisor over the location.</b></p>	

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	<p>cleaner to use on client C's wound. Staff #2 stated, "We don't have it anymore. I don't know why." Staff #2 indicated client C has a cream to put on the area. Staff #2 stated, "We have used a few different things. Right now, all we have is A&amp;D ointment." Staff #2 indicated client C has to be repositioned multiple times. Staff #2 stated, "We have to change [client C's] position every 15 minutes when she is in her wheelchair, and every two hours when she is in her bed." Staff #2 indicated client C should only be out of bed for meals. Staff #2 stated, "The wound care center ordered [client C] to be on bed rest. She's not supposed to be out of bed unless she is eating."</p> <p>Staff #1 was interviewed on 2/21/19 at 5:16 PM, and on 2/22/19 at 9:03 AM. Staff #1 indicated she had worked in the home for several years. Staff #1 indicated she works the day shift, and takes client C to many of her wound care center appointments. Staff #1 stated, "I paid attention at the wound care visits and learned how they wanted the dressing changes done. I've tried to teach the other staff how to do it. The nurse has never been in to show us how to care for the area. We call the nurse when we need her, but that's about it." Staff #1 indicated the nurse had never attended a wound care center visit. Staff #1 stated, "She's never come during the day and assessed the wound either. I actually don't know if she's ever seen it." Staff #1 indicated the wound should be cleaned each time the dressing is changed. Staff #1 stated, "We used to have squirt bottles with saline in them. We don't have those anymore. I just use a wet wipe now. It's better than nothing." Staff #1 indicated the home had stocked a foam bandage at one time. Staff #1 stated, "We had some, but they're gone. We haven't had them in a while. I know the wound care center told us we could even use a makeup sponge as a foam padding</p>			

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	<p>because they were cheaper. We've never had those either." Staff #1 indicated client C's wound has been present for 16 weeks. Staff #1 stated, "This is the longest we've ever dealt with a bed sore. [Client C's] had a staphylococcus infection (bacterial infection) at the sore. She's also had a yeast infection on the skin surrounding the sore. It's just really bad all around." Staff #1 indicated client C required staff assistance for all position changes. Staff #1 stated, "[Client C] cannot change positions on her own. Staff has to help her. We have to move her every hour when she is in bed, and every fifteen minutes when she's in her wheelchair." Staff #1 indicated client C has been on bed rest since Fall 2018. Staff #1 stated, "It's just really sad. She can't go anywhere because of this bedsore."</p> <p>Client C's record was reviewed on 2/21/19 at 12:10 PM. The review indicated the following:</p> <p>- Client C's Individual Support Plan (ISP) dated 3/2/18 indicated client C's diagnoses included, but were not limited to, Profound Intellectual and Developmental Disability, Cerebral Palsy (congenital disorder of movement), Quadriplegia (weakness in all four limbs), and Incontinent of Bowel and Bladder. The ISP also indicated the following:</p> <p>"She (client C) is verbal, but on a limited basis. She requires supervision around the clock for assistance with everyday life skills and activities in the community and group home.... unable to provide basic health, safety, and nutritional needs without continuous supervision, training, and staff support...".</p> <p>- Client C's Individual Nursing Notes (INN) dated 7/24/18 were written by Licensed Practical Nurse</p>			

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	<p>(LPN) #3. The INN indicated, "Saw [client C]. No complaints voiced and no signs or symptoms of distress noted. [Client C] went to convenient care for a rash on her left hip. Diagnosis was contact dermatitis. New order for hydrocortisone (steroid cream) twice daily until healed." The INN did not indicate LPN #3 had performed a physical assessment on client C's skin integrity issue. The INN did not indicate LPN #3 had personally trained staff regarding the care of the site.</p> <p>- Client C's Medical Consult Report (MCR) dated 7/25/18 indicated client C had been seen by a physician. The reason for the visit was listed as, "Pain on left hip." The physician's notes indicated, "Contact dermatitis on left hip. Hydrocortisone. Apply twice daily until healed."</p> <p>- Client C's MCR dated 7/26/18 indicated client C had been seen a physician. The reason for the visit was not listed. The physician's notes indicated, "Talk to PCP (Primary Care Physician) regarding rash on left flank. Patient (client C) is not to wear depends. Hold day service for now. Keep in bed, reposition every two hours. Maybe only up for short time for meals and appointments. Return appointment needed."</p> <p>- Client C's INN dated 7/26/18 was written by LPN #3. The INN indicated, "No depends. Keep at home from day program for now. Keep in bed and reposition every two hours. [Client C] may be up for short time for medications and appointment." The INN did not indicate LPN #3 had performed a physical assessment on client C's skin integrity issue. The INN did not indicate LPN #3 had personally trained staff regarding the care of the site.</p> <p>- Client C's Wound Care Center Instructions</p>			



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	<p>(WCCI) from her 7/26/18 visit indicated the following:</p> <p>"Weeks in treatment: 0."</p> <p>"Wound: Left Gluteal (buttocks) fold."</p> <p>"Change dressing every day, or as needed for excessive drainage.... Wash your hands with soap and water. Remove old dressing, discard into plastic bag and place into trash. Cleanse the wound with Normal Saline prior to applying a clean dressing using gauze sponges, not tissues or cotton balls. Do not scrub or use excessive force. Pat dry using gauze sponges, not tissue or cotton balls... Apply Medihoney gel to wound bed. Foam adhesive with border."</p> <p>"Gel mattress overlay (on bed)."</p> <p>"If patient (client C) is in chair , she needs to be repositioned every fifteen minutes."</p> <p>"Turn and reposition every two hours (in bed)."</p> <p>"Patient is not to wear depends. If able, hold day service for now and keep patient in bed. She may be up for short time for meals and appointments."</p> <p>- Client C's INN dated 7/31/18 was written by LPN #3. The INN indicated, "[Client C] saw wound care. Continue current dressing." The INN did not indicate LPN #3 had performed a physical assessment on client C's wound. The INN did not indicate LPN #3 had personally trained staff regarding the care of the site.</p> <p>- Client C's INN dated 8/1/18 was written by LPN #3. The INN indicated, "Wound center called today and wants Vashe (wound cleaner) spray to</p>				

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	<p>be put on wound before dressing change. Keflex (antibiotic) was started as a preventative at this time." The INN did not indicate LPN #3 had performed a physical assessment on client C's wound. The INN did not indicate LPN #3 had personally trained staff regarding the care of the site.</p> <p>- Client C's INN dated 8/7/18 was written by LPN #3. The INN indicated, "Also saw wound care center. Continue current treatment." The INN did not indicate LPN #3 had performed a physical assessment on client C's wound. The INN did not indicate LPN #3 had personally trained staff regarding the care of the site.</p> <p>- Client C's INN dated 8/8/18 was written by LPN #3. The INN indicated, "Saw [client C]. No complaints or signs or symptoms of distress noted at this time." The INN did not indicate LPN #3 had performed a physical assessment on client C's wound. The INN did not indicate LPN #3 had personally trained staff regarding the care of the site.</p> <p>- Client C's INN dated 8/13/18 was written by LPN #3. The INN indicated, "Saw [client C]. No complaints voiced at this time." The INN did not indicate LPN #3 had performed a physical assessment on client C's wound. The INN did not indicate LPN #3 had personally trained staff regarding the care of the site.</p> <p>- Client C's INN dated 8/16/18 was written by LPN #3. The INN indicated, "[Client C] seen at the wound center. Next appointment 8/23/18."</p> <p>- Client C's INN dated 8/17/18 was written by LPN #3. The INN indicated, "Saw [client C]. No complaints or signs or symptoms of distress</p>			

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	<p>noted. Wound looks good." The INN did not indicate LPN #3 completed a thorough nursing assessment and documented a visual description of her assessment of the wound. The INN did not indicate LPN #3 had personally trained staff regarding the care of the site.</p> <p>- Client C's WCCI from her 8/23/18 visit indicated Home Manager (HM) #1 accompanied her to the appointment. The WCCI indicated the following:</p> <p>"Weeks in treatment: 4."</p> <p>"Wound: Left Gluteal (buttocks) fold. Healed. "</p> <p>"Gel mattress overlay (on bed)."</p> <p>"If patient (client C) is in chair , she needs to be repositioned every fifteen minutes."</p> <p>"Turn and reposition every two hours (in bed)."</p> <p>"Patient if wearing depends (sic) to make sure it is not tight or rubbing."</p> <p>- Client C's INN dated 8/23/18 was written by LPN #3. The INN indicated, "[Client C] was discharged from the wound care center. She can resume activities and turn every two hours."</p> <p>- Client C's INN dated 8/29/18 was written by LPN #3. The INN indicated, "Saw [client C]. No complaints or signs or symptoms of distress noted at this time."</p> <p>- Client C's INN dated 10/10/18 was written by LPN #2. The INN indicated, "Saw client (client C) at the house... Has irritated area below ribcage, and area on buttocks, where leg and buttocks join. Instructed [Home Manager (HM) #1] to keep area</p>			

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	<p>clean and dry and to make sure to stay off as much as possible. Has appointment with wound center on 10/18/18. Will continue to monitor."</p> <p>- Client C's WCCI from her 10/18/18 visit indicated Staff #1 accompanied her to the appointment. The WCCI indicated the following:</p> <p>"Weeks in treatment: 0."</p> <p>"Wound: Left Gluteal fold."</p> <p>"Change dressing every day, or as needed for excessive drainage.... Wash your hands with soap and water. Remove old dressing, discard into plastic bag and place into trash. Cleanse the wound with Normal Saline prior to applying a clean dressing using gauze sponges, not tissues or cotton balls. Do not scrub or use excessive force. Pat dry using gauze sponges, not tissue or cotton balls... Apply collagen dressing to wound bed as directed. Cover wound with foam dressing. Secure in place. May purchase foam makeup sponge. Cover with dry gauze, Hypafix."</p> <p>"Gel mattress overlay (on bed)."</p> <p>"If patient (client C) is in chair , she needs to be repositioned every fifteen minutes."</p> <p>"Turn and reposition every two hours (in bed)."</p> <p>"Leave depend off if possible. Leave off in bed. If it must be applied, please make sure it is loose. Patient should not go to day service for a few weeks. Needs to be off back, and turned frequently."</p> <p>- Client C's INN dated 10/19/18 was written by LPN #2. The INN indicated, "Client (client C) was</p>			

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	<p>seen at wound care center on 10/18/18. New orders received." The INN did not indicate LPN #2 had performed a physical assessment on client C's wound. The INN did not indicate LPN #2 had personally trained staff regarding the care of the site.</p> <p>- Client C's WCCI from her 10/25/18 visit indicated Staff #1 accompanied her to the appointment. The WCCI indicated instructions to care for the wound. The instructions were the same provided at the initial appointment for this wound on 10/18/18.</p> <p>- Client C's INN dated 10/26/18 was written by LPN #2. The INN indicated, "Wound center new orders received." The INN did not indicate LPN #2 had performed a physical assessment on client C's wound. The INN did not indicate LPN #2 had personally trained staff regarding the care of the site.</p> <p>- Client C's INN dated 11/1/18 was written by LPN #2. The INN indicated, "Saw client (client C) at the house. Resting in bed. Voices no complaints." The INN did not indicate LPN #2 had performed a physical assessment on client C's wound. The INN did not indicate LPN #2 had personally trained staff regarding the care of the site.</p> <p>- Client C's WCCI from her 11/1/18 visit indicated Staff #1 accompanied her to the appointment. The WCCI indicated instructions to care for the wound. The instructions were the same provided at the initial appointment for this wound on 10/18/18.</p> <p>- Client C's INN dated 11/2/18 was written by LPN #2. The INN indicated, "Client (client C) was seen at wound center on 11/1/18. New orders received."</p>			

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	<p>The INN did not indicate LPN #2 had performed a physical assessment on client C's wound. The INN did not indicate LPN #2 had personally trained staff regarding the care of the site.</p> <p>- Client C's Nursing Quarterly Assessment (NQA) dated 11/2/18 was completed by LPN #2. The NQA indicated the following:</p> <p>"Skin:"</p> <p>"Open areas: No."</p> <p>"4th Quarter Summary: Client has been going to wound center weekly for area on back and right glute. Foley catheter has been changed and draining clear yellow urine. G-Tube site looks normal. No signs or symptoms of infection."</p> <p>- Client C's INN dated 11/8/18 was written by LPN #2. The INN indicated, "Saw client at ResCare Day Service (RDS). Color good. Respirations easy. Voices no complaints." The INN did not indicate LPN #2 had performed a physical assessment on client C's wound. The INN did not indicate LPN #2 had personally trained staff regarding the care of the site.</p> <p>- Client C's WCCI from her 11/8/18 visit indicated HM #1 accompanied her to the appointment. The WCCI indicated instructions to care for the wound. The instructions were the same provided at the initial appointment for this wound on 10/18/18. The WCCI indicated client C's wound had been cultured for bacteria. The culture indicated the wound was positive for a staphylococcus (bacteria infection).</p> <p>- Client C's INN dated 11/9/18 was written by LPN #2. The INN indicated, "Client (client C) was seen</p>			

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	<p>at wound care center on 11/8/18. New orders received." The INN did not indicate LPN #2 had performed a physical assessment on client C's wound. The INN did not indicate LPN #2 had personally trained staff regarding the care of the site.</p> <p>- Client C's WCCI from her 11/15/18 visit indicated staff #1 accompanied her to the appointment. The WCCI indicated instructions to care for the wound. The instructions were the same provided at the initial appointment for this wound on 10/18/18.</p> <p>- Client C's WCCI from her 11/21/18 visit indicated staff #1 accompanied her to the appointment. The WCCI indicated instructions to care for the wound. The basic instructions were the same provided at the initial appointment for this wound on 10/18/18. The instructions included, "Need to use foam with borders on the wound."</p> <p>- Client C's INN dated 11/21/18 was written by LPN #2. The INN indicated, "Client (client C) was seen at wound care center on 11/15/18. No new orders...". The INN did not indicate LPN #2 had performed a physical assessment on client C's wound. The INN did not indicate LPN #2 had personally trained staff regarding the care of the site.</p> <p>- Client C's INN dated 11/26/18 was written by LPN #2. The INN indicated, "Saw client at the resting in bed (sic)... Color good. Respirations easy and non-labored... Denies any complaints." The INN did not indicate LPN #2 had performed a physical assessment on client C's wound. The INN did not indicate LPN #2 had personally trained staff regarding the care of the site.</p>			

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	<p>- Client C's INN dated 11/28/18 was written by LPN #2. The INN indicated, "Client (client C) was seen at wound care center on 11/21/18. Orders received." The INN did not indicate LPN #2 had performed a physical assessment on client C's wound. The INN did not indicate LPN #2 had personally trained staff regarding the care of the site.</p> <p>- Client C's WCCI from her 11/29/18 visit indicated staff #1 accompanied her to the appointment. The WCCI indicated instructions to care for the wound. The instructions were the same provided at the initial appointment for this wound on 10/18/18. The assessment of the wound by the wound care center nurse indicated, "Tenderness on palpation. Stage 3 pressure ulcer. Measurements: 1.4 CM (Centimeters) by 1.4 CM by 0.3 CM."</p> <p>- Client C's INN dated 11/30/18 was written by LPN #2. The INN indicated, "Client (client C) was seen at wound care center on 11/29/18. New orders received." The INN did not indicate LPN #2 had performed a physical assessment on client C's wound. The INN did not indicate LPN #2 had personally trained staff regarding the care of the site.</p> <p>- Client C's Interdisciplinary Team (IDT) meeting dated 12/4/18 indicated, "ResCare Day Service (RDS): Only came six days last quarter due to bed rest...Wants to get out of bed. Has restrictions only to be in her chair to eat, receive medications, shower, and for one hour after she eats then to lay back down, per doctors orders from the wound center...".</p> <p>- Client C's WCCI from her 12/6/18 visit indicated HM #1 accompanied her to the appointment. The</p>			



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	<p>WCCI indicated instructions to care for the wound. The instructions were the same provided at the initial appointment for this wound on 10/18/18.</p> <p>- Client C's INN dated 12/7/18 was written by LPN #2. The INN indicated, "Client (client C) was seen at wound care center on 12/6/18. No new orders." The INN did not indicate LPN #2 had performed a physical assessment on client C's wound. The INN did not indicate LPN #2 had personally trained staff regarding the care of the site.</p> <p>- Client C's INN dated 12/12/18 was written by LPN #2. The INN indicated, "Saw client (client C) at the Christmas party. Appears to be in no distress." The INN did not indicate LPN #2 had performed a physical assessment on client C's wound. The INN did not indicate LPN #2 had personally trained staff regarding the care of the site.</p> <p>- Client C's WCCI from her 12/13/18 visit indicated staff #1 accompanied her to the appointment. The WCCI indicated instructions to care for the wound. The instructions were the same provided at the initial appointment for this wound on 10/18/18.</p> <p>- Client C's WCCI from her 12/27/18 visit indicated HM #1 accompanied her to the appointment. The WCCI indicated instructions to care for the wound. The instructions were the same provided at the initial appointment for this wound on 10/18/18.</p> <p>- Client C's INN dated 12/27/18 was written by LPN #2. The INN indicated, "Client (client C) was seen at wound care center on 12/13/18." The INN did not indicate LPN #2 had performed a physical</p>			

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	<p>assessment on client C's wound. The INN did not indicate LPN #2 had personally trained staff regarding the care of the site.</p> <p>- Client C's INN dated 12/28/18 was written by LPN #2. The INN indicated, "Saw client (client C). Color good. Respirations easy and non-labored. Lungs clear, abdomen soft, bowel sounds in four quadrants. G-Tube (nutritional stomach feeding tube) site clean dry and intact, No signs or symptoms of infection. Foley catheter patent and draining clear, yellow urine." The INN did not indicate LPN #2 had performed a physical assessment on client C's wound. The INN did not indicate LPN #2 had personally trained staff regarding the care of the site.</p> <p>- Client C's INN dated 1/3/19 was written by LPN #2. The INN indicated, "Client (client C) was seen at wound care center. No new orders." The INN did not indicate LPN #2 had performed a physical assessment on client C's wound. The INN did not indicate LPN #2 had personally trained staff regarding the care of the site.</p> <p>- Client C's INN dated 1/4/19 at 10:45 AM was written by LPN #2. The INN indicated, "Saw client (client C) sitting up in wheelchair. Color good. Respirations easy and non-labored. Lung fields clear, abdomen soft and non-tender. Bowel sounds in four quadrants. Foley catheter patent and draining clear, yellow urine. Denies any complaints of discomfort." The INN did not indicate LPN #2 had performed a physical assessment on client C's wound. The INN did not indicate LPN #2 had personally trained staff regarding the care of the site. - Client C's</p>			

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	<p>WCCI from her 1/10/19 visit did not indicate the staff who accompanied her to the appointment. The WCCI indicated instructions to care for the wound. The instructions were the same provided at the initial appointment for this wound on 10/18/18. The assessment of the wound by the wound care center nurse indicated, "Tenderness on palpation. Stage 3 pressure ulcer. Measurements: 2 CM by 1.9 CM by 0.2 CM." - Client C's INN dated 1/11/19 at 10:00 AM was written by LPN #2. The INN indicated, "Client (client C) was seen at wound care center on 1/10/19. New orders received." The INN did not indicate LPN #2 had performed a physical assessment on client C's wound. The INN did not indicate LPN #2 had personally trained staff regarding the care of the site. - Client C's INN dated 1/11/19 at 7:30 PM was written by LPN #2. The INN indicated, "Saw client (client C). Color good. Respirations easy and non-labored. Lung fields clear, abdomen soft and non-tender. Bowel sounds in four quadrants. Foley catheter patent and draining clear, yellow urine. Denies any complaints of discomfort." The INN did not indicate LPN #2 had performed a physical assessment on client C's wound. The INN did not indicate LPN #2 had personally trained staff regarding the care of the site. - Client C's WCCI from her</p>			

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	<p>1/18/19 visit indicated staff #1 accompanied her to the appointment. The WCCI indicated instructions to care for the wound. The instructions were the same provided at the initial appointment for this wound on 10/18/18. - Client C's INN dated 1/18/19 was written by LPN #1. The INN indicated, "Wound care center visit today. No changes in orders. To return 1/24/19 at 11:00 AM." The INN did not indicate LPN #1 had performed a physical assessment on client C's wound. The INN did not indicate LPN #1 had personally trained staff regarding the care of the site. - Client C's WCCI from her 1/24/19 visit indicated HM #1 accompanied her to the appointment. The WCCI indicated instructions to care for the wound. The instructions were the same provided at the initial appointment for this wound on 10/18/18. - Client C's Reposition Tracking Form (RTF) dated 2/1/19 did not indicate client C was repositioned from 12:00 AM to 8:00 AM. - Client C's RTF dated 2/3/19 indicated client C was in her wheelchair from 7:00 AM to 3:00 PM when she was placed in her bed on her left side. - Client C's RTF dated 2/5/19 did not indicate client C was repositioned from 6:00 AM to 8:00 AM, and from 4:00 PM to 11:00 PM. - Client C's Health Risk Plan (HRP) dated 2/5/19 indicated client C had a risk plan created for Skin Breakdown. The HRP was created by</p>			

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	<p>Health Services Manager (HSM). The HRP indicated the following:"Risk for Skin Breakdown." "Triggers to notify the nurse: Redness, irritation, open areas, bleeding from open areas on buttocks, coccyx (bone at the base of the spine), hips, or around G-Tube site." "Call 911 if [client C's] nurse instructs staff to do so." "Actions:" "Staff will give [client C] a shower or bath as scheduled as wash and dry thoroughly after a shower, incontinence of feces, or urine if catheter is out." "Staff will assess for redness, irritation or open areas with each depends change, turn, or G-Tube feeding." "Staff will record and report to the nurse immediately any abnormal findings." "Staff will turn [client C] every two hours while in bed to release pressure to the buttocks and hips and while up in her wheelchair she will be repositioned every fifteen minutes." "The doctor will be notified as instructed by the nurse after assessment by the Home Manager to make an appointment with the wound clinic ASAP (As Soon As Possible) to have treatment start (sic) on the area if breakdown occurs." "Staff will transport to the wound center appointments as schedule and inform the nurse of findings via consult form." "Staff responsible: Direct support professionals (staff), home manager, Area Supervisor (AS), and nurse." - Client C's RTF dated 2/7/19 did not indicate client C was</p>			
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	<p>repositioned from 7:00 AM to 1:00 PM.- Client C's WCCI from her 2/7/19 visit indicated staff #1 accompanied her to the appointment. The WCCI indicated instructions to care for the wound. The basic instructions were the same provided at the initial appointment for this wound on 10/18/18. The instructions included, "Apply anti-fungal cream to peri-wound skin." The assessment of the wound by the wound care center nurse indicated, "Tenderness on palpation. Stage 3 pressure ulcer. Measurements: 2 CM by 1.6 CM by 0.2 CM."- Client C's INN dated 2/7/19 was written by LPN #1. The INN indicated, "New order from wound clinic to apply anti-fungal cream, collagen to wound bed, apply foam dressing...". The INN did not indicate LPN #1 had performed a physical assessment on client C's wound. The INN did not indicate LPN #1 had personally trained staff regarding the care of the site. - Client C's RTF dated 2/8/19 did not indicate client C was repositioned from 12:00 AM to 8:00 AM.- Client C's RTF dated 2/10/19 indicated client C was up in her chair from 7:00 AM to 1:00 PM when she was placed in her bed on her right side. - Client C's Hospital Discharge Instructions dated 2/16/19 indicated the following:"Admission: 2/10/19." "Discharge: 2/16/19." "Diagnosis: UTI (Urinary Tract Infection). Stage 3</p>			

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	<p>Pressure Ulcer left buttocks, present upon admission."- Client C's RTF dated 2/16/19 did not indicate client C changed positions from 12:00 AM to 11:00 PM. The documentation for client C's repositioning schedule for 2/16/19 was blank.- Client C's RTF dated 2/18/19 did not indicate client C changed positions from 12:00 AM to 11:00 PM. The documentation for client C's repositioning schedule for 2/18/19 was blank.- Client C's INN dated 2/18/19 was written by LPN #1. The INN indicated, "Visited with [client C] this morning. Sitting in lazy boy chair. Foley catheter in place draining clear yellow urine. G-Tube in place with split dressing. Clean, dry, and intact...". The INN did not indicate LPN #1 had performed a physical assessment on client C's wound. The INN did not indicate LPN #1 had personally trained staff regarding the care of the site. - Client C's RTF dated 2/19/19 did not indicate client C changed positions from 12:00 AM to 11:00 PM. The documentation for client C's repositioning schedule for 2/19/19 was blank.- Client C's RTF dated 2/20/19 did not indicate client C was repositioned at 11:00 PM, as scheduled. - Client C's RTF dated 2/21/19 did not indicate client C was repositioned from 12:00 AM to 7:00 Am when she was placed in her wheelchair for breakfast. - Client C's RTF dated 2/22/19 did not</p>			

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	<p>indicate client C changed positions from 12:00 AM to 11:00 PM. The documentation for client C's repositioning schedule for 2/22/19 was blank.- Bureau of Developmental Disabilities Services (BDDS) reports, Incident Reports (IRs), and Investigations were reviewed on 2/20/19 at 2:30 PM. The review did not indicate a BDDS report, IR, or investigation for the pressure ulcer client C was treated for at the wound care center in July 2018 and August 2018. The review did not indicate a BDDS report, IR, or investigation for the pressure ulcer client C was currently being treated for at the wound care center since October 2018.- The facility's Community Residential Facility Surveyor Worksheet (CRFSW) dated 2/20/19 was reviewed on 2/21/19 at 11:00 AM. The CRFSW indicated staff #1, #2, #3, #4, #5, #6, and #7 were staff working in the home. Client C's undated Client Specific Training (CST) did not indicate staff #5, #6, and #7 had been trained on client C prior to providing care in the home. Client C's undated Care of Client C Training did not indicate staff #4, #5, and #6 had been trained on client C's care regarding her medical needs prior to providing care in the home. Area Supervisor (AS) #1 was interviewed on 2/22/19 at 11:00 AM. AS #1 indicated staff should be trained on care of clients prior to working in</p>			



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	<p>the home. AS #1 stated, "[HM #1] is responsible for ensuring staff is trained prior to working." AS #1 indicated the nurse was responsible for providing medical training to staff on client's needs. AS #1 stated, "The positioning change forms should be filled out in entirety for the [LPN #1], [HM #1], and [Qualified Intellectual Disabilities Professional (QIDP) #1] to review." LPN #1 was interviewed on 2/22/19 at 11:00 AM. LPN #1 indicated she is the primary nurse for client C's home. LPN #1 stated, "I just started at ResCare a few months ago. But, I've been in charge of [client C's] home since January." LPN #1 indicated she was in the home weekly providing care for client C. LPN #1 stated, "When I go into the home, I look at [client C's] wound. I also check her Foley catheter and her G-Tube site. I look at the staff shift notes and review the MARs (Medication Administration Record). I ask staff about how [client C] is doing and remind them to turn her." LPN #1 indicated she did not review any documentation regarding client C's repositioning schedule when she was visiting the home. LPN #1 indicated client C has a stage 3 pressure ulcer. LPN #1 stated, "Yes, a stage 3 pressure ulcer is serious. It requires a great deal of intervention to heal it." LPN #1 indicated client C has had a pressure ulcer in the past. LPN #1 stated, "I know she's had</p>			

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	<p>one (a pressure ulcer) on and off for years. She just can't seem to keep her skin intact. That's why she has a skin integrity protocol." LPN #1 indicated the skin integrity protocol should be followed as written. LPN #1 indicated client C should be repositioned in bed every two hours, and her position should be changed in her chair every fifteen minutes. LPN #1 stated, "She shouldn't be out of bed unless she's eating or getting medications. She's on strict bed rest." LPN #1 indicated staff should be changing the dressing daily, and as needed if it is soiled. LPN #1 stated, "They're supposed to clean it with normal saline, then put collagen and a foam Band-Aid on it." LPN #1 stated, "I think they have the supplies they need. I haven't been there in a while to check." LPN #1 indicated client C went to the wound care center weekly for treatment. LPN #1 stated, "I know she's missed one appointment because the roads were bad, but I think that's all she's missed." LPN #1 stated, "I've never been to a wound care center visit with [client C]. I didn't know I could go." LPN #1 indicated she contacted the wound care center once to verify orders. LPN #1 stated, "Other than the one time to verify the orders, I haven't spoken with them." LPN #1 indicated the orders from the wound care center should be followed. LPN #1 indicated she trained staff on nursing</p>			

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	related issues for client C. LPN #1 stated, "I never trained staff on the wound care and dressing changes. The staff seemed to already know what to do. I watched one of the staff change a dressing once." LPN #1 stated, "That's the only time I've only seen the wound. That was sometime in January." LPN #1 stated, "I don't have any documentation of assessments on her wound. I have never done a full assessment of the site."2. Investigations were reviewed on 2/20/19 at 2:30 PM. The review indicated the following:Investigative Summary (IS) dated 9/12/18 indicated, "On 9/7/18, [clients B and E] were attending [day service provider]. While there, staff overheard [clients B and E] say that [female name] wakes them up in the middle of the night and yell (sic) and scream (sic) at them. [Staff #2] worked the overnight on 9/6/18 and is the only name close to [female name]. [AS #1] informed [Executive Director (ED) #1]. An investigation was initiated."The IS was completed by Quality Assurance Manager (QAM) #1 on 9/12/18. The IS indicated the following:Client B was interviewed for the investigation by QAM #1 on 9/10/18 and 9/12/18. The interview indicated, "[Client B] refused to speak or provide a statement on 9/12/18. On 9/13/18, [client B] stated that [staff #2] does not yell or scream at her. When asked if she			

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	likes [staff #2], she stated, 'no.' When asked why, she stated, 'No. I do not like her.' In reference to how [staff #2] wakes her up for the day, she stated that [staff #2] does not yell at her...".Client E was interviewed for the investigation by QAM #1 on 9/10/18. The interview indicated, " [Staff #2] is a good staff, but she yells she (sic) (client E) and [client B's] names loudly. She (client E) stated she (staff #2) does yell at them to wake them up. She stated no other staff does this. [Client E] stated she wants a new overnight staff saying, 'I want a new girl'... When asked if [staff #2] has awakened her this way all the time she has worked there, she said, 'yes.' When asked if she told anyone about this before she said, 'No.' When asked why she did not tell anyone [staff #2] yells at her before now she said, 'I don't know'... [Client E] stated she was telling the truth."Staff #2 was interviewed for the investigation by QAM #1 on 9/12/18. The interview indicated, "[Staff #2] stated that she has not yelled or screamed at [clients B and E] during her shift or in the middle of the night... [Staff #2] stated that sometimes she has to have a louder tone if [client B] wakes up in a behavior or screaming at staff or clients. She states she does speak in a louder tone so [client B] can hear her over her own yelling and will usually calm down right after. [Staff #2] stated again			

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	<p>that she does not yell or scream during this."Conclusion:"It is unsubstantiated that [staff #2] violated ResCare policy."The investigation did not indicate a peer review was completed. The investigation did not have additional safeguards listed to ensure clients in the home were protected from verbal abuse by staff. BDDS reports were reviewed on 2/20/19 at 2:30 PM. The review did not indicate a BDDS report regarding the alleged staff to clients B and E VA.Area Supervisor (AS) #1 was interviewed on 2/22/19 at 11:00 AM. AS #1 indicated yelling at clients is not acceptable. AS #1 stated, "[Staff #2] has continued to work in the home with the clients." AS #1 indicated since staff #2 has returned to the home to work there has not been any additional oversight. AS #1 stated, "I guess we should be watching her too so we make sure that abuse is not part of the culture in the home." AS #1 indicated the ANE policy should be followed by all staff.3. The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 2/20/19 at 2:30 PM. The review indicated the following:BDDS report dated 9/17/18 indicated, "[Staff #1] was placed off duty pending allegations of ANE (Abuse, Neglect, and Exploitation).""Plan to Resolve: [Former Client (FC)] appears to be in good</p>			

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	health. An investigation will be initiated."IS (Investigative Summary) dated 9/24/18 was completed by QAM #1. The IS indicated the following:"Introduction: On 9/17/18, [FC] informed [AS #1] that prior to dinner on 9/12/18, [staff #1] came into her bedroom, yelled at her. Then slammed her bedroom door. [FC] could not identify what [staff #1] had said. She (FC) stated that [staff #8] may have heard what [staff #1] said. [AS #1] informed [ED #1]. An investigation was initiated."FC was interviewed for the investigation by QAM #1 on 9/20/18 and 9/24/18. The interview indicated, "[FC] stated [staff #1] told her that she was taking her bowling on 9/13/18, but [staff #8] was supposed to take them. [FC] then went to her bedroom. She (FC) stated [staff #1] came into her bedroom and yelled something to the fact that she does not like [FC] and slammed her door. [FC] stated that she (FC) had just told [staff #9] that she (FC) does not like [staff #1] and [staff #9] told [staff #1] this. She (FC) stated [staff #9] was in the home and heard [staff #1] yell at her. On 9/13/18, [FC] told [staff #8] that [staff #1] yelled at her... [FC] stated that on 9/13/18 she (FC) and [staff #1] did not speak. She (FC) stated that she did not give [staff #1] a hug and they did not apologize to one another or say they were going to forget about anything that happened				

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	<p>on 9/12/18."Staff #8 was interviewed for the investigation by QAM #1 on 9/13/18. The interview indicated, "On 9/13/18, [FC] told her that she was upset because [staff #1] said she was going to take her bowling instead of her (Staff #8). [FC] told her that [staff #1], 'screamed really bad' at her then slammed the door... [Staff #8] stated on 9/13/18 there was a house meeting in the morning so she was at the home, but she did not see [FC and staff #1] interact."AS #1 was interviewed for the investigation by QAM #1 on 9/18/18. The interview indicated, "[FC] told her the initial allegation on 9/17/18 that [staff #1] came into her bedroom, yelled at her, and slammed her bedroom door shut. On 9/18/18, [FC] told [AS #1] that [staff #1] did not yell at her but raised her voice at her and she was not sure what she said because she had her headphones on. [FC] stated that she understood that if she had her headphones on that someone would have to speak louder to get her to hear them."Staff #9 was interviewed for the investigation by QAM #1 on an unknown date. The interview indicated, "[Staff #9] stated before [staff #1] got back to the home, [FC] kept saying she doesn't like [staff #1]. When [staff #1] arrived in the driveway, [FC] said she was putting her headphones on and going to her bedroom. When [staff #1] walked in she</p>			

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	asked for [FC] and [staff #9] told her she was in her bedroom... [Staff #9] stated she does not recall [staff #1] going to [FC's] bedroom... [FC] did not tell [staff #9] that [staff #1] yelled at her."HM #1 was interviewed for the investigation by QAM #1 on 9/21/18. The interview indicated, "She (HM #1) stated on 9/13/18, she did not hear [staff #1 and FC] speak to one another."Staff #1 was interviewed for the investigation by QAM #1 on 9/20/18. The interview indicated, "On 9/12/18... [FC] came home and stated to her that she wanted [staff #8] to take them bowling on 9/13/18. [Staff #1] stated she told [FC] that she was taking them bowling. [FC] said, 'No, [staff #8] is.' She told [FC] that she can not say who is taking her bowling. [FC] then went to her bedroom... [Staff #1] knocked on [FC's] bedroom door and said, '[FC], I know you're mad at me, but I still love you. See you tomorrow.' [FC] was laying on her side on the bed looking at her laptop with her headphones on. [Staff #1] stated she could not see if [FC] had the headphones on, but [FC] did not turn around, look at her, or speak to her. [Staff #1] stated that she closed the door an left... [Staff #1] stated on 9/13/18 she worked the morning shift. She came in and [FC] gave her a hug and said, 'I'm sorry I was mad at you.' She told [FC], 'It's ok. It's done and over				



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	with'...'."Conclusion:""It is unsubstantiated that [staff #1] violated ResCare policy."The Peer Review (PR) for the investigation was dated 9/25/18. The review indicated, "Recommendations: Retrain [staff #1] on professionalism and boundaries. Return to duty with pay for scheduled shifts. AS to meet with [FC] to discuss outcome of investigation and [staff #1] being in the house."Area Supervisor (AS) #1 was interviewed on 2/22/19 at 11:00 AM. AS #1 indicated yelling at clients is not acceptable. AS #1 stated, "[Staff #1] has continued to work in the home with the clients." AS #1 indicated multiple staff members and FC indicated there was no interaction between FC and staff #1 at the house meeting. AS #1 stated, "That seems odd because [FC] is a very social person." AS #1 indicated since staff #1 has returned to the home to work there has not been any additional oversight. AS #1 stated, "I guess we should be watching her too so we make sure that abuse is not part of the culture in the home."4. The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 2/20/19 at 2:30 PM. The review indicated the following:BDDS report dated 2/11/19 indicated, "[Staff #7 and #6] were placed off duty pending allegations of ANE for physical abuse."Plan to Resolve: Both individuals			

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	(clients A and B) appear to be in good health. An investigation has been initiated."IS (Investigative Summary) dated 2/20/19 was completed by Quality Assurance Coordinator (QAC) #1 on 2/20/19. The IS indicated the following:"Introduction: On 2/11/19, [staff #3] informed [AS #1] that she had been told by [staff #6] that [staff #6 and #7] held [client A] and allowed [client B] to hit her. [Staff #6 and #7] were placed off duty. [AS #1] informed [ED (Executive Director) #1]. An investigation was initiated."Home Manager (HM) #1 was interviewed for the investigation by QAC #1 on 2/14/19. The interview indicated, "[HM #1] stated that [staff #3] reported to her on 2/6/19 that [staff #6] had told her about the incident in question... [Staff #6] told [staff #3] she and [staff #7] held [client A] down on 2/3/19 and allowed [client B] to hit her. [HM #1] stated she then reported this to [AS #1] on 2/6/19."AS #1 was interviewed for the investigation by QAC #1 on 2/15/19. The interview indicated, "[AS #1] stated that [HM #1] did report to her on 2/6/19 that [client B] hit [client A] while in a restraint, but [HM #1] stated she was unsure if staff encouraged and allowed this to happen or [client B] just used the opportunity. [AS #1] then spoke with [staff #3] on 2/11/19, who informed [AS #1] that [staff #6 and #7] had allowed and encouraged [client B] to hit			

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	<p>[client A] while they restrained her. [AS #1] placed both staff off duty at this time and informed [ED #1]."Staff #3 was interviewed for the investigation by QAC #1 on 2/15/19. The interview indicated, "[Staff #3] stated she was working in the home on 2/5/19 with [staff #6]. On this day, [staff #6] told her that she and [staff #7] held [client A] down and allowed [client B] to hit her on 2/3/19. [Staff #3] could not give specifics as to how [client B] hit [client A] or where. [Staff #3] reported that [staff #6] did not tell her this information. [Staff #3] also stated during her interview that she has overheard [staff #6 and #7] speaking about [client A] in a derogatory manner. [Staff #3] states [staff #6] has referred to [client A] as '... trash' and [staff #7] has argued back with [client A] during her behaviors instead of using appropriate redirection. [Staff #3] stated that she felt both [staff #6 and #7] have acted in ways that increase [client A's] behaviors. [Staff #3] reported that was said to her by [staff #6] to [HM #1] on 2/6/19."Client A was interviewed for the investigation by QAC #1 on 2/20/19. The interview indicated, "[Client A] stated staff did restrain her during her behaviors. When asked to describe how, [client A] stated each staff held one of her arms and wrapped legs around both of her legs. [Client A] was asked if they restrained her in any other way,</p>			

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	and she stated, 'no.' [Client A] reported that [client B] did hit her while she was being held. [Client A] stated that [client B] hit her because she was mad. [Client A] answered no when asked if anyone told [client B] to hit her. However, [client A] did report that [staff #6] called her the 'N' word and also said she was fat on this day. [Client A] stated that [staff #6] was the only staff who spoke to her in this way."Client B was interviewed for the investigation by QAC #1 on 2/20/19. The interview indicated, "[Client B] reported that [client A] hit her in the back. [Client B] stated she did not remember if staff held [client A] in a restraint. [Client B] stated she did not hear staff yell or use inappropriate words. When asked if she had hit [client A], she stated she did not hit [client A]. [Client B] kept saying that she did not remember anything to most questions asked."Staff #7 was interviewed for the investigation by QAC #1 on 2/15/19. The interview indicated, "[Staff #7] states that she and [staff #6] had placed [client A] in a two person standing hold twice on the day in question due to [client A] trying to elope from the home. [Client A] had also hit [client B] a few times (on that day). [Staff #7] stated that during one of the times they had [client A] restrained, [client B] did hit her. However, neither she (staff #7) or [staff #6] told [client B] to do this. After [client B]			

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	<p>hit [client A], they released [client A] from the restraint to verbally redirect [client B]. [Staff #7] stated that she never yelled or raised her voice toward either individual. She (staff #7) tried to verbally redirect [client B] to go to her room and listen to music and calm down. She (staff #7) called [HM #1] when [client A] would not listen to redirection.... [Staff #7] expressed wanting to be transferred to a different location."Staff #6 was interviewed for the investigation by QAC #1 on 2/19/19. The interview indicated, "On the day in question (2/3/19), she (staff #6) verbally redirected [client A] and stood between her (client A) and [client B] when they started fighting. [HM #1] spoke with [client A] while she calmed down. After [HM #1] left, [client A] started running repeatedly through the home trying to elope. [Staff #7] told [staff #6] they needed to place [client A] in a restraint. [Staff #6] stated she had difficulty remembering exactly how to do a two person standing restraint from her training. The first time, she (staff #7) and [staff #6] attempted it, she forgot to wrap her legs around [client A] which allowed her to still kick [staff #6]. [Client B] became upset that [client A] was kicking staff, so [client B] hit [client A]. [Staff #6 and #7] then released [client A] to redirect [client B]. They placed [client A] in a restraint once more since she</p>			
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	<p>was continuing to run through the home. [HM #1] was then contacted and she arrived at the home and took [client A] outside to speak with her. [Staff #6] states both holds were standing holds. [Client A] was never held on the ground. [Staff #6] states she has never used derogatory terms towards [client A]. She (staff #6) reports she may have raised her voice during the behaviors on 2/3/19, but she only said things such as, 'You can't leave [client A]. If you leave, you will go to jail and get in even more trouble.' [Staff #6] stated she was reluctant to come in and be interviewed because other staff in the home had reported to her that [HM #1] was already stating she (staff #6) and [staff #7] would be terminated."The IS did not indicate clients C, D, E, F, G, and H were interviewed regarding the alleged staff to client PA reported on 2/11/19. "Factual findings:""Review of Kronos (time sheets) showed [staff #6 and #7] to have been the only two staff working during the incident in question...". "Two incident reports were pulled and reviewed for the day in questions, 2/3/19. One report stated [clients A and B] had engaged in an argument which ended with [client A] punching and kicking [client B]. A second report stated that [client A] was placed in a two person standing restraint for three seconds when she</p>			
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	<p>attempted to exit the home. This incident report completed by staff does not mention [client B] hitting her (client A) while she was restrained." "Neither staff completed the incident reports on [clients A and B]. All incident reports were written by [HM #1]. In addition, when books for the individuals (clients A and B) were reviewed, neither staff (staff #6 and #7) had written any progress notes for this day. [Client B] did not have anything documented behaviorally. [HM #1] had completed all the behavior tracking for [client A]. "Conclusion: "It is unsubstantiated that [staff #7] violated ResCare policy for physical aggression. "It is unsubstantiated that [staff #6] violated ResCare policy for physical aggression." The Peer Review (PR) dated 2/21/19 indicated it reviewed the findings from the 2/11/19 BDDS report. "Recommendations: "All staff retrained on YSIS (You're Safe. I'm Safe). "All staff retrained on incident reporting, documentation, and ANE (Abuse, Neglect, and Exploitation Policy). "[Staff #3] will receive corrective action for failure to report timely. "[Staff #6 and #7] to receive corrective action for failure to report and not completing documentation. "Return [staff #6 and #7] to duty." - Incident Report (IR) dated 2/4/19 indicated, "[Client A] was in front room watching out, waiting for [staff #6]. Then as she (staff #6) arrived, [client A]</p>				

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	<p>said, 'Here we go again.' As she (staff #6) proceeded into the back room, [client A] followed, walked up to her (staff #6), and slapped her face. Afterward she started picking up anything to throw and further destroy TV. She knocked down the freezer, game cabinet, both tables, [gaming] console, DVDs, and cable box. Then broke table and threw the top at the office door repeatedly. Then opened up a paint bottle and poured it all over TV counter, laundry basket with clothes, and office door. [Client A] was taken to [hospital ER (Emergency Room)] for evaluation. She (client A) is going to be transferred to neuropsychiatry hospital."Client A's record was reviewed on 2/20/19 at 1:20 PM. The review indicated the following:- Client A's Neuropsychiatric Hospital Psychiatric Evaluation (NHPE) dated 2/5/19 indicated, "Patient (client A) admits to having behaviors...When I ask her why, she said because, 'They make me angry,' but could not give any specific reasons... She (client A) admits to being angry at staff at the group home. She states staff was calling her derogatory names, and she claims she was being bullied. She says she does not want to return to that group home, and she seems oriented... She admits to having assaultive ideas towards staff at the group home...".Area Supervisor (AS) #1 was interviewed on 2/22/19 at 11:00 AM.</p>			



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	AS #1 stated, "[Staff #6] has been terminated since the investigation. We (administration) sent the investigation to our corporate office, and they recommended terminating her. [Staff #7] has been returned to the home to work though." AS #1 indicated she was unsure if staff #6 and #7 held client A down and allowed client B to hit her. AS #1 stated, "The staff didn't fill out the incident reports or behavior tracking." AS #1 indicated witnesses should be interviewed in a timely manner for the investigation. AS #1 indicated, "The incident allegedly happened on 2/3/19. The first interview for the investigation was on 2/14/19. Some witnesses weren't even interviewed until 2/20/19. That's too late." AS #1 indicated a thorough investigation includes interviews with all potential witnesses. AS #1 indicated she was unsure why clients C, D, E, F, G, and H were not interviewed as part of the investigation. AS #1 indicated the IR involving client A attacking staff #6 made her question the investigation. AS #1 stated, "I can see how it would seem [client A] retaliated and attacked [staff #6] for something that had happened." AS #1 indicated since staff #7 has returned to the home to work there has not been any additional oversight. AS #1 stated, "I guess we should be watching her too so we make sure that abuse is not part				

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	<p>of the culture in the home."5. The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 2/20/19 at 2:30 PM. The review indicated the following:- BDDS report dated 2/4/19 indicated, "(On 2/3/19 at 4:35 PM) [Client A] was upset over not wanting to live in a group home. [Client A] exited the home and began walking to the stop sign at the end of the road. Staff followed and verbally redirected her to return inside the home, but [client A] refused. HM and QIDP notified. [Client A] was taken by a good samaritan driver to a local fire station. Staff arrived and transported home. [Client A] was out line of sight for approximately 45 minutes. Upon returning home, [client A] had continued behaviors. She threw fire extinguishers and knocked pictures off of the wall... [Client A] then called 911. [City] police arrived, spoke with [client A], and left without incident. [Client A] again left the home and walked into the yard after police left. HM followed and was able to verbally redirect to return inside the home. [Client A] was not out of line of sight while in the front yard. [Client A] calmed down and resumed normal activity."Plan to Resolve: [Client A] appears to be in good health. Staff will continue to follow her BSP. [Client A] does not currently have any alone time allotted in her</p>			

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W 0153 Bldg. 00	<p>plan. Staff will continue to 483.420(d)(2) STAFF TREATMENT OF CLIENTS</p> <p>The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.</p> <p>Based on record review and interview for 4 of 14 allegations of abuse, neglect, mistreatment, and Injuries of Unknown Origin reviewed, the facility failed to report an allegation of staff to client VA involving clients B and E, an allegation of staff to client PA involving clients A and B, and two of client C's Injuries of Unknown Origin to the Bureau of Developmental Disabilities Services (BDDS) within 24 hours of the alleged incidents.</p> <p>Findings include:</p> <p>1. Client C's record was reviewed on 2/21/19 at 12:10 PM. The review indicated the following:</p> <p>- Client C's Wound Care Center Instructions (WCCI) from her 7/26/18 visit indicated the following:</p> <p>"Weeks in treatment: 0."</p> <p>"Wound: Left Gluteal (buttocks) fold."</p> <p>BDDS reports were reviewed on 2/20/19 at 2:30 PM. The review did not indicate a report regarding client C's wound she sought treatment for on 7/26/18.</p> <p>2. Client C's record was reviewed on 2/21/19 at 12:10 PM. The review indicated the following:</p>	W 0153	<p><b>The facility will have evidence that all allegations of abuse, neglect and mistreatment are thoroughly investigated and reported to BDDS per reporting guidelines.</b></p> <p><b>The agency has current policies and procedures that prohibit the mistreatment, neglect and abuse of the individuals served as well as policies that specifically address the reporting of and completion of investigations of client to client abuse or incidents.</b></p> <p><b>The Leadership Team will complete a review of these policies to ensure that they are current and continue to meet the needs and safety of the individuals served. All staff receive training on these policies upon hire and annually thereafter. The training includes a review and competency of the process for reporting and investigating any incidents on client on client aggression.</b></p> <p><b>All staff, including Supervisors,</b></p>	03/28/2019

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	<p>- Client C's WCCI from her 10/18/18 visit indicated Staff #1 accompanied her to the appointment. The WCCI indicated the following:</p> <p>"Weeks in treatment: 0."</p> <p>"Wound: Left Gluteal fold."</p> <p>BDDS reports were reviewed on 2/20/19 at 2:30 PM. The review did not indicate a report regarding client C's wound she sought treatment for on 10/18/18.</p> <p>3. Investigations were reviewed on 2/20/19 at 2:30 PM. The review indicated the following:</p> <p>Investigative Summary (IS) dated 9/12/18 indicated, "On 9/7/18, [clients B and E] were attending [day service provider]. While there, staff overheard [clients B and E] say that [female name] wakes them up in the middle of the night and yell (sic) and scream (sic) at them. [Staff #2] worked the overnight on 9/6/18 and is the only name close to [female name]. [Area Supervisor (AS) #1] informed [Executive Director (ED) #1]. An investigation was initiated."</p> <p>BDDS reports were reviewed on 2/20/19 at 2:30 PM. The review did not indicate a BDDS report regarding the alleged staff to clients B and E VA.</p> <p>4. BDDS report dated 2/11/19 indicated, "[Staff #7 and #6] were placed off duty pending allegations of ANE (Abuse, Neglect, and Exploitation) for physical abuse."</p> <p>"Plan to Resolve: Both individuals (clients A and B) appear to be in good health. An investigation has been initiated."</p>		<p><b>QA, Nursing and QIDPs will receive retraining on agencies Abuse, Neglect, Exploitation and Mistreatment, Incident Management and Reporting and Investigation policies. The Area Supervisor/QIDP is responsible for initiating and completing initial investigation of client to client aggression. The Quality Assurance Manager is responsible for ensuring that these incidents of allegations of abuse, neglect and mistreatment are reported to BDDS, thoroughly investigated, and follow-up is completed within the established timelines. Administrative observations have been implemented in the home daily, seven days a week and will remain in place until the team determines it is appropriate to decrease the number of observations. This will ensure all corrections are implemented per ResCare policy and regulations. Ongoing weekly and monthly observations and review will continue with the QIDP and Area Supervisor over the location.</b></p>		

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W 0154  Bldg. 00	<p>IS dated 2/20/19 indicated the following:</p> <p>- "Introduction: On 2/11/19, [staff #3] informed [AS #1] that she had been told by [staff #6] that [staff #6 and #7] held [client A] and allowed [client B] to hit her. [Staff #6 and #7] were placed off duty. [AS #1] informed [ED #1]. An investigation was initiated."</p> <p>- Home Manager (HM) #1 was interviewed for the investigation by Quality Assurance Coordinator (QAC) #1 on 2/14/19. The interview indicated, "[HM #1] stated that [staff #3] reported to her on 2/6/19 that [staff #6] had told her about the incident in question... [Staff #6] told [staff #3] she and [staff #7] held [client A] down on 2/3/19 and allowed [client B] to hit her. [HM #1] stated she then reported this to [AS #1] on 2/6/19."</p> <p>The BDDS report listed an incident date of 2/11/19, and administrative knowledge date of 2/11/19, and the BDDS report date of 2/11/19. The IS indicated the incident date was 2/3/19, and the administrative knowledge date was 2/6/19.</p> <p>AS #1 was interviewed on 2/22/19 at 11:00 AM. AS #1 indicated all incidents of abuse, neglect, exploitation, and injuries of unknown origin should be reported to BDDS within 24 hours of administrative knowledge.</p> <p>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 12 of 14 incidents of client to client aggression, staff to client Verbal Aggression (VA) and Physical</p>	W 0154	<b>The facility will have evidence that all allegations of abuse, neglect and mistreatment are</b>	03/28/2019	

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	<p>Aggression (PA), and Injuries of Unknown Origin (IUO) reviewed, the facility failed to thoroughly investigate multiple incidents of physical and verbal aggression between clients A, B, D, E, F, G, and unnamed clients, an allegation of PA by staff towards clients A and B, and client C's IUO in July 2018 and October 2018</p> <p>Findings include:</p> <p>1. Client C's record was reviewed on 2/21/19 at 12:10 PM. The review indicated the following:</p> <p>- Client C's Wound Care Center Instructions (WCCI) from her 7/26/18 visit indicated the following:</p> <p>"Weeks in treatment: 0."</p> <p>"Wound: Left Gluteal (buttocks) fold."</p> <p>Investigations were reviewed on 2/20/19 at 2:30 PM. The review did not indicate an investigation regarding client C's wound she sought treatment for on 7/26/18.</p> <p>2. Client C's record was reviewed on 2/21/19 at 12:10 PM. The review indicated the following:</p> <p>- Client C's WCCI from her 10/18/18 visit indicated Staff #1 accompanied her to the appointment. The WCCI indicated the following:</p> <p>"Weeks in treatment: 0."</p> <p>"Wound: Left Gluteal fold."</p> <p>Investigations were reviewed on 2/20/19 at 2:30 PM. The review did not indicate an investigation regarding client C's wound she sought treatment</p>		<p><b>thoroughly investigated and reported to BDDS per reporting guidelines.</b></p> <p><b>The agency has current policies and procedures that prohibit the mistreatment, neglect and abuse of the individuals served as well as policies that specifically address the reporting of and completion of investigations of client to client abuse or incidents.</b></p> <p><b>The Leadership Team will complete a review of these policies to ensure that they are current and continue to meet the needs and safety of the individuals served. All staff receive training on these policies upon hire and annually thereafter. The training includes a review and competency of the process for reporting and investigating any incidents on client on client aggression.</b></p> <p><b>The Residential Manager, Area Supervisor, Nursing, QIDP and trained investigators will complete re-training on the facility policies and procedures regarding their responsibilities to ensure that all incidents as defined by the policy are reported and investigated immediately. The QIDP is responsible for initiating and completing initial investigation of client to client aggression.</b></p>	

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	<p>for on 10/18/18.</p> <p>3. Bureau of Developmental Disabilities Services (BDDS) reports were reviewed on 2/20/19 at 2:30 PM. The review indicated the following:</p> <p>BDDS report dated 11/14/18 indicated, "[Client B] displayed aggressive behaviors after being redirected about using too much sugar at breakfast. [Client B] hit [client D] twice. [Client B] then went into the living room and hit [client F] in the head twice...".</p> <p>"Plan to Resolve: All individuals appear to be in good health. Staff will continue to follow [client B's] BSP (Behavior Support Plan). Staff will continue to monitor and report any changes to their health. A C2C (Client to Client) investigation will be initiated."</p> <p>Investigations were reviewed on 2/20/19 at 2:30 PM. The review did not indicate an investigation regarding clients B, D, and F's PA reported on 11/14/18.</p> <p>4. BDDS report dated 11/20/18 indicated, "[Clients B and G] had an argument while doing the dishes. [Client B] hit [client G] with an open hand on her right arm... Staff observed a quarter sized red mark on [client G's] upper right arm. Nurse notified."</p> <p>"Plan to Resolve: All individuals appear to be in good health. Staff will continue to follow [client B's] BSP. Staff will continue to monitor and report any changes to their health. A C2C investigation will be initiated."</p> <p>Investigations were reviewed on 2/20/19 at 2:30 PM. The review did not indicate an investigation regarding clients B and G's PA reported on</p>		<p><b>The Quality Assurance Manager is responsible for ensuring that these incidents of allegations of abuse, neglect and mistreatment are thoroughly investigated, and follow-up is completed within the established timelines.</b></p>		

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	<p>11/20/18.</p> <p>5. BDDS report dated 12/2/18 indicated, "While riding in the van, [client B] became upset with [client G] talking. [Client B] then hit and screamed at her...".</p> <p>"Plan to Resolve: No apparent injuries were observed on [clients B and G]. Staff will continue to monitor and report any changes to their health. Staff will continue to follow [client B's] BSP. A C2C investigation will be initiated."</p> <p>Investigations were reviewed on 2/20/19 at 2:30 PM. The review did not indicate an investigation regarding clients B and G's PA reported on 12/2/18.</p> <p>6. BDDS report dated 12/8/18 indicated, "[Clients B and D] got into an argument over [client B] eating other people's food at dinner. [Client B] exhibited target behaviors of PA by hitting [client D] in the head twice and then also in (sic) the arm twice. [Client B] then hit [client E] twice in the arm... [Client B] then walked into the living room and hit [client C] twice in the arm and [client E] twice in the arm again...".</p> <p>"Plan to Resolve: All individuals appear to be in good health. Staff will continue to follow [client B's] BSP... Staff will continue to monitor and report any changes to their health. A C2C investigation will be initiated."</p> <p>Investigations were reviewed on 2/20/19 at 2:30 PM. The review did not indicate an investigation regarding clients B, C, D, and E's PA reported on 12/8/18.</p> <p>7. BDDS report dated 12/10/18 indicated, "[Client</p>			



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	<p>B] was upset over being informed her mother would not be coming for a visit. [Client B] smacked [client A] several times in the left arm...".</p> <p>"Plan to Resolve: Both individuals appear to be in good health. Staff will continue to follow [client B's] BSP... Staff will continue to monitor and report any changes to their health. A C2C investigation will be initiated."</p> <p>Investigations were reviewed on 2/20/19 at 2:30 PM. The review did not indicate an investigation regarding clients A and B's PA reported on 12/10/18.</p> <p>8. BDDS report dated 12/22/18 indicated, "When staff asked [client B] to take a shower, she became upset and displayed targeted behaviors of physical aggression. [Client B] hit [client E] and [client E] hit her back. Staff separated them and stood between them...".</p> <p>"Plan to Resolve: [Clients B and E] have no apparent injuries. Staff will continue to monitor and report any changes to their health. Staff will continue to follow [client B's] BSP. A C2C investigation will be initiated."</p> <p>Investigations were reviewed on 2/20/19 at 2:30 PM. The review did not indicate an investigation regarding clients B and E's PA reported on 12/22/18.</p> <p>9. BDDS report dated 1/20/19 indicated, "[Client A] became upset over the phone not working when trying to call her mother. [Client A] exhibited target behaviors of PA be walking over to [client B] and knocking her coloring pages to the floor, yelling at her, and then smacking her several times in the face and right and left arms...".</p>			

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	<p>"Plan to Resolve: Both individuals appear to be in good health. Staff will continue to follow [client A's] BSP. Staff will continue to monitor and report any changes to their health. A C2C investigation will be initiated."</p> <p>Investigations were reviewed on 2/20/18 at 2:30 PM. The review did not indicate an investigation regarding clients A and B's PA reported on 1/20/19.</p> <p>10. BDDS report dated 2/4/19 indicated, "Without prior incident, [Client A] became (sic) yelling at other clients in the home while at breakfast. [Client A] picked up a cup and threw it toward another individual at the table. No damage or injury observed. [Client A] threw the fire extinguisher. [Client A] threw the remote control at the TV causing the TV to break. Staff verbally redirected. [Client A] calmed down and resumed normal activity."</p> <p>"Plan to Resolve: [Client A] appears to be in good health. Staff will continue to follow her BSP... Staff will continue to monitor and report any changes to their health. A C2C investigation will be initiated."</p> <p>Investigations were reviewed on 2/20/19 at 2:30 PM. The review did not indicate an investigation regarding client A and unnamed clients PA reported on 2/4/19.</p> <p>11. BDDS report dated 2/4/19 indicated, "[Client A] became upset after [client B] yelled at her for being outside on the phone. [Clients A and B] both became VA with on another.. [Client A] punched [client B] in her right upper arm and kicked [client B] in her right knee...".</p>			

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	<p>"Plan to Resolve: Both individuals appear to be in good health. Staff will continue to follow [client A's] BSP... Staff will continue to monitor and report any changes to their health. A C2C investigation will be initiated."</p> <p>The Client to Client Aggression Investigation (CCAI) dated 2/8/19 investigated the incident between clients A and B reported on 2/4/19. The CCAI was completed by Qualified Intellectual Disabilities Professional (QIDP) #1. The CCAI did not indicate a plan to prevent future occurrences or any recommendations of safeguards to implement. The recommendation section on the CCAI was left blank.</p> <p>12. BDDS report dated 2/11/19 indicated, "[Staff #7 and #6] were placed off duty pending allegations of ANE (Abuse, Neglect, and Exploitation) for physical abuse."</p> <p>"Plan to Resolve: Both individuals (clients A and B) appear to be in good health. An investigation has been initiated."</p> <p>IS dated 2/20/19 indicated clients A and B were interviewed for the investigation. The Investigation did not indicated clients C, D, E, F, G, and H were interviewed regarding the alleged staff to client PA reported on 2/11/19.</p> <p>Area Supervisor (AS) #1 was interviewed on 2/22/19 at 11:00 AM. AS #1 indicated all incidents of verbal and physical aggression between clients, and injuries of unknown origin require an investigation. AS #1 indicated a thorough investigation must include safeguards to prevent future incidents. AS #1 indicated she was unsure why recommendations were not made in the</p>			

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W 0156 Bldg. 00	<p>investigations. AS #1 indicated a thorough investigation includes interviews with all potential witnesses. AS #1 indicated she was unsure why clients C, D, E, F, G, and H were not interviewed as part of the investigation.</p> <p>9-3-2(a)</p> <p>483.420(d)(4) STAFF TREATMENT OF CLIENTS The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law within five working days of the incident.</p> <p>Based on record review and interview for 2 of 14 allegations of abuse, neglect, and mistreatment reviewed, the facility failed to report the results of two investigations of staff to client Verbal Aggression (VA) and Physical Aggression (PA) towards clients A, B, and E to the administrator within 5 business days of the alleged events.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 2/20/19 at 2:30 PM. The review indicated the following:</p> <p>1. Investigative Summary (IS) dated 9/12/18 indicated, "On 9/7/18, [clients B and E] were attending [day service provider]. While there, staff overheard [clients B and E] say that [female name] wakes them up in the middle of the night and yell and scream at them. [Staff #2] worked the overnight on 9/6/18 and is the only name close to [female name]. [Area Supervisor (AS) #1] informed [Executive Director (ED) #1]. An investigation was initiated."</p>	W 0156	<p><b>Agency has policies in place outlining the process, completion and review of all investigations. All documentation, statements and evidence shall be gathered by the QIDP, QA or other trained investigator, reviewed, and conclusion forwarded to the Supervisor and/or his/her designee within a reasonable time frame, but at least within five working days. All trained investigators will be retrained on this policy to ensure timely submissions of all internal investigations. The next three investigations will be monitored by the QA manager to ensure they are completed within five working days. The QA department will begin tracking all initial incidents requiring investigation through to</b></p>	03/28/2019

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	<p>The review did not indicate a BDDS report regarding the alleged staff to clients B and E VA. The IS indicated the investigation was completed by Quality Assurance Manager (QAM) #1 on 9/12/18. The IS did not indicate an administrator reviewed the results of the investigation regarding the alleged staff to client VA.</p> <p>2. BDDS report dated 2/11/19 indicated, "[Staff #7 and #6] were placed off duty pending allegations of ANE (Abuse, Neglect, and Exploitation) for physical abuse."</p> <p>"Plan to Resolve: Both individuals (clients A and B) appear to be in good health. An investigation has been initiated."</p> <p>IS dated 2/20/19 indicated the following:</p> <p>- "Introduction: On 2/11/19, [staff #3] informed [AS #1] that she had been told by [staff #6] that [staff #6 and #7] held [client A] and allowed [client B] to hit her. [Staff #6 and #7] were placed off duty. [AS #1] informed [ED #1]. An investigation was initiated."</p> <p>- Home Manager (HM) #1 was interviewed for the investigation by Quality Assurance Coordinator (QAC) #1 on 2/14/19. The interview indicated, "[HM #1] stated that [staff #3] reported to her on 2/6/9 that [staff #6] had told her about the incident in question... [Staff #6] told [staff #3] she and [staff #7] held [client A] down on 2/3/19 and allowed [client B] to hit her. [HM #1] stated she then reported this to [AS #1] on 2/6/19."</p> <p>The BDDS report listed an incident date of 2/11/19, and administrative knowledge date of 2/11/19, and the BDDS report date of 2/11/19. The</p>		<p><b>completion to ensure all are completed within the specified timeframe. The agency has implemented an electronic tracking systems and calendar reminders to ensure the administrator is able to implement corrective actions if the allegation is substantiated.</b></p>	

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W 0159 Bldg. 00	<p>IS indicated the incident date was 2/3/19, and the administrative knowledge date was 2/6/19.</p> <p>The Peer Review (PR) dated 2/21/19 indicated it reviewed the findings from the 2/11/19 BDDS report.</p> <p>Area Supervisor (AS) #1 was interviewed on 2/22/19 at 11:00 AM. AS #1 indicated all investigations should be completed within five business days of the alleged event. AS #1 indicated she was unsure why the reviews were not completed in the required five business days.</p> <p>9-3-2(a) 483.430(a) QIDP</p> <p>Each client's active treatment program must be integrated, coordinated and monitored by a qualified intellectual disability professional.</p> <p>Based on observation, record review and interview for 2 of 3 sample clients (A and C), the QIDP (Qualified Intellectual Disabilities Professional) failed to ensure client A had professional services to address client A's identified behavioral needs, failed to address client C's need for an accurate pain assessment, failed to implement client A's Behavior Support Plan (BSP) in regards to door alarms, and client C's Health Risk Plan (HRP) for repositioning after a diagnosed pressure ulcer.</p> <p>Findings include:</p> <p>1. The QIDP failed to ensure client A had professional services to address client A's identified behavioral needs. Please see W164.</p>	W 0159	<p><b>Agency contracts with Spring Health Behavioral Health and Integrated Care to provide professional behavioral management services to client's identified as needing additional and professional behavioral management services.</b></p> <p><b>Client A is enrolled with Spring Health Behavioral Health and Integrated Care as of 9.10.18 and has a Behavior Management Specialist, which sees her routinely and has developed a Behavior Support Plan implemented on 10.27.18 and updated on 1.4.19.</b></p> <p><b>All QIDP's and Area</b></p>	03/28/2019	

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	<p>2. The QIDP failed to address client C's need for an accurate pain assessment. Please see W210.</p> <p>3. The QIDP failed to implement client A's BSP in regards to door alarms, and client C's HRP for repositioning after a diagnosed pressure ulcer. Please see W249.</p> <p>This federal tag relates to complaint #IN00286338.</p> <p>9-3-3(a)</p>		<p><b>Supervisors will be educated on our contract with this professional behavioral management company and how to implement their services for any individual requiring additional and professional behavioral management services. The Program Manager will ensure professional services are considered by the IDT and obtained as needed based on analysis of documentation, incident reports, support plans, referral packets and voiced concerns.</b></p> <p><b>The Area Supervisor, QIDP, Residential Manager and Staff will be re-trained on client A's BSP.</b></p> <p><b>To ensure training is effective the administrative team will complete observations in the home, staff will complete competency-based training, and QA/Program Staff will review home documentation and incident reports to ensure policies and procedures were followed.</b></p> <p><b>Health Services Director will train the Facility Nurse on Nursing Assessments, and when to do them.</b></p> <p><b>Health Services will train all staff on Pain Assessments, when to do them and when to call the nurse.</b></p> <p><b>Health Services Director will</b></p>	

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			<p><b>audit each clients chart at least quarterly to ensure ongoing HRP adherence, appropriate completion of Pain Assessments, and Meeting of Clients' Medical Needs.</b></p> <p><b>The facility has policies and procedures in place to train employees who work with clients on skills and competencies directed towards clients' health needs and programming objectives.</b></p> <p><b>The Area Supervisor will be retrained on ensuring all staff are thoroughly consumer specific trained to include their health needs, ISP, BSP, objectives, and HRC approved Rights Restrictions.</b></p> <p><b>All staff will be retrained on the implementation and monitoring of door alarms in the home.</b></p> <p><b>All staff will receive competency-based consumer specific training to include their health needs, HRP, ISP, BSP and objectives.</b></p> <p><b>All clients have the potential to be affected by this deficiency. Consumer specific training and reviewing client needs remains a prominent component of the agencies all staff monthly meetings.</b></p> <p><b>Administrative observations have been implemented in the home daily, seven days a week and will remain in place until</b></p>	



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W 0164 Bldg. 00	<p>483.430(b)(1) PROFESSIONAL PROGRAM SERVICES Each client must receive the professional program services needed to implement the active treatment program defined by each client's individual program plan. Based on record review and interview for 1 of 3 sampled clients (A), the facility failed to ensure client A had professional services to address client A's identified behavioral needs.</p> <p>Findings include:</p> <p>Client A's record was reviewed on 2/20/19 at 1:20 PM.</p> <p>- Client A's Order of No Contact and No Trespass (ONCNT) was dated 9/12/18 from [school corporation]. The ONCNT indicated, "On at least two occasions, [client A] has tried to enroll her toy doll in school at [elementary school]. [Client A] too (sic) tried to enter the school through door #10 in order to enter the family daycare program. On Monday, 9/10/18, (client A) entered the school playground, went up to a student, grabbed her by the arm and did not let go. The student was able to break free." The ONCNT indicated client A was restricted from access to all [school corporation]</p>	W 0164	<p><b>the team determines it is appropriate to decrease the number of observations. This will ensure all corrections are implemented per ResCare policy and regulations. Ongoing weekly and monthly observations and review will continue with the QIDP and Area Supervisor over the location.</b></p> <p><b>Agency contracts with Spring Health Behavioral Health and Integrated Care to provide professional behavioral management services to client's identified as needing additional and professional behavioral management services.</b></p> <p><b>Client A is enrolled with Spring Health Behavioral Health and Integrated Care as of 9.10.18 and has a Behavior Management Specialist, which sees her routinely and has developed a behavior support plan implemented on 10.27.18 and updated on 1.4.19. All QIDP's and Area Supervisors will be educated on our contract with this professional behavioral management</b></p>	03/28/2019

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	<p>property.</p> <p>- Client A's Behavior Baseline Tracking (BBT) dated 9/4/18 indicated, "Not listening, throwing chairs, cussing, threatening..."</p> <p>- Client A's BBT dated 9/6/18 indicated, "Not listening. Trying to run away. Crying. Yelling. Hitting staff. She was put in a hold (physical restraint by staff)."</p> <p>- Client A's BBT dated 9/7/18 indicated, "[Client A] and peer (unnamed client) came in the building fighting. [Client A] open hand slapped peer. Had to be put in hold."</p> <p>- Client A's BBT dated 9/14/18 indicated, "started crying because of her dolls. Flipping everyone off. Screaming '[Expletive] ResCare'."</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 2/20/19 at 2:30 PM. The review indicated the following:</p> <p>1. BDDS report dated 9/17/18 indicated, "During a behavior, [client A] through (sic) a fire extinguisher at [Client at Former Home (CFH)] as she walked through the kitchen. Staff intervened and redirected [client A]. Staff removed the fire extinguisher from the area and put it in the office... Staff observed a two inch black and blue bruise on her (CFH's) right side (on her upper thigh). Nurse notified."</p> <p>2. BDDS report dated 9/18/18 indicated, "[Client A] displayed targeted behaviors of PA (Physical Aggression). [Client A and CFH] were arguing, [CFH] was outside yelling to [client A] inside the home. [Client A] grabbed the fire extinguisher and</p>		<p><b>company and how to implement their services for any individual requiring additional and professional behavioral management services. The Program Manager will ensure professional services are considered by the IDT and obtained as needed based on analysis of documentation, incident reports, support plans, referral packets and voiced concerns.</b></p> <p><b>The Area Supervisor, QIDP, Residential Manager and Staff will be re-trained on client A's BSP.</b></p> <p><b>To ensure training is effective the administrative team will complete observations in the home, staff will complete competency-based training, and QA/Program Staff will review home documentation and incident reports to ensure policies and procedures were followed.</b></p> <p><b>Administrative observations have been implemented in the home daily, seven days a week and will remain in place until the team determines it is appropriate to decrease the number of observations. This will ensure all corrections are implemented per ResCare policy and regulations.</b></p> <p><b>Ongoing weekly and monthly observations and review will</b></p>	

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	<p>attempted to throw it at [CFH]. Staff intervened preventing contact. 911 was contacted. The police arrived and separated [client A and CFH]. [CFH] informed the police that she wanted to press charges. The police handcuffed, arrested, and transported [client A] to [county jail]. [Client A] was arrested for Battery resulting in bodily injury and kicking the windows in the police car. Nurse notified. On 9/18/18 at 8:30 AM, [client A] had court and will be held until her next court date on 9/20/18."</p> <p>"Plan to Resolve: [CFH] appears to be in good health. No apparent injuries were observed on [CFH or client A]. ResCare will remain in communication with [county jail] and provide updates are (sic) obtained. Staff provided her medications to the jail to provide during her time there. Behavior management services have been contracted to assist with [client A's] BSP (Behavior Support Plan) and targeted behaviors. ResCare is working with BDDS to find a potential alternative placement for [client A]."</p> <p>Client A's record review did not indicate a Behavior Consultant (BC) was contacted after the 9/18/18 incident to provide assistance with client A's BSP or provide consultation regarding developing staff interventions for client A's targeted behavior needs.</p> <p>3. BDDS report dated 9/21/18 indicated, "[Client A] was released from [county jail] on her own recognizance and was instructed to have a psychiatric evaluation or medication adjustment. Staff transported her to [psychiatrist] for evaluation. He then referred her to [hospital ER (Emergency Room)] for evaluation and possible referral to an inpatient unit. Labs were performed and per the evaluation, [client A] did not meet the</p>		<p><b>continue with the QIDP and Area Supervisor over the location.</b></p>		

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	<p>requirements to be admitted. Orders: Maintain scheduled appointment with [psychiatrist], increase Abilify (antipsychotic) from 10 MG (Milligrams) to 15 MG daily, increase Zonegran (seizures) from 50 MG to twice daily and follow up with [psychiatrist] on 10/12/18."</p> <p>"Plan to Resolve: [Client A] appears to be in good health and no apparent injuries were observed. ResCare will remain in communication with [client A's] mother while she is visiting. ResCare is working with BDDS to transition her to another home. Staff will continue to report any changes to her health."</p> <p>- Client A's Interdisciplinary Team (IDT) meeting dated 12/3/18 indicated the meeting was called for the transition from [group home #1] to [current group home]. The IDT indicated, "BSP for elopement, inappropriate social behaviors, and physical aggression... Reviewed all escalating steps with [client A] if she gets upset... [Client A] questioned (IDT members) about having baby dolls and team reminded her that her dolls are at her mom's house... She (client A) is determined to be successful in her programming."</p> <p>- Client A's BBT dated 12/10/18 indicated, "[Client A] threw glass at staff along with other things. Smashed items. Pulled fire alarm. Tried hurting herself. Threw a fruit cup at [client C]. Tried to run away. Flipped off staff. Called staff, 'ugly [expletives]' multiple times. Marked on walls."</p> <p>- Client A's Medical Consult Report (MCR) dated 12/13/18 indicated client A had seen [psychiatrist] for a follow up visit. The MCR indicated, "Patient (client A) having occasional behavioral problems."</p>				

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	<p>- Client A's MCR dated 1/3/19 indicated client A had seen [therapist] for a follow up visit. The MCR indicated, "[Client A] is now settled into a group home. She is managing negative behaviors appropriately. She can recall the behavior plan as designed and reports following it. Follow up 4-5 weeks. Begin discussion of termination (of visiting therapist) if no new issues arise and she continues with behavior management." The MCR listed a follow up appointment on 1/31/19.</p> <p>- Client A's IDT meeting dated 1/4/19 indicated the reason for the meeting was the thirty day follow up to client A's transition to the new group home. The IDT indicated, "[Client A] walks away instead of having behaviors. She has only had one behavior (since moving into the the new home)... BSPs all remain appropriate."</p> <p>- Client A's BBT dated 1/7/19 at 1:10 PM indicated, "[Client A] is hitting her head off (sic) the wall. She is upset because she wants a baby doll and mom is yelling at her on the phone."</p> <p>Incident Report (IR) dated 1/7/19 at 1:10 PM. The IR elaborated on the BBT for the same time period. The IR indicated, "She (client A) keeps hitting her head off the wall. I asked her three times to stop. Also, I tried to get her to go get her coloring book and color. She yelled and said, 'no.' So I called [Qualified Intellectual Disabilities Professional (QIDP) #2]... was told to follow her behavior plan...".</p> <p>- Client A's BBT dated 1/7/19 at 2:45 PM indicated, "Elopement. Went to end of driveway. I redirected her. Attempting to runaway. Upset because she wants a baby doll and she is not allowed."</p> <p>- Client A's BBT dated 1/8/19 indicated, "Kicking</p>			

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	<p>van seat. Agitating others."</p> <p>- Client A's BBT dated 1/15/19 at 1:30 PM indicated, "Screaming and making gestures. She keeps saying she hates it here and calling names to staff. She broke stuff on the kitchen wall too. She's walking through the house hitting stuff and yelling. Refused to be redirected"</p> <p>- Client A's BBT dated 1/15/19 at 4:00 PM indicated, "Taunting another housemate (unnamed client) whom was already in a bad mood."</p> <p>- Client A's BBT dated 1/15/19 at 9:30 PM indicated, "Stealing. Going into others (unnamed client) room and refusing to return property. Getting a doll out of others rooms. (Staff) Tried taking doll, redirection. Didn't work."</p> <p>- Client A's BBT dated 1/17/19 indicated, "All day. Upset, stomping, and throwing things, Keeps calling the schools. Elopement. Tried to leave the house without permission."</p> <p>- Client A's BBT dated 1/20/19 at 11:00 AM indicated, "[Client A] was cussing at staff and clients. Refused to listen. Smacked [client B]. Knocked her (client B's) stuff to the ground."</p> <p>- Client A's BBT dated 1/20/19 at 2:30 PM indicated, "[Client A] threw a fire extinguisher across the house. Then threw a snowball at staff."</p> <p>IR dated 1/20/19 at 2:00 PM. The IR elaborated on the BBT for the same time period. The IR indicated, "She (client A) was having bad behaviors.. She got very angry and began to throw fire extinguishers, and one of them nearly hit me (staff #8) in the head... We (staff #8 and #7)</p>			

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	<p>tried to do a restraint and deescalate the situation, but she (client A) kept wiggling out and was too strong to put in the two person hold. We got several clients in the office because she grabbed a knife after she broke out of the restraint and began to walk towards us. She (client A) pulled every fire alarm and broke the one in the kitchen after [staff #7] and I (staff #8) got the knives locked up.. She then took a fire extinguisher and bashed it against the door of the office and busted a hole in the door. She kept hitting and knocking things over until [Home Manager (HM) #1] got here. She (client A) packed her bags and then soon after left with [QIDP #2]. We (Staff #7 and #8) were told to clean up..."</p> <p>4. BDDS report dated 1/20/19 outlined the events from the IR dated 1/20/19 at 2:00 PM the BDDS report also indicated, "[Client A] was escorted from the residence for a home visit with her mother."</p> <p>"Plan to Resolve: [Client A] appears to be in good health. All broken items were cleaned and removed from the home... There are no current health of safety issues in the home... Staff will continue to follow [client A's] BSP. Staff will continue to monitor and report any changes to her health."</p> <p>- Client A's MCR dated 1/31/19 indicated client A had seen [therapist] for a follow up visit. The MCR indicated, "Discussed angry behaviors and reviewed plan for better decisions. [Client A] could recall the plan, four steps, without prompt today and agrees to set the goal of no angry episodes of acting out between now and the next visit in four weeks." The MCR listed the follow up visit as 2/28/19.</p>				

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	<p>5. BDDS report dated 2/4/19 indicated, "(On 2/3/19 at 4:35 PM) [Client A] was upset over not wanting to live in a group home. [Client A] exited the home and began walking to the stop sign at the end of the road. Staff followed and verbally redirected her to return inside the home, but [client A] refused. HM and QIDP notified. [Client A] was taken by a good samaritan driver to a local fire station. Staff arrived and transported home. [Client A] was out line of sight for approximately 45 minutes. Upon returning home, [client A] had continued behaviors. She threw fire extinguishers and knocked pictures off of the wall... [Client A] then called 911. [City] police arrived, spoke with [client A], and left without incident. [Client A] again left the home and walked into the yard after police left. HM followed and was able to verbally redirect to return inside the home. [Client A] was not out of line of sight while in the front yard. [Client A] calmed down and resumed normal activity."</p> <p>"Plan to Resolve: [Client A] appears to be in good health. Staff will continue to follow her BSP. [Client A] does not currently have any alone time allotted in her plan. Staff will continue to monitor and report any changes to her health.</p> <p>IR dated 2/3/19 at 5:30 PM indicated, "[Client B] yelled at [HM #1] when she went outside to talk on the phone. [Client A] told [client B] to shut up and flipped her off. They called each other names and started getting close to one another. [Staff #6] got between them. [Client A] hit [staff #6] then hit [client B] with a closed fist in her right upper arm and also kicked her in her right knee. [HM #1] came back in and calmed them down and [client A] went to her room."</p> <p>- Client A's BBT dated 2/3/19 at 6:15 PM indicated,</p>			



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	<p>"Kept yelling at peer to shut up. She wants to leave and no one would come get her. She hit the door with her fist crying."</p> <p>IR dated 2/3/19 at 7:30 PM indicated, "[Client A] kept running from door to door to try and leave. She started kicking and elbowing [staff #6]. [Staff #6 and #7] put her in a two man standing restraint for 3 seconds and let her go. [Client B] got in her (client A's) face and tried spitting on her She (client A) tried coming after her (client B) again and was put in another two man standing restraint for 5 seconds. They let her go and (client A) sat outside with manager (HM #1) at 8:30 PM."</p> <p>- Client A's BBT dated 2/3/19 at 8:00 PM indicated, "She (client A) called the cops and they came to the house to talk to her. She threatened peer (unnamed client) and threw a fire extinguisher. She kept pulling the fire alarms. She knocked the bulletin board off the wall in the hallway. She tried running away again, but staff followed her."</p> <p>- Client A's BBT dated 2/4/19 at 7:00 AM indicated, "(Client A) yelled and flipped off [client B]. Tried going after her. Threw remotes, phone, and fire extinguisher...".</p> <p>6. BDDS dated 2/5/19 indicated, (On 2/4/19 at 6:00 PM) Without prior incident, [client A] exhibited targeted behaviors of physical aggression by slapping staff in the face. [Client A] walked through the home knocking over several pieces of furniture and the (stand up) freezer in the home. [Client A] broke a table and threw the top of the table at the staff office door repeatedly. [Client A] then grabbed craft paint and poured paint over the office door, a TV stand, and a laundry basket of clothes. Staff attempted to put [client A] in an agency approved two person standing hold, but</p>				

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	<p>were not successful due to level of [client A's] physical aggression. HM and nurse notified. Staff transported to [hospital ER] for evaluation. [Client A] was admitted to [hospital] on 2/4/19 for observation pending transfer to psychiatric hospital. [Client A] was transferred and admitted to Neuropsychiatric hospital of [city] on 2/5/19."</p> <p>"Plan to Resolve: ResCare will remain in contact with Neuropsychiatric hospital of [city] pending discharge. Broken items have been cleaned and removed from the home. Maintenance request submitted for repairs. There are no current health or safety issues in the home."</p> <p>- Client A's Emergency Medicine Physician Progress Note (EMPPN) dated 2/4/19 at 8:02 PM in the hospital ER. The EMPPN indicated the following:</p> <p>"Arrival: 2/4/19 at 7:41 PM."</p> <p>"Arrival mode: Police."</p> <p>"[Client A] presents to the ED (Emergency Department) via [police department] with complaint of homicidal ideation onset prior to arrival. Patient states she doesn't want to be in her group home and want to harm the other clients at the group home and staff. She reports hitting people, throwing paint on the walls, and knocking over the freezer...".</p> <p>- Client A's ED Psychiatric Evaluation (EDPE) dated 2/4/19 at 10:58 PM. The EDPE indicated the following:</p> <p>"Presenting problem: Tonight, patient (client A) became angry, hit her group home staff, threatened to kill staff and other residents..."</p>			

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	<p>Patient states that she wants to leave the group home because there are too many people. [HM #1] said that patient's behavior has been escalating over the past two days...An emergency detention order is being obtained for this patient to ensure her safety, and that of others and to ensure cooperation with treatment."</p> <p>"Social and Family History: Patient (client A) has lived at her current group home since November 30, 2018. Prior to this placement, patient lived in another ResCare group home since 2016. At the other group home placement, patient (client A) got into a fight with another resident and was jailed for 3 days for that offense. Patient is currently on probation for that assault...".</p> <p>- Client A's Application for Emergency Detention (AED) dated 2/4/19 indicated the following:</p> <p>"Applicant (doctor in ER) believes that the person named (client A) above is dangerous to others because patient slapped staff members from the group home. Threw items around home and damaged a TV. Patient wanting to harm others."</p> <p>"Applicant (doctor in ER) believes that if the person named (client A) above is not restrained immediately the person will harm others. patient judgement is impaired."</p> <p>- Client A's Neuropsychiatric Hospital History and Physical (NHHP) dated 2/5/19 indicated the following:</p> <p>"Indication for admission: Increased aggressive behavior and physical and verbal abuses to other group home residents."</p> <p>"History of present illness: The patient (client A)</p>				

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	<p>is a [age] year old female resident of a group home... Patient had repeatedly made statements of threats to other residents and staff whom she threatened to kill. Patient denies all these threats...Patient has been experiencing escalating behaviors, very unruly and difficult to redirect...".</p> <p>- Client A's Neuropsychiatric Hospital Psychiatric Evaluation (NHPE) dated 2/5/19 indicated the following:</p> <p>"Patient (client A) admits to having behaviors...When I ask her why, she said because, 'They make me angry,' but could not give any specific reasons... Patient (client A) clearly has a history of verbal and physical aggression and destruction of property... She (client A) admits to being angry at staff at the group home. She states staff was calling her derogatory names, and she claims she was being bullied. She says she does not want to return to that group home, and she seems oriented... She admits to having assaultive ideas towards staff at the group home... Patient (client A) has been assessed to be a danger to others, based on her physical aggression... She (client A) lacks impulse control...".</p> <p>"Estimated length of stay: One to two weeks."</p> <p>- Client A's Neuropsychiatric Hospital Discharge Instructions (NHDI) dated 2/19/19 at 11:00 AM. The NHDI indicated, "Diagnosis: Impulse control.. Psychotic disorder... Bipolar...".</p> <p>- Client A's Individual Support Plan (ISP) dated 1/4/19 indicated the following:</p> <p>"Is the individual (client A) and emancipated adult? Yes."</p>			

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	<p>"[Client A] is able to verbalize her needs, wants, and rights. [Client A] needs very little help with her ADLs (Activities of Daily Living)... [Client A] is part of the PAIR (Psychiatric Assertive Identification and Referral program) and is on probation for a year due to an incident at her previous home."</p> <p>- Client A's Behavior Support Plan (BSP) dated 1/4/19 indicated plans for elopement, inappropriate social behavior, and physical aggression. The BSP did not indicate a BC was consulted regarding the development of client A's BSP.</p> <p>Staff #2 was interviewed on 2/21/19 at 8:55 AM. Staff #2 indicated client A has verbally and physically aggressive behaviors and property destruction. Staff #2 stated, "No other client in the home has behaviors like hers." Staff #2 indicated when client A has a behavior staff verbally prompt her to stop, go to her room and calm down. Staff #2 stated, "I do think the strategies work with [client A]. But, I also think it depends on the person implementing the strategy. She (client A) doesn't respond to everyone the same way." Staff #2 indicated she doesn't believe staff have enough strategies to cope with client A's behaviors. Staff #2 stated, "They (management) know that she's (client A) having all of these intense behaviors. No one is doing anything about it though. We haven't been given anything else to use when she has these huge behaviors."</p> <p>Staff #3 was interviewed on 2/21/19 at 8:17 AM. Staff #3 stated, "The other clients in the home don't have behaviors like hers (client A)." Staff #3 indicated when client A has a behavior staff verbally prompt her to stop, count to ten, and</p>			

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	<p>listen to music. Staff #3 stated, "I don't think any of that works though. She keeps having behaviors if she wants to." Staff #3 stated, "I wish we had more strategies to use that worked with her. [HM #1, QIDP #1, and AS #1] haven't given us anything else to try with her that isn't in her BSP." Staff #3 stated, "Whenever [client A] has a behavior and we call a manager, they just tell us to follow her BSP. I think we need more than that."</p> <p>Staff #1 was interviewed on 2/20/19 at 5:16 PM. Staff #1 indicated client A's behaviors are primarily physical. Staff #1 stated, "She is awful. She tore up the house earlier this month. We (staff) try and deal with her behaviors, but it's tough. Sometimes the strategies work, but most of the time they don't." Staff #1 indicated HM #1 has told her to follow client A's BSP and to try and redirect client A. Staff #1 stated, "I just don't think we have enough interventions to try and help her when she has a behavior."</p> <p>HM #1 was interviewed on 2/20/19 at 5:06 PM. HM #1 indicated client A has physical aggression, verbal aggression, and property destruction as identified behaviors. HM #1 stated, "I just don't know if the staff can deal with her. One behavior she (client A) had took three staff members to try and restrain her. We couldn't do it. She's too strong." HM #1 indicated the strategies provided in her BSP are ineffective. HM #1 stated, "The strategies just don't work. She (client A) is impulsive and aggressive. If she wants to have a behavior, we just can't calm her down." HM #1 stated, "I wish I had more to help my staff deal with her (client A). But, nothing's been given to me to share with them to try." HM #1 stated, "[Client A's] therapist created a four step plan to help [client A] cope with behaviors." HM #1 indicated step one: walk away, step two: go to</p>				

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W 0186 Bldg. 00	<p>your room, step three: listen to music, and step four: call HM #1. HM #1 stated, "I don't think staff has been trained on her four step plan. I just know it because I attend her therapist appointments with her."</p> <p>Area Supervisor (AS) #1 was interviewed on 2/22/19 at 11:00 AM. AS #1 indicated client A has a history of verbal aggression, physical aggression, and property destruction. AS #1 stated, "Her behaviors are a lot more intense than other clients." AS #1 indicated client A's BSP was developed by QIDP #2 and revised by QIDP #2. AS #1 stated, "It's pretty much the same BSP that client A had at [prior group home address]." AS #1 stated she was unaware of what client A's four step plan was and who created it. AS #1 stated, "If [client A's] therapist made a four step plan to assist with having [client A] deescalate during a behavior, it should be included in her BSP and staff should be trained on using it." AS #1 stated, "We have been in contact with a BC to assist with developing [client A's] BSP. She came here last week and interviewed some of us about [client A]. I don't know when she'll meet with [client A] or develop a BSP for her needs." AS #1 stated, "I don't know why she wasn't contacted back in September 2018 as referenced in the BDDS report. We needed her (the BC) to get involved then."</p> <p>This federal tag relates to complaint #IN00286338.</p> <p>9-3-3(a)</p> <p>483.430(d)(1-2) DIRECT CARE STAFF</p> <p>The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans.</p>			

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	<p>Direct care staff are defined as the present on-duty staff calculated over all shifts in a 24-hour period for each defined residential living unit.</p> <p>Based on observation, record review, and interview for 3 of 3 sampled clients (A, B, and C), plus 5 additional clients (D, E, F, G, and H), the facility failed to ensure clients A, B, C, D, E, F, G, and H had sufficient staff to manage and supervise their needs.</p> <p>Findings include:</p> <p>Observations were done on 2/22/19 from 7:00 AM to 9:14 AM.</p> <p>- Upon arrival, client E answered the front door. Client E stated, "Staff is in the bathroom with [client F]. Come on in." Clients D, E, and G were in the living room without any staff present. Staff #2 was the only staff working in the home upon arrival and she was in the bathroom assisting client F with her shower. At the same time, clients A, B, C, and H were in their bedrooms. Staff #2 stated, "I don't know where [staff #3] is. She was supposed to be here at 6:00 AM."</p> <p>- At 7:03 AM, client C was awake and laying in her hospital bed with an air mattress. Client C was laying on her back, with a pillow under each hip. She did not have an adult brief on. Client C was laying in her bowel movement. The bowel movement was present from her mid back to her ankles, and had spread the width of her body on the sheet she was laying on. The protective pad under client C was saturated, and had soaked through to the sheets underneath.</p>	W 0186	<p><b>The facility will provide sufficient staff to manage and supervise clients in accordance with their individualized plan. The home has recently experienced turnover that has initiated extra recruiting and training efforts to meet the needs of the individuals in the home.</b></p> <p><b>The Area Supervisor and/or Residential Manager is responsible for ensuring that there is sufficient staff in the home always. The Area Supervisor is responsible to review and approve the staffing schedule weekly to ensure that adequate staffs are assigned. The staffing schedule has been reviewed for the home and the Area Supervisor will monitor that adequate staff are assigned daily.</b></p> <p><b>Area Supervisor will train Residential Manager on Job Responsibilities, and ensuring adequate staffing in the home. Administrative observations have been implemented in the home daily, seven days a week and will remain in place until the team determines it is appropriate to decrease the number of observations. This</b></p>	03/28/2019
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	<p>- At 7:05 AM, staff #3 arrived for her shift. Staff #3 stated to staff #2, "Sorry I'm late." Staff #3 then went to the office to put her personal items away.</p> <p>- At 7:24 AM, staff #2 and #3 were present in client C's room assisting with the cleaning of client C after her bowel movement. At the same time, clients A, B, D, E, F, G, and H were in the common areas of the home without staff supervision until 7:39 AM. At 7:39 AM, staff #2 said to staff #3, "She's pretty much done. Are you ok if I leave and go start breakfast?" Staff #2 then left the room.</p> <p>Staff #2 was interviewed on 2/21/19 at 8:55 AM. Staff #2 indicated there was often only one staff member on the night shift. Staff #2 stated, "We need more staff to care for the clients." Staff #2 indicated she's been working her shift by herself the last three nights. Staff #2 stated, "One of our overnights quit. They haven't found coverage for him. It makes it really hard. I've had to do a lot of things not exactly the way I was taught to do them because there isn't a second staff member in the house." Staff #2 indicated she was completing showers by herself in the morning when another staff member was not present.</p> <p>Staff #3 was interviewed on 2/21/19 at 8:17 AM. Staff #3 stated, "We're working short staffed right now. We had one quit that worked overnights." Staff #3 stated, "We should have two staff on overnights. [Staff #2] has been working by herself until I come in at 6:00 AM."</p> <p>Staff #1 was interviewed on 2/20/19 at 5:16 PM. Staff #1 stated, "My shift is staffed sufficiently, but I know other shifts are not. We really need three staff members here when the clients are awake." Staff #1 stated, "With three clients in</p>		<p><b>will ensure all corrections are implemented per ResCare policy and regulations. Ongoing weekly and monthly observations and review will continue with the QIDP and Area Supervisor over the location.</b></p>	

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	<p>wheelchairs, another client on five minute location tracking, and [client C] on timed repositioning it's really difficult to care for the clients appropriately if there isn't enough staff in the home."</p> <p>HM (Home Manager) #1 was interviewed on 2/20/19 at 5:06 PM. HM #1 indicated there are four open positions in the home. HM #1 stated, "We're short on staff. We should have two on overnights, one in the mornings to help, and two or three in the evenings." HM #1 indicated she had not heard staff complain about not having sufficient staff in the home.</p> <p>Staff Schedule (SS) from the home dated Week 1 was reviewed on 2/21/19 at 2:00 PM. SS indicated the following:</p> <ul style="list-style-type: none"> <li>- On Saturday, one staff (staff #4) worked from 11:00 PM to 8:00 AM. She was the only staff member present in the home caring for clients A, B, C, D, E, F, G, and H during this time frame.</li> <li>- On Sunday, one staff (staff #4) worked from 11:00 PM to 8:00 AM. She was the only staff member present in the home caring for clients A, B, C, D, E, F, G, and H during this time frame.</li> <li>- On Tuesday, one staff (staff #2) worked from 11:30 PM to 6:00 AM. She was the only staff member present in the home caring for clients A, B, C, D, E, F, G, and H during this time frame.</li> <li>- On Wednesday, one staff (staff #2) worked from 11:30 PM to 6:00 AM. She was the only staff member present in the home caring for clients A, B, C, D, E, F, G, and H during this time frame.</li> <li>- On Thursday, one staff (staff #2) worked from 11:30 PM to 6:00 AM. She was the only staff</li> </ul>			

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W 0189 Bldg. 00	<p>member present in the home caring for clients A, B, C, D, E, F, G, and H during this time frame.</p> <p>- On Friday, one staff (staff #4) worked from 11:00 PM to 6:00 AM. She was the only staff member present in the home caring for clients A, B, C, D, E, F, G, and H during this time frame.</p> <p>AS (Area Supervisor) #1 was interviewed on 2/22/19 at 11:00 AM. AS #1 indicated she does not have enough staff to care for clients A, B, C, D, E, F, G, and H. AS #1 indicated she has four open staffing positions at this time. AS #1 indicated she was unaware of staff in the home voicing concern over being short staffed. AS #1 stated, "I know we need more than one staff member on night shift at a time. It's not safe to just have one. The clients don't get the care they need."</p> <p>This federal tag relates to complaint #IN00286338.</p> <p>9-3-3(a)</p> <p>483.430(e)(1) STAFF TRAINING PROGRAM</p> <p>The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. Based on observation, record review, and interview for 2 of 3 sample clients (A and C), the facility failed to ensure staff demonstrated competency in tracking clients A and C's Sleep Flow Chart (SFC), client A's Location Tracking Five Minute Checks (LTFMC), failed to ensure staff completed client C's Reposition Tracking Form (RTF), and failed to ensure staff in the home were trained regarding clients A and C prior to working with them in the home.</p>	W 0189	<b>The facility has policies and procedures in place to train employees who work with clients on skills and competencies directed towards clients' health needs and programming objectives. The Area Supervisor will be retrained on ensuring all staff are thoroughly consumer</b>	03/28/2019	

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	<p>Findings include:</p> <p>1. Client A's record was reviewed on 2/20/19 at 1:20 PM. The review indicated the following:</p> <p>Client A's Sleep Flow Chart (SFC) dated December 2018 indicated the following:</p> <p>- "During all sleep hours, staff will conduct a visual bed check no less than every two hours. If the individual is sleeping, place an 'S' in the corresponding box, along with your initials. If the individual is awake, place an 'A' in the corresponding box, along with your initials. If the individual is not present due to leave or hospitalization, draw a line thru (sic) the corresponding boxes for that date and indicate 'Hospital' or 'LOA (Leave of Absence)' along with your initials."</p> <p>- The SFC dated 12/11/18 did not indicate the SFC was completed for the 9:00 PM and 10:00 PM time frames. The boxes were blank.</p> <p>- The SFC dated 12/12/18 did not indicate the SFC was completed for the 9:00 PM and 10:00 PM time frames. The boxes were blank.</p> <p>- The SFC dated 12/18/18 did not indicate the SFC was completed for the 9:00 PM and 10:00 PM time frames. The boxes were blank.</p> <p>- The SFC dated 12/19/18 did not indicate the SFC was completed for the 9:00 PM and 10:00 PM time frames. The boxes were blank.</p> <p>- The SFC dated 12/20/18 did not indicate the SFC was completed for the 9:00 PM and 10:00 PM time frames. The boxes were blank.</p>		<p><b>specific trained to include their health needs, ISP, BSP, objectives, and HRC approved Rights Restrictions.</b></p> <p><b>All staff will receive competency-based consumer specific training to include their health needs, HRP, ISP, BSP and objectives.</b></p> <p><b>All clients have the potential to be affected by this deficiency. Consumer specific training and reviewing client needs remains a prominent component of the agencies all staff monthly meetings.</b></p> <p><b>The Area Supervisor will do home observations weekly to ensure staff are implementing the plans of clients and the client's needs are being met. Administrative observations have been implemented in the home daily, seven days a week and will remain in place until the team determines it is appropriate to decrease the number of observations. This will ensure all corrections are implemented per ResCare policy and regulations. Ongoing weekly and monthly observations and review will continue with the QIDP and Area Supervisor over the location.</b></p>	

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	<p>- The SFC dated 12/25/18 did not indicate the SFC was completed for the 9:00 PM and 10:00 PM time frames. The boxes were blank.</p> <p>- The SFC dated 12/26/18 did not indicate the SFC was completed for the 9:00 PM and 10:00 PM time frames. The boxes were blank.</p> <p>- The SFC dated 12/27/18 did not indicate the SFC was completed for the 11:00 PM, 12:00 AM, 1:00 AM, 2:00 AM, 3:00 AM, 4:00 AM, 5:00 AM, 6:00 AM, and 7:00 AM time frames. The boxes were blank.</p> <p>- The SFC dated 12/28/18 did not indicate the SFC was completed for the 11:00 PM, 12:00 AM, 1:00 AM, 2:00 AM, 3:00 AM, 4:00 AM, 5:00 AM, 6:00 AM, and 7:00 AM time frames. The boxes were blank.</p> <p>Client A's SFC dated January 2019 indicated the following:</p> <p>- "During all sleep hours, staff will conduct a visual bed check no less than every two hours. If the individual is sleeping, place an 'S' in the corresponding box, along with your initials. If the individual is awake, place an 'A' in the corresponding box, along with your initials. If the individual is not present due to leave or hospitalization, draw a line thru (sic) the corresponding boxes for that date and indicate 'Hospital' or 'LOA (Leave of Absence)' along with your initials."</p> <p>- The SFC dated 1/10/19 did not indicate the SFC was completed for the 9:00 PM and 10:00 PM time frames. The boxes were blank.</p>			

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	<p>- The SFC dated 1/17/19 did not indicate the SFC was completed for the 12:00 AM, 1:00 AM, 2:00 AM, 3:00 AM, 4:00 AM, 5:00 AM, 6:00 AM, and 7:00 AM time frames. The boxes were blank.</p> <p>- The SFC dated 1/29/19 did not indicate the SFC was completed for the 9:00 PM and 10:00 PM time frames. The boxes were blank.</p> <p>- The SFC dated 1/30/19 did not indicate the SFC was completed for the 9:00 PM and 10:00 PM time frames. The boxes were blank.</p> <p>Client C's record was reviewed on 2/21/19 at 12:10 PM. The review indicated the following:</p> <p>Client C's SFC dated December 2018 indicated the following:</p> <p>- "During all sleep hours, staff will conduct a visual bed check no less than every two hours. If the individual is sleeping, place an 'S' in the corresponding box, along with your initials. If the individual is awake, place an 'A' in the corresponding box, along with your initials. If the individual is not present due to leave or hospitalization, draw a line thru (sic) the corresponding boxes for that date and indicate 'Hospital' or 'LOA (Leave of Absence)' along with your initials."</p> <p>- The SFC dated 12/11/18 did not indicate the SFC was completed for the 9:00 PM and 10:00 PM time frames. The boxes were blank.</p> <p>- The SFC dated 12/12/18 did not indicate the SFC was completed for the 9:00 PM and 10:00 PM time frames. The boxes were blank.</p> <p>- The SFC dated 12/18/18 did not indicate the SFC</p>			

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	<p>was completed for the 9:00 PM and 10:00 PM time frames. The boxes were blank.</p> <p>- The SFC dated 12/19/18 did not indicate the SFC was completed for the 9:00 PM and 10:00 PM time frames. The boxes were blank.</p> <p>- The SFC dated 12/20/18 did not indicate the SFC was completed for the 9:00 PM and 10:00 PM time frames. The boxes were blank.</p> <p>- The SFC dated 12/25/18 did not indicate the SFC was completed for the 9:00 PM and 10:00 PM time frames. The boxes were blank.</p> <p>- The SFC dated 12/26/18 did not indicate the SFC was completed for the 9:00 PM and 10:00 PM time frames. The boxes were blank.</p> <p>- The SFC dated 12/27/18 did not indicate the SFC was completed for the 11:00 PM, 12:00 AM, 1:00 AM, 2:00 AM, 3:00 AM, 4:00 AM, 5:00 AM, 6:00 AM, and 7:00 AM time frames. The boxes were blank.</p> <p>- The SFC dated 12/28/18 did not indicate the SFC was completed for the 11:00 PM, 12:00 AM, 1:00 AM, 2:00 AM, 3:00 AM, 4:00 AM, 5:00 AM, 6:00 AM, and 7:00 AM time frames. The boxes were blank.</p> <p>Client C's SFC dated January 2019 indicated the following:</p> <p>- "During all sleep hours, staff will conduct a visual bed check no less than every two hours. If the individual is sleeping, place an 'S' in the corresponding box, along with your initials. If the individual is awake, place an 'A' in the corresponding box, along with your initials. If the</p>			

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	<p>individual is not present due to leave or hospitalization, draw a line thru (sic) the corresponding boxes for that date and indicate 'Hospital' or 'LOA (Leave of Absence)' along with your initials."</p> <p>- The SFC dated 1/10/19 did not indicate the SFC was completed for the 9:00 PM and 10:00 PM time frames. The boxes were blank.</p> <p>- The SFC dated 1/17/19 did not indicate the SFC was completed for the 11:00 PM, 12:00 AM, 1:00 AM, 2:00 AM, 3:00 AM, 4:00 AM, 5:00 AM, 6:00 AM, and 7:00 AM time frames. The boxes were blank.</p> <p>- The SFC dated 1/29/19 did not indicate the SFC was completed for the 9:00 PM and 10:00 PM time frames. The boxes were blank.</p> <p>- The SFC dated 1/30/19 did not indicate the SFC was completed for the 9:00 PM and 10:00 PM time frames. The boxes were blank.</p> <p>Area Supervisor (AS) #1 was interviewed on 2/22/19 at 11:00 AM. AS #1 indicated clients A and C's SFC should be filled out as indicated. AS #1 stated, "If a box is left blank, it is unsure if the staff member completed the required bed checks." AS #1 indicated the entire form should be completed and there should not be blank areas on the form.</p> <p>2. Observations were done at the home on 2/20/19 from 4:12 PM to 5:35 PM. Staff #1, Staff #5, and Home Manager (HM) #1 were supervising client A during the observation. At 5:16 PM, client A's LTFMCs were in a binder on the shelf in the office.</p>			



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	<p>Staff #2 was interviewed on 2/21/19 at 8:55 AM. Staff #2 indicated client A was on five minute location tracking. Staff #2 stated, "I know I'm supposed to fill out a tracking sheet every five minutes. It's really hard to do when we're this busy in the morning." Staff #2 indicated the LTFMC binder was stored in the office so staff could easily locate it.</p> <p>Staff #3 was interviewed on 2/21/19 at 8:17 AM. Staff #3 indicated client A was on five minute location tracking. Staff #3 stated, "I know the binder should be on a staff member at all times. But instead we store it in the office. I don't know why we do that."</p> <p>Staff #1 was interviewed on 2/20/19 at 5:16 PM. Staff #1 indicated client A was on fifteen minute location tracking. Staff #3 stated, "Every fifteen minutes we have to track [client A's] location in the binder." Staff #1 indicated the binder was stored in the office so staff could easily locate it.</p> <p>HM #1 was interviewed on 2/20/19 at 5:06 PM. HM #1 indicated client A was on five minute location tracking. HM #1 stated, "The tracking isn't assigned to any one staff member. They're all responsible for ensuring [client A's] location is known every five minutes."</p> <p>Client A's records were reviewed on 2/20/19 at 1:20 PM. The review indicated the following:</p> <p>- Client A's Human Rights Committee (HRC) approval dated 1/24/19 indicated a restrictive practice related to client A's privacy in regards to five minute location tracking. The HRC indicated the following:</p> <p>"Right to be Modified: Freedom from Privacy. Five</p>			

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	<p>minute location tracking."</p> <p>"Manner in which the right will be modified: Staff are to check on individuals (client A's) whereabouts every five minutes and document on five minute tracking forms while at the group home."</p> <p>"Reason the Modification is Needed: To provide safety and welfare of the individual (client A). Individual has a history of elopement."</p> <p>"Less Restrictive Measures that have been attempted: Individual (client A) has had no checks in the past and all privacy given to her. Documentation denotes individual (client A) has a tendency of elopement."</p> <p>"Services that will be provided in order that the right may be restored: Five minute location tracking on individual (client A) at all times. This area will remain active on Individual Support Plan (ISP)."</p> <p>- The LTFMC dated 1/1/19 did not indicate the five minute tracking was completed from 10:05 AM to 1:55 PM, and 11:05 PM to 11:55 PM. The boxes on the LTFMC were blank.</p> <p>- The LTFMC dated 1/2/19 did not indicate the five minute tracking was completed from 12:00 AM to 11:00 AM. The boxes on the LTFMC were blank.</p> <p>- The LTFMC dated 1/7/19 did not indicate the five minute tracking was completed from 11:20 PM to 11:55 PM. The boxes on the LTFMC were blank.</p> <p>- The LTFMC dated 1/8/19 did not indicate the</p>			

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	<p>five minute tracking was completed from 12:00 AM to 8:55 AM, 3:05 PM to 3:25 PM, and 11:15 PM to 11:55 PM. The boxes on the LTFMC were blank.</p> <p>- The LTFMC dated 1/9/19 did not indicate the five minute tracking was completed from 12:00 AM to 8:55 AM, 3:05 PM to 4:55 PM, and 11:35 PM to 11:55 PM. The boxes on the LTFMC were blank.</p> <p>- The LTFMC dated 1/10/19 did not indicate the five minute tracking was completed from 12:00 AM to 8:55 AM, and 8:15 PM to 11:55 PM. The boxes on the LTFMC were blank.</p> <p>- The LTFMC dated 1/11/19 did not indicate the five minute tracking was completed from 12:00 AM to 8:55 AM. The boxes on the LTFMC were blank.</p> <p>- The LTFMC dated 1/12/19 did not indicate the five minute tracking was completed from 9:05 AM to 10:55 AM, and 11:35 PM to 11:55 PM. The boxes on the LTFMC were blank.</p> <p>- The LTFMC dated 1/13/19 did not indicate the five minute tracking was completed from 12:00 AM to 10:55 AM. The boxes on the LTFMC were blank.</p> <p>- The LTFMC dated 1/14/19 did not indicate the five minute tracking was completed from 3:05 PM to 5:55 PM, and 10:45 PM to 11:55 PM. The boxes on the LTFMC were blank.</p> <p>- The LTFMC dated 1/15/19 did not indicate the five minute tracking was completed from 12:00 AM to 8:55 AM, and 11:05 PM to 11:55 PM. The boxes on the LTFMC were blank.</p>			

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

PRINTED: 03/26/2019

FORM APPROVED

OMB NO. 0938-039

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	<p>- The LTFMC dated 1/16/19 did not indicate the five minute tracking was completed from 12:00 AM to 8:55 AM, and 11:20 PM to 11:55 PM. The boxes on the LTFMC were blank.</p> <p>- The LTFMC dated 1/17/19 did not indicate the five minute tracking was completed from 12:00 AM to 8:55 AM. The boxes on the LTFMC were blank.</p> <p>- The LTFMC dated 1/23/19 did not indicate the five minute tracking was completed from 12:00 AM to 8:35 AM, and 12:15 PM to 11:05 PM. The boxes on the LTFMC were blank.</p> <p>- The LTFMC dated 1/25/19 did not indicate the five minute tracking was completed from 8:40 AM to 3:55 PM. The boxes on the LTFMC were blank.</p> <p>- The LTFMC dated 1/26/19 did not indicate the five minute tracking was completed from 9:00 AM to 10:55 AM. The boxes on the LTFMC were blank.</p> <p>- The LTFMC dated 1/27/19 did not indicate the five minute tracking was completed from 11:05 PM to 11:55 PM. The boxes on the LTFMC were blank.</p> <p>- The LTFMC dated 1/28/19 did not indicate the five minute tracking was completed from 11:35 PM to 11:55 PM. The boxes on the LTFMC were blank.</p> <p>- The LTFMC dated 1/29/19 did not indicate the five minute tracking was completed from 9:00 AM to 11:55 PM. The boxes on the LTFMC were blank.</p>			

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	<p>- The LTFMC dated 1/30/19 did not indicate the five minute tracking was completed from 12:00 AM to 8:55 AM, and from 3:35 PM to 11:55 PM. The boxes on the LTFMC were blank.</p> <p>- The LTFMC dated 1/31/19 did not indicate the five minute tracking was completed from 12:00 AM to 8:55 AM, and 11:05 PM to 11:55 PM. The boxes on the LTFMC were blank.</p> <p>- The LTFMC dated 2/1/19 did not indicate the five minute tracking was completed from 12:00 AM to 8:55 AM. The boxes on the LTFMC were blank.</p> <p>- The LTFMC dated 2/2/19 did not indicate the five minute tracking was completed from 9:10 AM to 10:55 AM. The boxes on the LTFMC were blank.</p> <p>- The LTFMC dated 2/3/19 did not indicate the five minute tracking was completed from 8:00 PM to 8:40 PM. The boxes on the LTFMC were blank.</p> <p>- The LTFMC dated 2/4/19 did not indicate the five minute tracking was completed from 4:05 AM to 5:55 AM. The boxes on the LTFMC were blank.</p> <p>- The LTFMC dated 2/19/19 did not indicate the five minute tracking was completed from 12:00 AM to 8:55 AM, and 8:50 PM to 11:55 PM. The boxes on the LTFMC were blank.</p> <p>- The LTFMC dated 2/20/19 did not indicate the five minute tracking was completed from 12:00 AM to 6:10 AM, and 11:05 PM to 11:55 PM. The boxes on the LTFMC were blank.</p> <p>AS #1 was interviewed on 2/22/19 at 11:00 AM. AS #1 indicated client A was placed on five</p>			

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	<p>minute location tracking because she is at risk for elopement. AS #1 indicated client A's LTS should be filled out as indicated. AS #1 stated, "If a box is left blank, it is unsure if the staff member completed the required five minute checks." AS #1 indicated the entire form should be completed and there should not be blank areas on the form. AS #1 indicated each line of the form should be filled out as indicated regarding client A's location.</p> <p>3. Client C's record was reviewed on 2/21/19 at 12:10 PM. The review indicated the following:</p> <ul style="list-style-type: none"> <li>- Client C's Health Risk Plan (HRP) dated 2/5/19 indicated client C had a risk plan created for Skin Breakdown. The HRP was created by Health Services Manager (HSM). The HRP indicated the following:  "Staff will turn [client C] every two hours while in bed to release pressure to the buttocks and hips and while up in her wheelchair she will be repositioned every fifteen minutes."</li> <li>- Client C's Reposition Tracking Form (RTF) dated 2/1/19 did not indicate client C was repositioned from 12:00 AM to 8:00 AM.</li> <li>- Client C's RTF dated 2/3/19 indicated client C was in her wheelchair from 7:00 AM to 3:00 PM when she was placed in her bed on her left side.</li> <li>- Client C's RTF dated 2/5/19 did not indicate client C was repositioned from 6:00 AM to 8:00 AM, and from 4:00 PM to 11:00 PM.</li> <li>- Client C's RTF dated 2/7/19 did not indicate client C was repositioned from 7:00 AM to 1:00 PM.</li> </ul>			

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	<p>- Client C's RTF dated 2/8/19 did not indicate client C was repositioned from 12:00 AM to 8:00 AM.</p> <p>- Client C's RTF dated 2/10/19 indicated client C was up in her chair from 7:00 AM to 1:00 PM when she was placed in her bed on her right side.</p> <p>- Client C's RTF dated 2/16/19 did not indicate client C changed positions from 12:00 AM to 11:00 PM. The documentation for client C's repositioning schedule for 2/16/19 was blank.</p> <p>- Client C's RTF dated 2/18/19 did not indicate client C changed positions from 12:00 AM to 11:00 PM. The documentation for client C's repositioning schedule for 2/18/19 was blank.</p> <p>- Client C's RTF dated 2/19/19 did not indicate client C changed positions from 12:00 AM to 11:00 PM. The documentation for client C's repositioning schedule for 2/19/19 was blank.</p> <p>- Client C's RTF dated 2/20/19 did not indicate client C was repositioned at 11:00 PM, as scheduled.</p> <p>- Client C's RTF dated 2/21/19 did not indicate client C was repositioned from 12:00 AM to 7:00 AM when she was placed in her wheelchair for breakfast.</p> <p>- Client C's RTF dated 2/22/19 did not indicate client C changed positions from 12:00 AM to 11:00 PM. The documentation for client C's repositioning schedule for 2/22/19 was blank.</p> <p>AS #1 was interviewed on 2/22/19 at 11:00 AM. AS #1 stated, "The positioning change forms</p>			

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	<p>should be filled out in entirety for the [LPN (Licensed Practical Nurse) #1], [HM #1], and [Qualified Intellectual Disabilities Professional (QIDP) #1] to review."</p> <p>4. The facility's Community Residential Facility Surveyor Worksheet (CRFSW) dated 2/20/19 was reviewed on 2/21/19 at 11:00 AM. The CRFSW indicated staff #1, #2, #3, #4, #5, #6, and #7 were staff working in the home.</p> <p>Client C's undated Client Specific Training (CST) did not indicate staff #5, #6, and #7 had been trained on client C prior to providing care in the home.</p> <p>Client C's undated Care of Client C Training did not indicate staff #4, #5, and #6 had been trained on client C's care regarding her medical needs prior to providing care in the home.</p> <p>Area Supervisor (AS) #1 was interviewed on 2/22/19 at 11:00 AM. AS #1 indicated staff should be trained on care of clients prior to working in the home. AS #1 stated, "[HM #1] is responsible for ensuring staff is trained prior to working."</p> <p>5. The facility's Community Residential Facility Surveyor Worksheet (CRFSW) dated 2/20/19 was reviewed on 2/21/19 at 11:00 AM. The CRFSW indicated staff #1, #2, #3, #4, #5, #6, and #7 were staff working in the home.</p> <p>Client A's undated Client Specific Training (CST) did not indicate staff #5, #6, and #7 had been trained on client A prior to providing care in the home.</p> <p>AS #1 was interviewed on 2/22/19 at 11:00 AM. AS #1 indicated staff should be trained on care of</p>			



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W 0210 Bldg. 00	<p>clients prior to working in the home. AS #1 stated, "[HM #1] is responsible for ensuring staff is trained prior to working."</p> <p>This federal tag relates to complaint #IN00286338.</p> <p>9-3-3(a)</p> <p>483.440(c)(3) INDIVIDUAL PROGRAM PLAN</p> <p>Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission.</p> <p>Based on observation, interview, and record review for 1 of 3 sample clients (C), the facility failed to address client C's need for an accurate pain assessment.</p> <p>Findings include:</p> <p>Observations were done on 2/22/19 from 7:00 AM to 9:14 AM. At 7:24 AM, staff #2 and #3 were present in client C's room assisting with the cleaning of client C after her bowel movement. At 7:34 AM, while staff #2 and #3 continued to clean client C, client C said, "ow" when her buttocks were cleaned. Staff #2 stated, "I think she's in pain, but I really don't know. She says 'ow' and we can call the nurse. The nurse normally just has us take temperatures. If she has a temperature then we give her medication." Staff #2 indicated she was unaware if there was a pain assessment for client C. Staff #2 and #3 did not assess client C for pain.</p> <p>Observations were done on 2/25/19 from 3:07 PM to 5:00 PM. At 3:11 PM, staff #1 assisted client C with changing positions while she laid in her bed.</p>	W 0210	<p><b>Health Services Director will train the Facility Nurse on Nursing Assessments, and when to do them.</b></p> <p><b>Health Services with train all staff on Pain Assessments, when to do them and when to call the nurse.</b></p> <p><b>Health Services Director will audit each clients chart at least quarterly to ensure ongoing HRP adherence, appropriate completion of Pain Assessments, and Meeting of Clients' Medical Needs.</b></p> <p><b>Administrative observations have been implemented in the home daily, seven days a week and will remain in place until the team determines it is appropriate to decrease the number of observations. This will ensure all corrections are implemented per ResCare policy and regulations.</b></p>	03/28/2019

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	<p>Staff #1 adjusted the pillows surrounding client C and tilted her body to the left by adding a pillow under her right hip. Client C said, "ow" when she was adjusted from one side to the other. Staff #1 did not assess client C for pain. At 4:30 PM, staff #1 and Area Supervisor (AS) #1 transferred client C from her bed to her wheelchair. As client C was lifted and readjusted by staff, client C said, "ow." Staff #1 and AS #1 did not assess client C for pain.</p> <p>Observations were done on 2/26/19 from 7:00 AM to 8:45 AM. At 7:22 AM, client C sat in her wheelchair. AS #1 adjusted client C's position by pulling on the protective pad underneath her. Client C said, "ow" while she was being adjusted. AS #1 did not assess client C for pain. At 8:08 AM, client C sat in her wheelchair. Staff #1 adjusted client C's position by pulling on the protective pad underneath her. Client C said, "ow" while she was being adjusted. Staff #1 did not assess client C for pain.</p> <p>Staff #3 was interviewed on 2/21/19 at 8:17 AM, and on 2/22/19 at 7:40 AM. Staff #3 stated, "I started here in August and [client C] had a bed sore on her back. Now, it's her bottom. I feel bad for her. She shouldn't have to have all these sores." Staff #3 indicated she did not know how to assess client C for pain. Staff #3 stated, "I would think she's in pain with this sore. She says 'ow' when we clean her, but I'm really not sure if she's hurting or if she's trying to get attention." Staff #3 stated, "I know we have a nurse for the home, but I'm really not sure when to call her about [client C] saying 'ow'."</p> <p>Staff #1 was interviewed on 2/21/19 at 5:16 PM, on 2/22/19 at 9:03 AM, and on 2/26/19 at 8:08 AM. Staff #1 stated, "We call the nurse when we need</p>		<p><b>Ongoing weekly and monthly observations and review will continue with the QIDP and Area Supervisor over the location.</b></p>	

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W 0249  Bldg. 00	<p>her, but that's about it." Staff #1 indicated client C's wound has been present for 16 weeks. Staff #1 stated, "This is the longest we've ever dealt with a bed sore. [Client C's] had a staphylococcus infection (bacterial infection) at the sore. She's also had a yeast infection on the skin surrounding the sore. It's just really bad all around." Staff #1 stated, "I'd be in pain with all that going on. The way she (client C) says 'ow' all the time, I bet she's in pain too." Staff #1 indicated there was not an assessment for client C's pain. Staff #1 stated, "I've never called the nurse about [client C] saying 'ow'. I'm not really sure when I would do that."</p> <p>Client C's record was reviewed on 2/21/19 at 12:10 PM. Client C's record did not include a plan for pain assessment.</p> <p>Licensed Practical Nurse (LPN) #1 was interviewed on 2/22/19 at 11:00 AM. LPN #1 indicated client C does not have a protocol for pain assessment. LPN #1 indicated staff is trained on how to assess client C for pain. LPN #1 indicated she could not provide documentation of staff training for client C's pain assessment.</p> <p>9-3-4(a)</p> <p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, interview, and record</p>	W 0249	The facility has policies and	03/28/2019	

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	<p>review for 2 of 3 sample clients (A and C), the facility failed to implement client A's door alarm protocol, and client C's Health Risk Plan (HRP) for repositioning after a diagnosed pressure ulcer.</p> <p>Findings include:</p> <p>1. Observations were conducted on 2/20/19 from 4:12 PM to 5:35 PM at client A's home. During observations, client A was at home. At 4:20 PM, the exterior hallway door did not have an audible alarm present when the door was opened. At 4:37 PM, the exterior kitchen door did not have an audible alarm present when the door was opened.</p> <p>Observations were conducted on 2/21/19 from 7:15 AM to 9:28 AM at client A's home. During observations, client A was at home. At 7:24 AM, the exterior hallway door did not have an audible alarm present when the door was opened. At 7:24 AM, the exterior kitchen door did not have an audible alarm present when the door was opened. At 8:48 AM, Home Manager (HM) #1 indicated the kitchen door alarm was not active. HM #1 turned the alarm on. HM #1 stated, "I don't know why it's not on. It (the alarm) should be." At 8:50 AM, HM #1 indicated the hallway door alarm was not active. HM #1 turned the alarm on. HM #1 stated, "I don't know why these are off. They should be working all the time."</p> <p>- Client A's record was reviewed on 2/20/19 at 1:20 PM.</p> <p>Client A's Behavior Support Plan (BSP) dated 1/4/19 indicated client A had an identified behavior of elopement.</p> <p>Client A's HRC (Human Rights Committee) approval dated 1/24/19 indicated the following:</p>		<p><b>procedures in place to train employees who work with clients on skills and competencies directed towards clients' health needs and programming objectives. The Area Supervisor will be retrained on ensuring all staff are thoroughly consumer specific trained to include their health needs, ISP, BSP, objectives, and HRC approved Rights Restrictions. All staff will be retrained on the implementation and monitoring of door alarms in the home. All staff will receive competency-based consumer specific training to include their health needs, HRP, ISP, BSP and objectives. All clients have the potential to be affected by this deficiency. Consumer specific training and reviewing client needs remains a prominent component of the agencies all staff monthly meetings. Administrative observations have been implemented in the home daily, seven days a week and will remain in place until the team determines it is appropriate to decrease the number of observations. This will ensure all corrections are implemented per ResCare policy and regulations. Ongoing weekly and monthly</b></p>	

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	<p>"Right to be modified: Freedom of movement. Door Alarms."</p> <p>"Manner in which right will be modified: [Client A] will be restricted to areas of the building and grounds supervised by staff. [Client A] will be supervised during all activities in the community. Alarms are on the exit doors to elopement attempts."</p> <p>"Reason modification is needed: To provide for [client A's] safety, welfare, and health due to lack of safety skills."</p> <p>"Less restrictive measures that have been attempted: Documentation indicated the individual is unable to provide for his own safety and welfare within the community."</p> <p>"Services that will be provided in order that the right may be restored: This area will be an active goal in the current ISP."</p> <p>Area Supervisor (AS) #1 was interviewed on 2/22/19 at 11:00 AM. AS #1 indicated client A has an elopement history and the alarms on the exterior doors were placed due to her identified behavior. AS #1 indicated alarms should be functional on all exterior doors of the home.</p> <p>2. Observations were done at the home on 2/21/19 from 7:15 AM to 9:28 AM. Upon arrival to the home, staff #2 and #3 were supervising the clients. At 7:15 AM, client C was sitting upright in her wheelchair at a 90 degree angle. Client C's bottom was flat on the wheelchair. At 7:27 AM, client C continued sitting upright in her wheelchair at a 90 degree angle. Client C's bottom was flat on the wheelchair. Staff #2 and #3 did not</p>		<p><b>observations and review will continue with the QIDP and Area Supervisor over the location.</b></p>	

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	reposition client C. At 7:37 AM, client C continued sitting upright in her wheelchair at a 90 degree angle. Client C's bottom was flat on the wheelchair. Staff #2 and #3 did not reposition client C. At 7:42 AM, client C continued sitting upright in her wheelchair at a 90 degree angle. Client C's bottom was flat on the wheelchair. Staff #2 and #3 did not reposition client C. At 7:47 AM, staff #2 walked over to client C's wheelchair and sat down next to her at the dining room table. Staff #2 prepared client C's breakfast. Staff #2 began assisting client C to eat her breakfast. Staff #2 did not reposition client C. At 7:55 AM, client C was sitting upright in her wheelchair at a 90 degree angle. Client C's bottom was flat on the wheelchair. Staff #2 continued to assist client C with dining. Staff #2 did not reposition client C. At 8:07 AM, client C was sitting upright in her wheelchair at a 90 degree angle. Client C's bottom was flat on the wheelchair. Staff #2 continued to assist client C with dining. Staff #2 did not reposition client C. At 8:13 AM, client C was sitting upright in her wheelchair at a 90 degree angle. Client C's bottom was flat on the wheelchair. Staff #3 assisted client C by utilizing her wheelchair to go to the office for her morning medication pass. At 8:18 AM, staff #3 adjusted client C in her wheelchair. Staff #3 pulled on the protective pad under client C in order to shift her hips to the left. At 8:33 AM, client C was sitting upright in her wheelchair with her hips slightly tilted to the left. Staff #3 was next to client C. Staff #3 was preparing client C's medications. At 8:38 AM, staff #3 adjusted client C in her wheelchair. Staff #3 pulled on the protective pad under client C in order to shift her hips to the right. At 8:48 AM, HM #1 arrived to assist with morning routine. At 8:53 AM, client C was sitting upright in her wheelchair with her hips tilted to the right. Staff #2, #3, and HM #1 did not reposition client			

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	<p>C. At 9:08 AM, client C was sitting upright in her wheelchair with her hips tilted to the right. Staff #2, #3, and HM #1 did not reposition client C. At 9:23 AM, client C was sitting upright in her wheelchair with her hips tilted to the right. Staff #2, #3, and HM #1 did not reposition client C.</p> <p>Observations were done on 2/22/19 from 7:00 AM to 9:14 AM. At 7:55 AM, staff #3 placed client C into her wheelchair. Client C was now sitting upright in her wheelchair at a 90 degree angle. Client C's bottom was flat on the wheelchair. At 8:10 AM, client C was sitting upright in her wheelchair at a 90 degree angle. Client C's bottom was flat on the wheelchair. Staff #2 and #3 did not reposition client C. At 8:25 AM, client C continued to sit upright in her wheelchair at a 90 degree angle. Client C's bottom was flat on the wheelchair. Staff #2 and #3 did not reposition client C. At 8:31 AM, staff #3 adjusted client C in her wheelchair. Staff #3 pulled on the protective pad under client C in order to shift her hips to the right. At 8:34 AM, staff #3 walked over to client C's wheelchair and sat down next to her at the dining room table. Staff #3 prepared client C's breakfast. Staff #3 did not reposition client C while she was next to her. Staff #3 began assisting client C to eat her breakfast. At 8:46 AM, staff #3 continued assisting client C to eat her breakfast. Staff #3 did not reposition client C. At 8:58 AM, staff #1 arrived to the home for her shift. At 9:01 AM, staff #3 continued assisting client C to eat her breakfast. Staff #1, #2 and #3 did not reposition client C. At 9:14 AM, client C continued to sit tilted to the right in her wheelchair. Staff #1, #2 and #3 did not reposition client C.</p> <p>Staff #3 was interviewed on 2/21/19 at 8:17 AM, and on 2/22/19 at 7:40 AM. Staff #3 indicated</p>			

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	<p>client C has to change positions frequently. Staff #3 stated, "When [client C] is in bed, she has to change positions every hour. When she's in her wheelchair, she has to shift positions every fifteen minutes." Staff #3 indicated client C is unable to change positions by herself. Staff #3 stated, "[Client C] completely relies upon staff to help her change positions." Staff #3 stated, "I started here in August and [client C] had a bed sore on her back. Now, it's her bottom. I feel bad for her. She shouldn't have to have all these sores."</p> <p>Staff #2 was interviewed on 2/21/19 at 8:55 AM, and on 2/22/19 at 7:48 AM. Staff #2 indicated she had worked at the home for several years. Staff #2 indicated client C has to be repositioned multiple times. Staff #2 stated, "We have to change [client C's] position every 15 minutes when she is in her wheelchair, and every two hours when she is in her bed." Staff #2 indicated client C should only be out of bed for meals. Staff #2 stated, "The wound care center ordered [client C] to be on bed rest. She's not supposed to be out of bed unless she is eating."</p> <p>Staff #1 was interviewed on 2/21/19 at 5:16 PM, and on 2/22/19 at 9:03 AM. Staff #1 indicated she had worked in the home for several years. Staff #1 indicated client C required staff assistance for all position changes. Staff #1 stated, "[Client C] cannot change positions on her own. Staff has to help her. We have to move her every hour when she is in bed, and every fifteen minutes when she's in her wheelchair." Staff #1 indicated client C has been on bed rest since Fall 2018. Staff #1 stated, "It's just really sad. She can't go anywhere because of this bedsore."</p> <p>Client C's record was reviewed on 2/21/19 at 12:10 PM. The review indicated the following:</p>				



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W 0318 Bldg. 00	<p>- Client C's Health Risk Plan (HRP) dated 2/5/19 indicated client C had a risk plan created for Skin Breakdown. The HRP was created by Health Services Manager (HSM). The HRP indicated the following:</p> <p>"Staff will turn [client C] every two hours while in bed to release pressure to the buttocks and hips and while up in her wheelchair she will be repositioned every fifteen minutes."</p> <p>LPN #1 was interviewed on 2/22/19 at 11:00 AM. LPN #1 indicated the skin integrity protocol should be followed as written. LPN #1 indicated client C should be repositioned in bed every two hours, and her position should be changed in her chair every fifteen minutes. LPN #1 indicated she trained staff on nursing related issues for client C.</p> <p>This federal tag relates to complaint #IN00286338.</p> <p>9-3-4(a)</p> <p>483.460 HEALTH CARE SERVICES The facility must ensure that specific health care services requirements are met.</p> <p>Based on observation, interview and record review, the facility failed to meet the Condition of Participation: Health Care Services for 1 of 3 sampled clients (C). The facility health care services failed to ensure client C received timely nursing assessment, intervention, staff training, and monitoring following the identification of the repeated pressure ulcer occurrence.</p> <p>Findings include:</p>	W 0318	<p><b>Each home is assigned a nurse to oversee the monitoring and oversight of each individual's medical needs including documentation of the interventions and progress of any injuries or illness. Each nurse is responsible for assessing and following up any medical issue identified and maintaining documentation of specific chronic and acute</b></p>	03/28/2019	

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	<p>The facility health care services failed to ensure client C received timely nursing assessment, intervention, staff training, and monitoring following the identification of the repeated pressure ulcer occurrence. Please see W331.</p> <p>9-3-6(a)</p>		<p><b>needs on an ongoing basis or until the issue is resolved. Each nurse is responsible for at least a weekly visit to the home to monitor health issues and documentation that is maintained in the home. The nurse is responsible for completing a monthly progress note and a quarterly assessment for each individual assigned.</b></p> <p><b>All of the nurses will receive re-training on their responsibilities to monitor and complete documentation of specific chronic and acute needs on an ongoing basis or until the issue is resolved. The Health services Director will be responsible to insure that this training is completed and documented in the employees training file.</b></p> <p><b>Client C HRP for skin integrity has been reviewed and is in place.</b></p> <p><b>Client C receives weekly treatment and assessments provided by Union Hospital Wound Care Center and will continue until the pressure ulcer is cleared.</b></p> <p><b>The facility adheres to the regulations to provide medical treatment, assessments and labs as needed to ensure client's optimal health.</b></p> <p><b>All staff in the home will receive training on Client C</b></p>	

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W 0331  Bldg. 00	483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs.		<p><b>HRP, proper repositioning, when to reposition, when to call the nurse, meeting of medical needs, and When to Order Medical Supplies.</b></p> <p><b>Health Services Director will train Facility Nurse on Nursing Assessments, When to do Nursing Assessments, Understanding of Job Responsibilities, When to Train Staff, and Meeting of Clients' Medical Needs.</b></p> <p><b>Health Service Director will audit each clients chart at least quarterly to ensure ongoing HRP adherence, appropriate completion of Nursing Assessments, and Meeting of Clients' Medical Needs.</b></p> <p><b>Administrative observations have been implemented in the home daily, seven days a week and will remain in place until the team determines it is appropriate to decrease the number of observations. This will ensure all corrections are implemented per ResCare policy and regulations.</b></p> <p><b>Ongoing weekly and monthly observations and review will continue with the QIDP and Area Supervisor over the location.</b></p>	

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	<p>Based on observation, interview, and record review for 1 of 3 sample clients (C), the facility nursing services failed to ensure client C received timely nursing assessment, intervention, staff training, and monitoring following the identification of the repeated pressure ulcer occurrence.</p> <p>Findings include:</p> <p>Observations were done at the home on 2/20/19 from 4:12 PM to 5:35 PM. At 5:29 PM, client C was laying in bed. Client C was non-verbal and required staff assistance for all aspects of her care. Staff #1 removed the adult brief from client C. The brief was resting on client C's hips and snugly attached. Staff #1 and Home Manager (HM) #1 rolled client C to her right side. Staff #1 removed the old dressing from client C's left lower buttocks. The dressing consisted of a non stick pad 2 inches by 2 inches. The non stick pad was held to the skin by a 3 inch by 4 inch reinforced adhesive bandage. There was no foam present on the old dressing. The dressing covering client C's left lower buttocks had a 2 CM (Centimeter) round open area. The open area did not have drainage. The skin surrounding the open area was red for 2 inches surrounding the site. Staff #1 did not clean the site after removing the old dressing. Staff #1 prepared a new dressing by adding a quarter sized amount of A&amp;D ointment (skin protectant) to a non stick pad. Staff #1 stated, "This non stick pad is collagen. It's supposed to help with healing [client C's] bed sore. We used to use Medihoney Cream (chronic wounds), but they changed it. We don't have that anymore." Staff #1 then put the prepared collagen non stick pad with A&amp;D ointment onto client C's open area. Staff #1 took Hypafix (reinforced adhesive bandage) and</p>	W 0331	<p><b>Each home is assigned a nurse to oversee the medical aspects of each person according to their needs.</b></p> <p><b>Client C HRP for skin integrity has been reviewed and is in place.</b></p> <p><b>Client C receives weekly treatment and assessments provided by Union Hospital Wound Care Center and will continue until the pressure ulcer is cleared.</b></p> <p><b>The facility adheres to the regulations to provide medical treatment, assessments and labs as needed to ensure client's optimal health.</b></p> <p><b>All staff in the home will receive training on Client C HRP, proper repositioning, when to reposition, when to call the nurse, meeting of medical needs to include dressing of wounds and appropriate use of medical supplies, and When to Order Medical Supplies.</b></p> <p><b>Health Services Director will train Facility Nurse on Nursing Assessments, When to do Nursing Assessments, Understanding of Job Responsibilities, When to Train Staff, and Meeting of Clients' Medical Needs.</b></p> <p><b>Health Service Director will audit each client chart at least quarterly to ensure ongoing HRP adherence, appropriate</b></p>	03/28/2019

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	<p>covered the site. There was no foam present on the new dressing staff #1 applied.</p> <p>Observations were done at the home on 2/21/19 from 7:15 AM to 9:28 AM. Upon arrival to the home, staff #2 and #3 were supervising the clients. At 7:15 AM, client C was sitting upright in her wheelchair at a 90 degree angle. Client C's bottom was flat on the wheelchair. At 7:27 AM, client C continued sitting upright in her wheelchair at a 90 degree angle. Client C's bottom was flat on the wheelchair. Staff #2 and #3 did not reposition client C. At 7:37 AM, client C continued sitting upright in her wheelchair at a 90 degree angle. Client C's bottom was flat on the wheelchair. Staff #2 and #3 did not reposition client C. At 7:42 AM, client C continued sitting upright in her wheelchair at a 90 degree angle. Client C's bottom was flat on the wheelchair. Staff #2 and #3 did not reposition client C. At 7:47 AM, staff #2 walked over to client C's wheelchair and sat down next to her at the dining room table. Staff #2 prepared client C's breakfast. Staff #2 began assisting client C to eat her breakfast. Staff #2 did not reposition client C. At 7:55 AM, client C was sitting upright in her wheelchair at a 90 degree angle. Client C's bottom was flat on the wheelchair. Staff #2 continued to assist client C with dining. Staff #2 did not reposition client C. At 8:07 AM, client C was sitting upright in her wheelchair at a 90 degree angle. Client C's bottom was flat on the wheelchair. Staff #2 continued to assist client C with dining. Staff #2 did not reposition client C. At 8:13 AM, client C was sitting upright in her wheelchair at a 90 degree angle. Client C's bottom was flat on the wheelchair. Staff #3 assisted client C by utilizing her wheelchair to go to the office for her morning medication pass. At 8:18 AM, staff #3 adjusted client C in her wheelchair. Staff #3 pulled on the</p>		<p><b>completion of Nursing Assessments, Meeting of Clients' Medical Needs, and adherence to Physician's Orders.</b></p> <p><b>Administrative observations have been implemented in the home daily, seven days a week and will remain in place until the team determines it is appropriate to decrease the number of observations. This will ensure all corrections are implemented per ResCare policy and regulations.</b></p> <p><b>Ongoing weekly and monthly observations and review will continue with the QIDP and Area Supervisor over the location.</b></p>	

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	<p>protective pad under client C in order to shift her hips to the left. At 8:33 AM, client C was sitting upright in her wheelchair with her hips slightly tilted to the left. Staff #3 was next to client C. Staff #3 was preparing client C's medications. At 8:38 AM, staff #3 adjusted client C in her wheelchair. Staff #3 pulled on the protective pad under client C in order to shift her hips to the right. At 8:48 AM, HM #1 arrived to assist with morning routine. At 8:53 AM, client C was sitting upright in her wheelchair with her hips tilted to the right. Staff #2, #3, and HM #1 did not reposition client C. At 9:08 AM, client C was sitting upright in her wheelchair with her hips tilted to the right. Staff #2, #3, and HM #1 did not reposition client C. At 9:23 AM, client C was sitting upright in her wheelchair with her hips tilted to the right. Staff #2, #3, and HM #1 did not reposition client C.</p> <p>Observations were done on 2/22/19 from 7:00 AM to 9:14 AM. Upon arrival, staff #2 was the only staff working in the home. Staff #2 was in the bathroom assisting client F with her shower. At 7:03 AM, client C was awake and laying in her hospital bed with an air mattress. Client C was laying on her back, with a pillow under each hip. She did not have an adult brief on. Client C was laying in her bowel movement. The bowel movement was present from her mid back to her ankles, and had spread the width of her body on the sheet she was laying on. The protective pad under client C was saturated, and had soaked through to the sheets underneath. At 7:05 AM, staff #3 arrived for her shift. Staff #3 stated to staff #2, "Sorry I'm late." At 7:08 AM, the cabinet at the end of client C's bed had medical supplies on it. The cabinet had disposable gloves, wipes, Hypafix, A&amp;D ointment, and collagen non stick pads. The cabinet did not have supplies to clean the open area, or any padding to use in dressing</p>			

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	<p>changes. At 7:16 AM, staff #2 went into client C's room to prepare her for the day. Staff #2 stated, "Oh no, she had a blow out." Staff #2 called to staff #3 and told her to bring a bowl of soapy water, a towel, and more wipes. At 7:24 AM, staff #2 and #3 were present in client C's room assisting with the cleaning of client C after her bowel movement. Staff #2 stated, "With this wound, we can't put any depends on her." Client C's wound was uncovered. There was not a dressing on the site. Staff #2 stated, "The wound is supposed to be covered at all times. I guess the bandage fell off." Staff #2 was unable to locate the bandage in client C's bed. Staff #2 stated, "It's (the wound) not supposed to have any open air time at all." Staff #2 and #3 continued to clean client C using wet wipes. At 7:34 AM, while staff #2 and #3 continued to clean client C, client C said, "ow" when her buttocks were cleaned. Staff #2 stated, "I think she's in pain, but I really don't know. She says 'ow' and we can call the nurse. The nurse normally just has us take temperatures. If she has a temperature then we give her medication." Staff #2 indicated she was unaware if there was a pain assessment for client C. At 7:36 AM, staff #2 and #3 rolled client C to her right side again. Staff #2 took the same wet towel she had been using the clean bowel movement off of client C and used it to pat over the wound. At 7:39 AM, staff #2 said to staff #3, "She's pretty much done. Are you ok if I leave and go start breakfast?" Staff #2 then left the room. Staff #3 remained to provide continued care to client C as she got ready for the day. Staff #3 prepared to apply a new dressing to client C's wound. Staff #3 did not clean the site prior to applying a new dressing. Staff #3 prepared a new dressing by adding a quarter sized amount of A&amp;D ointment to a non stick pad. Staff #3 then put the prepared collagen non stick pad with A&amp;D ointment onto client C's open area. Staff #3</p>			
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	<p>took Hypafix and covered the site. There was no foam present on the new dressing staff #3 applied. At 7:55 AM, staff #3 placed client C into her wheelchair. Client C was now sitting upright in her wheelchair at a 90 degree angle. Client C's bottom was flat on the wheelchair. At 8:10 AM, client C was sitting upright in her wheelchair at a 90 degree angle. Client C's bottom was flat on the wheelchair. Staff #2 and #3 did not reposition client C. At 8:25 AM, client C continued to sit upright in her wheelchair at a 90 degree angle. Client C's bottom was flat on the wheelchair. Staff #2 and #3 did not reposition client C. At 8:31 AM, staff #3 adjusted client C in her wheelchair. Staff #3 pulled on the protective pad under client C in order to shift her hips to the right. At 8:34 AM, staff #3 walked over to client C's wheelchair and sat down next to her at the dining room table. Staff #3 prepared client C's breakfast. Staff #3 did not reposition client C while she was next to her. Staff #3 began assisting client C to eat her breakfast. At 8:46 AM, staff #3 continued assisting client C to eat her breakfast. Staff #3 did not reposition client C. At 8:58 AM, staff #1 arrived to the home for her shift. At 9:01 AM, staff #3 continued assisting client C to eat her breakfast. Staff #1, #2 and #3 did not reposition client C. At 9:14 AM, client C continued to sit tilted to the right in her wheelchair. Staff #1, #2 and #3 did not reposition client C.</p> <p>Home Manager (HM) #1 was interviewed on 2/20/19 at 5:29 PM. HM #1 stated, "This is the longest we've ever taken anyone to the wound care clinic. I just can't believe it's not healed yet." HM #1 indicated she had re-educated staff about caring for client C. HM #1 stated, "I keep trying to tell staff they need to change her position more, get her out of wet depends, and keep the bandage dry." HM #1 indicated the home only had A&amp;D</p>			



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	<p>ointment at this time for client C's pressure ulcer. HM #1 stated, "We used to have Medihoney ointment. We ran out, and now I think the nurse is trying to get us more. We haven't had it for a long time." HM #1 stated. "I just don't know why the sore is taking so long to heal. I feel like we're doing everything we can for [client C]."</p> <p>Staff #3 was interviewed on 2/21/19 at 8:17 AM, and on 2/22/19 at 7:40 AM. Staff #3 indicated she works day shift, and sometimes will work evenings. Staff #3 stated, "The nurse is here maybe once a week. She comes in to watch staff do medication passes and check on [client C's] catheter." Staff #3 indicated she was unaware of the last time the nurse had visited the home and looked at client C's wound. When asked if the nurse had trained her on the protocol of changing client C's dressing, staff #3 stated, "Have you ever heard of the game telephone? One person tells one person something, then the next person tells the next person something and so on. My training has been like that." Staff #3 indicated staff #1 had trained her in regards to changing client C's dressing on her wound. Staff #3 stated, "We change the dressing in the morning and at night." Staff #3 stated, "I know we're supposed to clean it when we change the dressing. We just don't have any cleaner in the home. We haven't had it for a while." Staff #3 indicated the home has never had a foam to add to the dressing for client C's wound care. Staff #3 indicated client C has to change positions frequently. Staff #3 stated, "When [client C] is in bed, she has to change positions every hour. When she's in her wheelchair, she has to shift positions every fifteen minutes." Staff #3 indicated client C is unable to change positions by herself. Staff #3 stated, "[Client C] completely relies upon staff to help her change positions." Staff #3 stated, "I started here</p>			

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	<p>in August and [client C] had a bed sore on her back. Now, it's her bottom. I feel bad for her. She shouldn't have to have all these sores."</p> <p>Staff #2 was interviewed on 2/21/19 at 8:55 AM, and on 2/22/19 at 7:48 AM. Staff #2 indicated she had worked at the home for several years. Staff #2 stated, "Since the new nurse has started, I've only seen her two or three times." Staff #2 indicated she had not been trained by the nurse. Staff #2 stated, "I've been trained by watching other staff, and by reading the risk plan the nurse made for [client C's] skin care." Staff #2 stated, "No one has ever really told me what to do. I just try to do what I think is best." Staff #2 indicated she changes the dressing every two days, or when the dressing is soiled. Staff #2 indicated the home used to have a cleaner to use on client C's wound. Staff #2 stated, "We don't have it anymore. I don't know why." Staff #2 indicated client C has a cream to put on the area. Staff #2 stated, "We have used a few different things. Right now, all we have is A&amp;D ointment." Staff #2 indicated client C has to be repositioned multiple times. Staff #2 stated, "We have to change [client C's] position every 15 minutes when she is in her wheelchair, and every two hours when she is in her bed." Staff #2 indicated client C should only be out of bed for meals. Staff #2 stated, "The wound care center ordered [client C] to be on bed rest. She's not supposed to be out of bed unless she is eating."</p> <p>Staff #1 was interviewed on 2/21/19 at 5:16 PM, and on 2/22/19 at 9:03 AM. Staff #1 indicated she had worked in the home for several years. Staff #1 indicated she works the day shift, and takes client C to many of her wound care center appointments. Staff #1 stated, "I paid attention at the wound care visits and learned how they wanted the dressing changes done. I've tried to teach the other staff</p>			

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	<p>how to do it. The nurse has never been in to show us how to care for the area. We call the nurse when we need her, but that's about it." Staff #1 indicated the nurse had never attended a wound care center visit. Staff #1 stated, "She's never come during the day and assessed the wound either. I actually don't know if she's ever seen it." Staff #1 indicated the wound should be cleaned each time the dressing is changed. Staff #1 stated, "We used to have squirt bottles with saline in them. We don't have those anymore. I just use a wet wipe now. It's better than nothing." Staff #1 indicated the home had stocked a foam bandage at one time. Staff #1 stated, "We had some, but they're gone. We haven't had them in a while. I know the wound care center told us we could even use a makeup sponge as a foam padding because they were cheaper. We've never had those either." Staff #1 indicated client C's wound has been present for 16 weeks. Staff #1 stated, "This is the longest we've ever dealt with a bed sore. [Client C's] had a staphylococcus infection (bacterial infection) at the sore. She's also had a yeast infection on the skin surrounding the sore. It's just really bad all around." Staff #1 indicated client C required staff assistance for all position changes. Staff #1 stated, "[Client C] cannot change positions on her own. Staff has to help her. We have to move her every hour when she is in bed, and every fifteen minutes when she's in her wheelchair." Staff #1 indicated client C has been on bed rest since Fall 2018. Staff #1 stated, "It's just really sad. She can't go anywhere because of this bedsore."</p> <p>Client C's record was reviewed on 2/21/19 at 12:10 PM. The review indicated the following:</p> <p>- Client C's Individual Support Plan (ISP) dated 3/2/18 indicated client C's diagnoses included, but</p>			

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	<p>were not limited to, Profound Intellectual and Developmental Disability, Cerebral Palsy (congenital disorder of movement), Quadriparesis (weakness in all four limbs), and Incontinent of Bowel and Bladder. The ISP also indicated the following:</p> <p>"She (client C) is verbal, but on a limited basis. She requires supervision around the clock for assistance with everyday life skills and activities in the community and group home.... unable to provide basic health, safety, and nutritional needs without continuous supervision, training, and staff support...".</p> <p>- Client C's Individual Nursing Notes (INN) dated 7/24/18 were written by Licensed Practical Nurse (LPN) #3. The INN indicated, "Saw [client C]. No complaints voiced and no signs or symptoms of distress noted. [Client C] went to convenient care for a rash on her left hip. Diagnosis was contact dermatitis. New order for hydrocortisone (steroid cream) twice daily until healed." The INN did not indicate LPN #3 had performed a physical assessment on client C's skin integrity issue. The INN did not indicate LPN #3 had personally trained staff regarding the care of the site.</p> <p>- Client C's Medical Consult Report (MCR) dated 7/25/18 indicated client C had been seen by a physician. The reason for the visit was listed as, "Pain on left hip." The physician's notes indicated, "Contact dermatitis on left hip. Hydrocortisone. Apply twice daily until healed."</p> <p>- Client C's MCR dated 7/26/18 indicated client C had been seen a physician. The reason for the visit was not listed. The physician's notes indicated, "Talk to PCP (Primary Care Physician) regarding rash on left flank. Patient (client C) is</p>			

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	<p>not to wear depends. Hold day service for now. Keep in bed, reposition every two hours. Maybe only up for short time for meals and appointments. Return appointment needed."</p> <p>- Client C's INN dated 7/26/18 was written by LPN #3. The INN indicated, "No depends. Keep at home from day program for now. Keep in bed and reposition every two hours. [Client C] may be up for short time for medications and appointment." The INN did not indicate LPN #3 had performed a physical assessment on client C's skin integrity issue. The INN did not indicate LPN #3 had personally trained staff regarding the care of the site.</p> <p>- Client C's Wound Care Center Instructions (WCCI) from her 7/26/18 visit indicated the following:</p> <p>"Weeks in treatment: 0."</p> <p>"Wound: Left Gluteal (buttocks) fold."</p> <p>"Change dressing every day, or as needed for excessive drainage.... Wash your hands with soap and water. Remove old dressing, discard into plastic bag and place into trash. Cleanse the wound with Normal Saline prior to applying a clean dressing using gauze sponges, not tissues or cotton balls. Do not scrub or use excessive force. Pat dry using gauze sponges, not tissue or cotton balls... Apply Medihoney gel to wound bed. Foam adhesive with border."</p> <p>"Gel mattress overlay (on bed)."</p> <p>"If patient (client C) is in chair , she needs to be repositioned every fifteen minutes."</p>			

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	<p>"Turn and reposition every two hours (in bed)."</p> <p>"Patient is not to wear depends. If able, hold day service for now and keep patient in bed. She may be up for short time for meals and appointments."</p> <p>- Client C's INN dated 7/31/18 was written by LPN #3. The INN indicated, "[Client C] saw wound care. Continue current dressing." The INN did not indicate LPN #3 had performed a physical assessment on client C's wound. The INN did not indicate LPN #3 had personally trained staff regarding the care of the site.</p> <p>- Client C's INN dated 8/1/18 was written by LPN #3. The INN indicated, "Wound center called today and wants Vashe (wound cleaner) spray to be put on wound before dressing change. Keflex (antibiotic) was started as a preventative at this time." The INN did not indicate LPN #3 had performed a physical assessment on client C's wound. The INN did not indicate LPN #3 had personally trained staff regarding the care of the site.</p> <p>- Client C's INN dated 8/7/18 was written by LPN #3. The INN indicated, "Also saw wound care center. Continue current treatment." The INN did not indicate LPN #3 had performed a physical assessment on client C's wound. The INN did not indicate LPN #3 had personally trained staff regarding the care of the site.</p> <p>- Client C's INN dated 8/8/18 was written by LPN #3. The INN indicated, "Saw [client C]. No complaints or signs or symptoms of distress noted at this time." The INN did not indicate LPN #3 had performed a physical assessment on client C's wound. The INN did not indicate LPN #3 had personally trained staff regarding the care of the</p>			

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

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FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G508	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  02/26/2019
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NAME OF PROVIDER OR SUPPLIER  NORMAL LIFE OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 4475 N 17TH ST TERRE HAUTE, IN 47805
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	<p>site.</p> <p>- Client C's INN dated 8/13/18 was written by LPN #3. The INN indicated, "Saw [client C]. No complaints voiced at this time." The INN did not indicate LPN #3 had performed a physical assessment on client C's wound. The INN did not indicate LPN #3 had personally trained staff regarding the care of the site.</p> <p>- Client C's INN dated 8/16/18 was written by LPN #3. The INN indicated, "[Client C] seen at the wound center. Next appointment 8/23/18."</p> <p>- Client C's INN dated 8/17/18 was written by LPN #3. The INN indicated, "Saw [client C]. No complaints or signs or symptoms of distress noted. Wound looks good." The INN did not indicate LPN #3 completed a thorough nursing assessment and documented a visual description of her assessment of the wound. The INN did not indicate LPN #3 had personally trained staff regarding the care of the site.</p> <p>- Client C's WCCI from her 8/23/18 visit indicated Home Manager (HM) #1 accompanied her to the appointment. The WCCI indicated the following:</p> <p>"Weeks in treatment: 4."</p> <p>"Wound: Left Gluteal (buttocks) fold. Healed. "</p> <p>"Gel mattress overlay (on bed)."</p> <p>"If patient (client C) is in chair , she needs to be repositioned every fifteen minutes."</p> <p>"Turn and reposition every two hours (in bed)."</p> <p>"Patient if wearing depends (sic) to make sure it is</p>			

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	<p>not tight or rubbing."</p> <p>- Client C's INN dated 8/23/18 was written by LPN #3. The INN indicated, "[Client C] was discharged from the wound care center. She can resume activities and turn every two hours."</p> <p>- Client C's INN dated 8/29/18 was written by LPN #3. The INN indicated, "Saw [client C]. No complaints or signs or symptoms of distress noted at this time."</p> <p>- Client C's INN dated 10/10/18 was written by LPN #2. The INN indicated, "Saw client (client C) at the house... Has irritated area below ribcage, and area on buttocks, where leg and buttocks join. Instructed [Home Manager (HM) #1] to keep area clean and dry and to make sure to stay off as much as possible. Has appointment with wound center on 10/18/18. Will continue to monitor."</p> <p>- Client C's WCCI from her 10/18/18 visit indicated Staff #1 accompanied her to the appointment. The WCCI indicated the following:</p> <p>"Weeks in treatment: 0."</p> <p>"Wound: Left Gluteal fold."</p> <p>"Change dressing every day, or as needed for excessive drainage.... Wash your hands with soap and water. Remove old dressing, discard into plastic bag and place into trash. Cleanse the wound with Normal Saline prior to applying a clean dressing using gauze sponges, not tissues or cotton balls. Do not scrub or use excessive force. Pat dry using gauze sponges, not tissue or cotton balls... Apply collagen dressing to wound bed as directed. Cover wound with foam dressing. Secure in place. May purchase foam makeup</p>			



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	<p>sponge. Cover with dry gauze, Hypafix."</p> <p>"Gel mattress overlay (on bed)."</p> <p>"If patient (client C) is in chair , she needs to be repositioned every fifteen minutes."</p> <p>"Turn and reposition every two hours (in bed)."</p> <p>"Leave depend off if possible. Leave off in bed. If it must be applied, please make sure it is loose. Patient should not go to day service for a few weeks. Needs to be off back, and turned frequently."</p> <p>- Client C's INN dated 10/19/18 was written by LPN #2. The INN indicated, "Client (client C) was seen at wound care center on 10/18/18. New orders received." The INN did not indicate LPN #2 had performed a physical assessment on client C's wound. The INN did not indicate LPN #2 had personally trained staff regarding the care of the site.</p> <p>- Client C's WCCI from her 10/25/18 visit indicated Staff #1 accompanied her to the appointment. The WCCI indicated instructions to care for the wound. The instructions were the same provided at the initial appointment for this wound on 10/18/18.</p> <p>- Client C's INN dated 10/26/18 was written by LPN #2. The INN indicated, "Wound center new orders received." The INN did not indicate LPN #2 had performed a physical assessment on client C's wound. The INN did not indicate LPN #2 had personally trained staff regarding the care of the site.</p> <p>- Client C's INN dated 11/1/18 was written by LPN</p>			

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	<p>#2. The INN indicated, "Saw client (client C) at the house. Resting in bed. Voices no complaints." The INN did not indicate LPN #2 had performed a physical assessment on client C's wound. The INN did not indicate LPN #2 had personally trained staff regarding the care of the site.</p> <p>- Client C's WCCI from her 11/1/18 visit indicated Staff #1 accompanied her to the appointment. The WCCI indicated instructions to care for the wound. The instructions were the same provided at the initial appointment for this wound on 10/18/18.</p> <p>- Client C's INN dated 11/2/18 was written by LPN #2. The INN indicated, "Client (client C) was seen at wound center on 11/1/18. New orders received." The INN did not indicate LPN #2 had performed a physical assessment on client C's wound. The INN did not indicate LPN #2 had personally trained staff regarding the care of the site.</p> <p>- Client C's Nursing Quarterly Assessment (NQA) dated 11/2/18 was completed by LPN #2. The NQA indicated the following:</p> <p>"Skin:"</p> <p>"Open areas: No."</p> <p>"4th Quarter Summary: Client has been going to wound center weekly for area on back and right glute. Foley catheter has been changed and draining clear yellow urine. G-Tube site looks normal. No signs or symptoms of infection."</p> <p>- Client C's INN dated 11/8/18 was written by LPN #2. The INN indicated, "Saw client at ResCare Day Service (RDS). Color good. Respirations easy. Voices no complaints." The INN did not indicate</p>			

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	<p>LPN #2 had performed a physical assessment on client C's wound. The INN did not indicate LPN #2 had personally trained staff regarding the care of the site.</p> <p>- Client C's WCCI from her 11/8/18 visit indicated HM #1 accompanied her to the appointment. The WCCI indicated instructions to care for the wound. The instructions were the same provided at the initial appointment for this wound on 10/18/18. The WCCI indicated client C's wound had been cultured for bacteria. The culture indicated the wound was positive for a staphylococcus (bacteria infection).</p> <p>- Client C's INN dated 11/9/18 was written by LPN #2. The INN indicated, "Client (client C) was seen at wound care center on 11/8/18. New orders received." The INN did not indicate LPN #2 had performed a physical assessment on client C's wound. The INN did not indicate LPN #2 had personally trained staff regarding the care of the site.</p> <p>- Client C's WCCI from her 11/15/18 visit indicated staff #1 accompanied her to the appointment. The WCCI indicated instructions to care for the wound. The instructions were the same provided at the initial appointment for this wound on 10/18/18.</p> <p>- Client C's WCCI from her 11/21/18 visit indicated staff #1 accompanied her to the appointment. The WCCI indicated instructions to care for the wound. The basic instructions were the same provided at the initial appointment for this wound on 10/18/18. The instructions included, "Need to use foam with borders on the wound."</p> <p>- Client C's INN dated 11/21/18 was written by</p>			

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	<p>LPN #2. The INN indicated, "Client (client C) was seen at wound care center on 11/15/18. No new orders...". The INN did not indicate LPN #2 had performed a physical assessment on client C's wound. The INN did not indicate LPN #2 had personally trained staff regarding the care of the site.</p> <p>- Client C's INN dated 11/26/18 was written by LPN #2. The INN indicated, "Saw client at the resting in bed (sic)... Color good. Respirations easy and non-labored... Denies any complaints." The INN did not indicate LPN #2 had performed a physical assessment on client C's wound. The INN did not indicate LPN #2 had personally trained staff regarding the care of the site.</p> <p>- Client C's INN dated 11/28/18 was written by LPN #2. The INN indicated, "Client (client C) was seen at wound care center on 11/21/18. Orders received." The INN did not indicate LPN #2 had performed a physical assessment on client C's wound. The INN did not indicate LPN #2 had personally trained staff regarding the care of the site.</p> <p>- Client C's WCCI from her 11/29/18 visit indicated staff #1 accompanied her to the appointment. The WCCI indicated instructions to care for the wound. The instructions were the same provided at the initial appointment for this wound on 10/18/18. The assessment of the wound by the wound care center nurse indicated, "Tenderness on palpation. Stage 3 pressure ulcer. Measurements: 1.4 CM (Centimeters) by 1.4 CM by 0.3 CM."</p> <p>- Client C's INN dated 11/30/18 was written by LPN #2. The INN indicated, "Client (client C) was seen at wound care center on 11/29/18. New</p>			

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	<p>orders received." The INN did not indicate LPN #2 had performed a physical assessment on client C's wound. The INN did not indicate LPN #2 had personally trained staff regarding the care of the site.</p> <p>- Client C's Interdisciplinary Team (IDT) meeting dated 12/4/18 indicated, "ResCare Day Service (RDS): Only came six days last quarter due to bed rest...Wants to get out of bed. Has restrictions only to be in her chair to eat, receive medications, shower, and for one hour after she eats then to lay back down, per doctors orders from the wound center...".</p> <p>- Client C's WCCI from her 12/6/18 visit indicated HM #1 accompanied her to the appointment. The WCCI indicated instructions to care for the wound. The instructions were the same provided at the initial appointment for this wound on 10/18/18.</p> <p>- Client C's INN dated 12/7/18 was written by LPN #2. The INN indicated, "Client (client C) was seen at wound care center on 12/6/18. No new orders." The INN did not indicate LPN #2 had performed a physical assessment on client C's wound. The INN did not indicate LPN #2 had personally trained staff regarding the care of the site.</p> <p>- Client C's INN dated 12/12/18 was written by LPN #2. The INN indicated, "Saw client (client C) at the Christmas party. Appears to be in no distress." The INN did not indicate LPN #2 had performed a physical assessment on client C's wound. The INN did not indicate LPN #2 had personally trained staff regarding the care of the site.</p> <p>- Client C's WCCI from her 12/13/18 visit indicated</p>			

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	<p>staff #1 accompanied her to the appointment. The WCCI indicated instructions to care for the wound. The instructions were the same provided at the initial appointment for this wound on 10/18/18.</p> <p>- Client C's WCCI from her 12/27/18 visit indicated HM #1 accompanied her to the appointment. The WCCI indicated instructions to care for the wound. The instructions were the same provided at the initial appointment for this wound on 10/18/18.</p> <p>- Client C's INN dated 12/27/18 was written by LPN #2. The INN indicated, "Client (client C) was seen at wound care center on 12/13/18." The INN did not indicate LPN #2 had performed a physical assessment on client C's wound. The INN did not indicate LPN #2 had personally trained staff regarding the care of the site.</p> <p>- Client C's INN dated 12/28/18 was written by LPN #2. The INN indicated, "Saw client (client C). Color good. Respirations easy and non-labored. Lungs clear, abdomen soft, bowel sounds in four quadrants. G-Tube (nutritional stomach feeding tube) site clean dry and intact, No signs or symptoms of infection. Foley catheter patent and draining clear, yellow urine." The INN did not indicate LPN #2 had performed a physical assessment on client C's wound. The INN did not indicate LPN #2 had personally trained staff regarding the care of the site.</p> <p>- Client C's INN dated 1/3/19 was written by LPN #2. The INN indicated, "Client (client C) was seen at wound care center. No new orders." The INN did not indicate LPN #2 had performed a physical assessment on client C's wound. The INN did not indicate LPN #2 had personally trained staff</p>			

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	<p>regarding the care of the site.</p> <p>- Client C's INN dated 1/4/19 at 10:45 AM was written by LPN #2. The INN indicated, "Saw client (client C) sitting up in wheelchair. Color good. Respirations easy and non-labored. Lung fields clear, abdomen soft and non-tender. Bowel sounds in four quadrants. Foley catheter patent and draining clear, yellow urine. Denies any complaints of discomfort." The INN did not indicate LPN #2 had performed a physical assessment on client C's wound. The INN did not indicate LPN #2 had personally trained staff regarding the care of the site.</p> <p>- Client C's WCCI from her 1/10/19 visit did not indicate the staff who accompanied her to the appointment. The WCCI indicated instructions to care for the wound. The instructions were the same provided at the initial appointment for this wound on 10/18/18. The assessment of the wound by the wound care center nurse indicated, "Tenderness on palpation. Stage 3 pressure ulcer. Measurements: 2 CM by 1.9 CM by 0.2 CM." - Client C's INN dated 1/11/19 at 10:00 AM was written by LPN #2. The INN indicated, "Client (client C) was seen at wound care center on 1/10/19. New orders received." The INN did not indicate LPN #2 had performed a physical assessment on client C's wound. The INN did not indicate LPN #2 had personally trained staff regarding the care of the site. - Client C's INN dated 1/11/19 at 7:30 PM was written by LPN #2. The INN indicated, "Saw client</p>			

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	(client C). Color good. Respirations easy and non-labored. Lung fields clear, abdomen soft and non-tender. Bowel sounds in four quadrants. Foley catheter patent and draining clear, yellow urine. Denies any complaints of discomfort." The INN did not indicate LPN #2 had performed a physical assessment on client C's wound. The INN did not indicate LPN #2 had personally trained staff regarding the care of the site. - Client C's WCCI from her 1/18/19 visit indicated staff #1 accompanied her to the appointment. The WCCI indicated instructions to care for the wound. The instructions were the same provided at the initial appointment for this wound on 10/18/18. - Client C's INN dated 1/18/19 was written by LPN #1. The INN indicated, "Wound care center visit today. No changes in orders. To return 1/24/19 at 11:00 AM." The INN did not indicate LPN #1 had performed a physical assessment on client C's wound. The INN did not indicate LPN #1 had personally trained staff regarding the care of the site. - Client C's WCCI from her 1/24/19 visit indicated HM #1 accompanied her to the appointment. The WCCI indicated instructions to care for the wound. The instructions were the same provided at the initial appointment for this wound on 10/18/18. - Client C's Reposition Tracking Form (RTF) dated 2/1/19 did not indicate				



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	<p>client C was repositioned from 12:00 AM to 8:00 AM. - Client C's RTF dated 2/3/19 indicated client C was in her wheelchair from 7:00 AM to 3:00 PM when she was placed in her bed on her left side. - Client C's RTF dated 2/5/19 did not indicate client C was repositioned from 6:00 AM to 8:00 AM, and from 4:00 PM to 11:00 PM. - Client C's Health Risk Plan (HRP) dated 2/5/19 indicated client C had a risk plan created for Skin Breakdown. The HRP was created by Health Services Manager (HSM). The HRP indicated the following:"Risk for Skin Breakdown.""Triggers to notify the nurse: Redness, irritation, open areas, bleeding from open areas on buttocks, coccyx (bone at the base of the spine), hips, or around G-Tube site.""Call 911 if [client C's] nurse instructs staff to do so.""Actions: ""Staff will give [client C] a shower or bath as scheduled as wash and dry thoroughly after a shower, incontinence of feces, or urine if catheter is out.""Staff will assess for redness, irritation or open areas with each depends change, turn, or G-Tube feeding.""Staff will record and report to the nurse immediately any abnormal findings.""Staff will turn [client C] every two hours while in bed to release pressure to the buttocks and hips and while up in her wheelchair she will be repositioned every fifteen minutes.""The doctor will be notified as instructed by the nurse after</p>			

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	<p>assessment by the Home Manager to make an appointment with the wound clinic ASAP (As Soon As Possible) to have treatment start (sic) on the area if breakdown occurs." "Staff will transport to the wound center appointments as schedule and inform the nurse of findings via consult form." "Staff responsible: Direct support professionals (staff), home manager, Area Supervisor (AS), and nurse." - Client C's RTF dated 2/7/19 did not indicate client C was repositioned from 7:00 AM to 1:00 PM.- Client C's WCCI from her 2/7/19 visit indicated staff #1 accompanied her to the appointment. The WCCI indicated instructions to care for the wound. The basic instructions were the same provided at the initial appointment for this wound on 10/18/18. The instructions included, "Apply anti-fungal cream to peri-wound skin." The assessment of the wound by the wound care center nurse indicated, "Tenderness on palpation. Stage 3 pressure ulcer. Measurements: 2 CM by 1.6 CM by 0.2 CM." - Client C's INN dated 2/7/19 was written by LPN #1. The INN indicated, "New order from wound clinic to apply anti-fungal cream, collagen to wound bed, apply foam dressing...". The INN did not indicate LPN #1 had performed a physical assessment on client C's wound. The INN did not indicate LPN #1 had personally</p>			

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	<p>trained staff regarding the care of the site. - Client C's RTF dated 2/8/19 did not indicate client C was repositioned from 12:00 AM to 8:00 AM.- Client C's RTF dated 2/10/19 indicated client C was up in her chair from 7:00 AM to 1:00 PM when she was placed in her bed on her right side. - Client C's Hospital Discharge Instructions dated 2/16/19 indicated the following:"Admission: 2/10/19." "Discharge: 2/16/19." "Diagnosis: UTI (Urinary Tract Infection). Stage 3 Pressure Ulcer left buttocks, present upon admission."- Client C's RTF dated 2/16/19 did not indicate client C changed positions from 12:00 AM to 11:00 PM. The documentation for client C's repositioning schedule for 2/16/19 was blank.- Client C's RTF dated 2/18/19 did not indicate client C changed positions from 12:00 AM to 11:00 PM. The documentation for client C's repositioning schedule for 2/18/19 was blank.- Client C's INN dated 2/18/19 was written by LPN #1. The INN indicated, "Visited with [client C] this morning. Sitting in lazy boy chair. Foley catheter in place draining clear yellow urine. G-Tube in place with split dressing. Clean, dry, and intact...". The INN did not indicate LPN #1 had performed a physical assessment on client C's wound. The INN did not indicate LPN #1 had personally trained staff regarding the care of the site. - Client C's RTF dated</p>			

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	2/19/19 did not indicate client C changed positions from 12:00 AM to 11:00 PM. The documentation for client C's repositioning schedule for 2/19/19 was blank.- Client C's RTF dated 2/20/19 did not indicate client C was repositioned at 11:00 PM, as scheduled. - Client C's RTF dated 2/21/19 did not indicate client C was repositioned from 12:00 AM to 7:00 Am when she was placed in her wheelchair for breakfast. - Client C's RTF dated 2/22/19 did not indicate client C changed positions from 12:00 AM to 11:00 PM. The documentation for client C's repositioning schedule for 2/22/19 was blank.- Bureau of Developmental Disabilities Services (BDDS) reports, Incident Reports (IRs), and Investigations were reviewed on 2/20/19 at 2:30 PM. The review did not indicate a BDDS report, IR, or investigation for the pressure ulcer client C was treated for at the wound care center in July 2018 and August 2018. The review did not indicate a BDDS report, IR, or investigation for the pressure ulcer client C was currently being treated for at the wound care center since October 2018.- The facility's Community Residential Facility Surveyor Worksheet (CRFSW) dated 2/20/19 was reviewed on 2/21/19 at 11:00 AM. The CRFSW indicated staff #1, #2, #3, #4, #5, #6, and #7 were staff working in the home. Client C's undated			

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	<p>Client Specific Training (CST) did not indicate staff #5, #6, and #7 had been trained on client C prior to providing care in the home. Client C's undated Care of Client C Training did not indicate staff #4, #5, and #6 had been trained on client C's care regarding her medical needs prior to providing care in the home. Area Supervisor (AS) #1 was interviewed on 2/22/19 at 11:00 AM. AS #1 indicated staff should be trained on care of clients prior to working in the home. AS #1 stated, "[HM #1] is responsible for ensuring staff is trained prior to working." AS #1 indicated the nurse was responsible for providing medical training to staff on client's needs. AS #1 stated, "The positioning change forms should be filled out in entirety for the [LPN #1], [HM #1], and [Qualified Intellectual Disabilities Professional (QIDP) #1] to review." LPN #1 was interviewed on 2/22/19 at 11:00 AM. LPN #1 indicated she is the primary nurse for client C's home. LPN #1 stated, "I just started at ResCare a few months ago. But, I've been in charge of [client C's] home since January." LPN #1 indicated she was in the home weekly providing care for client C. LPN #1 stated, "When I go into the home, I look at [client C's] wound. I also check her Foley catheter and her G-Tube site. I look at the staff shift notes and review the MARs (Medication Administration Record). I ask</p>				

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	<p>staff about how [client C] is doing and remind them to turn her." LPN #1 indicated she did not review any documentation regarding client C's repositioning schedule when she was visiting the home. LPN #1 indicated client C has a stage 3 pressure ulcer. LPN #1 stated, "Yes, a stage 3 pressure ulcer is serious. It requires a great deal of intervention to heal it." LPN #1 indicated client C has had a pressure ulcer in the past. LPN #1 stated, "I know she's had one (a pressure ulcer) on and off for years. She just can't seem to keep her skin intact. That's why she has a skin integrity protocol." LPN #1 indicated the skin integrity protocol should be followed as written. LPN #1 indicated client C should be repositioned in bed every two hours, and her position should be changed in her chair every fifteen minutes. LPN #1 stated, "She shouldn't be out of bed unless she's eating or getting medications. She's on strict bed rest." LPN #1 indicated staff should be changing the dressing daily, and as needed if it is soiled. LPN #1 stated, "They're supposed to clean it with normal saline, then put collagen and a foam Band-Aid on it." LPN #1 stated, "I think they have the supplies they need. I haven't been there in a while to check." LPN #1 indicated client C went to the wound care center weekly for treatment. LPN #1 stated, "I know she's missed one</p>			

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W 0407  Bldg. 00	<p>appointment because the roads were bad, but I think that's all she's missed." LPN #1 stated, "I've never been to a wound care center visit with [client C]. I didn't know I could go." LPN #1 indicated she contacted the wound care center once to verify orders. LPN #1 stated, "Other than the one time to verify the orders, I haven't spoken with them." LPN #1 indicated the orders from the wound care center should be followed. LPN #1 indicated she trained staff on nursing related issues for client C. LPN #1 stated, "I never trained staff on the wound care and dressing changes. The staff seemed to already know what to do. I watched one of the staff change a dressing once." LPN #1 stated, "That's the only time I've only seen the wound. That was sometime in January." LPN #1 stated, "I don't have any documentation of assessments on her wound. I have never done a full assessment of the site."9-3-6(a) 483.470(a)(1) CLIENT LIVING ENVIRONMENT The facility must not house clients of grossly different ages, developmental levels, and social needs in close physical or social proximity unless the housing is planned to promote the growth and development of all those housed together. Based on record review and interview for 1 of 3 sampled clients (A), the facility housed client A in a home with housemates that were of significantly different behavioral needs.</p>	W 0407	<b>The facility strives for client inclusion and success in all placement decisions. The facility follows all processes and requirements of client</b>	03/28/2019			

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	<p>Findings include:</p> <p>Client A's record was reviewed on 2/20/19 at 1:20 PM.</p> <p>- Client A's Order of No Contact and No Trespass (ONCNT) was dated 9/12/18 from [school corporation]. The ONCNT indicated, "On at least two occasions, [client A] has tried to enroll her toy doll in school at [elementary school]. [Client A] too (sic) tried to enter the school through door #10 in order to enter the family daycare program. On Monday, 9/10/18, (client A) entered the school playground, went up to a student, grabbed her by the arm and did not let go. The student was able to break free." The ONCNT indicated client A was restricted from access to all [school corporation] property.</p> <p>- Client A's Behavior Baseline Tracking (BBT) dated 9/4/18 indicated, "Not listening, throwing chairs, cussing, threatening...".</p> <p>- Client A's BBT dated 9/6/18 indicated, "Not listening. Trying to run away. Crying. Yelling. Hitting staff. She was put in a hold (physical restraint by staff)."</p> <p>- Client A's BBT dated 9/7/18 indicated, "[Client A] and peer (unnamed client) came in the building fighting. [Client A] open hand slapped peer. Had to be put in hold."</p> <p>- Client A's BBT dated 9/14/18 indicated, "started crying because of her dolls. Flipping everyone off. Screaming '[Expletive] ResCare'."</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 2/20/19 at 2:30 PM. The review</p>		<p><b>admissions and transitions established by BDDS. The IDT and BDDS met on the transition of client A to this facility and all visits and approvals were obtained prior to admission. The facility will monitor and evaluate client A's placement to determine if it remains appropriate. Client A's supports will be reviewed and evaluated to determine if all necessary supports are present to ensure the best possible outcomes for all individuals supported in the facility.</b></p>	



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	<p>indicated the following:</p> <p>1. BDDS report dated 9/17/18 indicated, "During a behavior, [client A] through (sic) a fire extinguisher at [Client at Former Home (CFH)] as she walked through the kitchen. Staff intervened and redirected [client A]. Staff removed the fire extinguisher from the area and put it in the office... Staff observed a two inch black and blue bruise on her (CFH's) right side (on her upper thigh). Nurse notified."</p> <p>2. BDDS report dated 9/18/18 indicated, "[Client A] displayed targeted behaviors of PA (Physical Aggression). [Client A and CFH] were arguing, [CFH] was outside yelling to [client A] inside the home. [Client A] grabbed the fire extinguisher and attempted to throw it at [CFH]. Staff intervened preventing contact. 911 was contacted. The police arrived and separated [client A and CFH]. [CFH] informed the police that she wanted to press charges. The police handcuffed, arrested, and transported [client A] to [county jail]. [Client A] was arrested for Battery resulting in bodily injury and kicking the windows in the police car. Nurse notified. On 9/18/18 at 8:30 AM, [client A] had court and will be held until her next court date on 9/20/18."</p> <p>"Plan to Resolve: [CFH] appears to be in good health. No apparent injuries were observed on [CFH or client A]. ResCare will remain in communication with [county jail] and provide updates are (sic) obtained. Staff provided her medications to the jail to provide during her time there. Behavior management services have been contracted to assist with [client A's] BSP (Behavior Support Plan) and targeted behaviors. ResCare is working with BDDS to find a potential alterative placement for [client A]."</p>				

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	<p>Client A's record review did not indicate a Behavior Consultant (BC) was contacted after the 9/18/18 incident to provide assistance with client A's BSP or provide consultation regarding developing staff interventions for client A's targeted behavior needs.</p> <p>3. BDDS report dated 9/21/18 indicated, "[Client A] was released from [county jail] on her own recognizance and was instructed to have a psychiatric evaluation or medication adjustment. Staff transported her to [psychiatrist] for evaluation. He then referred her to [hospital ER (Emergency Room)] for evaluation and possible referral to an inpatient unit. Labs were performed and per the evaluation, [client A] did not meet the requirements to be admitted. Orders: Maintain scheduled appointment with [psychiatrist], increase Abilify (antipsychotic) from 10 MG (Milligrams) to 15 MG daily, increase Zonegran (seizures) from 50 MG to twice daily and follow up with [psychiatrist] on 10/12/18."</p> <p>"Plan to Resolve: [Client A] appears to be in good health and no apparent injuries were observed. ResCare will remain in communication with [client A's] mother while she is visiting. ResCare is working with BDDS to transition her to another home. Staff will continue to report any changes to her health."</p> <p>- Client A's Interdisciplinary Team (IDT) meeting dated 12/3/18 indicated the meeting was called for the transition from [group home #1] to [current group home]. The IDT indicated, "BSP for elopement, inappropriate social behaviors, and physical aggression... Reviewed all escalating steps with [client A] if she gets upset... [Client A] questioned (IDT members) about having baby</p>				

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	<p>dolls and team reminded her that her dolls are at her mom's house... She (client A) is determined to be successful in her programming."</p> <p>- Client A's BBT dated 12/10/18 indicated, "[Client A] threw glass at staff along with other things. Smashed items. Pulled fire alarm. Tried hurting herself. Threw a fruit cup at [client C]. Tried to run away. Flipped off staff. Called staff, 'ugly [expletives]' multiple times. Marked on walls."</p> <p>- Client A's Medical Consult Report (MCR) dated 12/13/18 indicated client A had seen [psychiatrist] for a follow up visit. The MCR indicated, "Patient (client A) having occasional behavioral problems."</p> <p>- Client A's MCR dated 1/3/19 indicated client A had seen [therapist] for a follow up visit. The MCR indicated, "[Client A] is now settled into a group home. She is managing negative behaviors appropriately. She can recall the behavior plan as designed and reports following it. Follow up 4-5 weeks. Begin discussion of termination (of visiting therapist) if no new issues arise and she continues with behavior management." The MCR listed a follow up appointment on 1/31/19.</p> <p>- Client A's IDT meeting dated 1/4/19 indicated the reason for the meeting was the thirty day follow up to client A's transition to the new group home. The IDT indicated, "[Client A] walks away instead of having behaviors. She has only had one behavior (since moving into the the new home)... BSPs all remain appropriate."</p> <p>- Client A's BBT dated 1/7/19 at 1:10 PM indicated, "[Client A] is hitting her head off (sic) the wall. She is upset because she wants a baby doll and mom is yelling at her on the phone."</p>			

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	<p>Incident Report (IR) dated 1/7/19 at 1:10 PM. The IR elaborated on the BBT for the same time period. The IR indicated, "She (client A) keeps hitting her head off the wall. I asked her three times to stop. Also, I tried to get her to go get her coloring book and color. She yelled and said, 'no.' So I called [Qualified Intellectual Disabilities Professional (QIDP) #2]... was told to follow her behavior plan..."</p> <p>- Client A's BBT dated 1/7/19 at 2:45 PM indicated, "Elopement. Went to end of driveway. I redirected her. Attempting to runaway. Upset because she wants a baby doll and she is not allowed."</p> <p>- Client A's BBT dated 1/8/19 indicated, "Kicking van seat. Agitating others."</p> <p>- Client A's BBT dated 1/15/19 at 1:30 PM indicated, "Screaming and making gestures. She keeps saying she hates it here and calling names to staff. She broke stuff on the kitchen wall too. She's walking through the house hitting stuff and yelling. Refused to be redirected"</p> <p>- Client A's BBT dated 1/15/19 at 4:00 PM indicated, "Taunting another housemate (unnamed client) whom was already in a bad mood."</p> <p>- Client A's BBT dated 1/15/19 at 9:30 PM indicated, "Stealing. Going into others (unnamed client) room and refusing to return property. Getting a doll out of others rooms. (Staff) Tried taking doll, redirection. Didn't work."</p> <p>- Client A's BBT dated 1/17/19 indicated, "All day. Upset, stomping, and throwing things, Keeps calling the schools. Elopement. Tried to leave the</p>			

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	<p>house without permission."</p> <p>- Client A's BBT dated 1/20/19 at 11:00 AM indicated, "[Client A] was cussing at staff and clients. Refused to listen. Smacked [client B]. Knocked her (client B's) stuff to the ground."</p> <p>- Client A's BBT dated 1/20/19 at 2:30 PM indicated, "[Client A] threw a fire extinguisher across the house. Then threw a snowball at staff."</p> <p>IR dated 1/20/19 at 2:00 PM. The IR elaborated on the BBT for the same time period. The IR indicated, "She (client A) was having bad behaviors.. She got very angry and began to throw fire extinguishers, and one of them nearly hit me (staff #8) in the head... We (staff #8 and #7) tried to do a restraint and deescalate the situation, but she (client A) kept wiggling out and was too strong to put in the two person hold. We got several clients in the office because she grabbed a knife after she broke out of the restraint and began to walk towards us. She (client A) pulled every fire alarm and broke the one in the kitchen after [staff #7] and I (staff #8) got the knives locked up.. She then took a fire extinguisher and bashed it against the door of the office and busted a hole in the door. She kept hitting and knocking things over until [Home Manager (HM) #1] got here. She (client A) packed her bags and then soon after left with [QIDP #2]. We (Staff #7 and #8) were told to clean up..."</p> <p>4. BDDS report dated 1/20/19 outlined the events from the IR dated 1/20/19 at 2:00 PM the BDDS report also indicated, "[Client A] was escorted from the residence for a home visit with her mother."</p> <p>"Plan to Resolve: [Client A] appears to be in good</p>			

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	<p>health. All broken items were cleaned and removed from the home... There are no current health of safety issues in the home... Staff will continue to follow [client A's] BSP. Staff will continue to monitor and report any changes to her health."</p> <p>- Client A's MCR dated 1/31/19 indicated client A had seen [therapist] for a follow up visit. The MCR indicated, "Discussed angry behaviors and reviewed plan for better decisions. [Client A] could recall the plan, four steps, without prompt today and agrees to set the goal of no angry episodes of acting out between now and the next visit in four weeks." The MCR listed the follow up visit as 2/28/19.</p> <p>5. BDDS report dated 2/4/19 indicated, "(On 2/3/19 at 4:35 PM) [Client A] was upset over not wanting to live in a group home. [Client A] exited the home and began walking to the stop sign at the end of the road. Staff followed and verbally redirected her to return inside the home, but [client A] refused. HM and QIDP notified. [Client A] was taken by a good samaritan driver to a local fire station. Staff arrived and transported home. [Client A] was out line of sight for approximately 45 minutes. Upon returning home, [client A] had continued behaviors. She threw fire extinguishers and knocked pictures off of the wall... [Client A] then called 911. [City] police arrived, spoke with [client A], and left without incident. [Client A] again left the home and walked into the yard after police left. HM followed and was able to verbally redirect to return inside the home. [Client A] was not out of line of sight while in the front yard. [Client A] calmed down and resumed normal activity."</p> <p>"Plan to Resolve: [Client A] appears to be in good</p>			

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	<p>health. Staff will continue to follow her BSP. [Client A] does not currently have any alone time allotted in her plan. Staff will continue to monitor and report any changes to her health.</p> <p>IR dated 2/3/19 at 5:30 PM indicated, "[Client B] yelled at [HM #1] when she went outside to talk on the phone. [Client A] told [client B] to shut up and flipped her off. They called each other names and started getting close to one another. [Staff #6] got between them. [Client A] hit [staff #6] then hit [client B] with a closed fist in her right upper arm and also kicked her in her right knee. [HM #1] came back in and calmed them down and [client A] went to her room."</p> <p>- Client A's BBT dated 2/3/19 at 6:15 PM indicated, "Kept yelling at peer to shut up. She wants to leave and no one would come get her. She hit the door with her fist crying."</p> <p>IR dated 2/3/19 at 7:30 PM indicated, "[Client A] kept running from door to door to try and leave. She started kicking and elbowing [staff #6]. [Staff #6 and #7] put her in a two man standing restraint for 3 seconds and let her go. [Client B] got in her (client A's) face and tried spitting on her She (client A) tried coming after her (client B) again and was put in another two man standing restraint for 5 seconds. They let her go and (client A) sat outside with manager (HM #1) at 8:30 PM."</p> <p>- Client A's BBT dated 2/3/19 at 8:00 PM indicated, "She (client A) called the cops and they came to the house to talk to her. She threatened peer (unnamed client) and threw a fire extinguisher. She kept pulling the fire alarms. She knocked the bulletin board off the wall in the hallway. She tried running away again, but staff followed her."</p>			

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	<p>- Client A's BBT dated 2/4/19 at 7:00 AM indicated, "(Client A) yelled and flipped off [client B]. Tried going after her. Threw remotes, phone, and fire extinguisher...".</p> <p>6. BDDS dated 2/5/19 indicated, (On 2/4/19 at 6:00 PM) Without prior incident, [client A] exhibited targeted behaviors of physical aggression by slapping staff in the face. [Client A] walked through the home knocking over several pieces of furniture and the (stand up) freezer in the home. [Client A] broke a table and threw the top of the table at the staff office door repeatedly. [Client A] then grabbed craft paint and poured paint over the office door, a TV stand, and a laundry basket of clothes. Staff attempted to put [client A] in an agency approved two person standing hold, but were not successful due to level of [client A's] physical aggression. HM and nurse notified. Staff transported to [hospital ER] for evaluation. [Client A] was admitted to [hospital] on 2/4/19 for observation pending transfer to psychiatric hospital. [Client A] was transferred and admitted to Neuropsychiatric hospital of [city] on 2/5/19."</p> <p>"Plan to Resolve: ResCare will remain in contact with Neuropsychiatric hospital of [city] pending discharge. Broken items have been cleaned and removed from the home. Maintenance request submitted for repairs. There are no current health or safety issues in the home."</p> <p>- Client A's Emergency Medicine Physician Progress Note (EMPPN) dated 2/4/19 at 8:02 PM in the hospital ER. The EMPPN indicated the following:</p> <p>"Arrival: 2/4/19 at 7:41 PM."</p> <p>"Arrival mode: Police."</p>				



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	<p>"[Client A] presents to the ED (Emergency Department) via [police department] with complaint of homicidal ideation onset prior to arrival. Patient states she doesn't want to be in her group home and want to harm the other clients at the group home and staff. She reports hitting people, throwing paint on the walls, and knocking over the freezer...".</p> <p>- Client A's ED Psychiatric Evaluation (EDPE) dated 2/4/19 at 10:58 PM. The EDPE indicated the following:</p> <p>"Presenting problem: Tonight, patient (client A) became angry, hit her group home staff, threatened to kill staff and other residents... Patient states that she wants to leave the group home because there are too many people. [HM #1] said that patient's behavior has been escalating over the past two days...An emergency detention order is being obtained for this patient to ensure her safety, and that of others and to ensure cooperation with treatment."</p> <p>"Social and Family History: Patient (client A) has lived at her current group home since November 30, 2018. Prior to this placement, patient lived in another ResCare group home since 2016. At the other group home placement, patient (client A) got into a fight with another resident and was jailed for 3 days for that offense. Patient is currently on probation for that assault...".</p> <p>- Client A's Application for Emergency Detention (AED) dated 2/4/19 indicated the following:</p> <p>"Applicant (doctor in ER) believes that the person named (client A) above is dangerous to others because patient slapped staff members from the</p>				

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	<p>group home. Threw items around home and damaged a TV. Patient wanting to harm others."</p> <p>"Applicant (doctor in ER) believes that if the person named (client A) above is not restrained immediately the person will harm others. patient judgement is impaired."</p> <p>- Client A's Neuropsychiatric Hospital History and Physical (NHHP) dated 2/5/19 indicated the following:</p> <p>"Indication for admission: Increased aggressive behavior and physical and verbal abuses to other group home residents."</p> <p>"History of present illness: The patient (client A) is a [age] year old female resident of a group home... Patient had repeatedly made statements of threats to other residents and staff whom she threatened to kill. Patient denies all these threats...Patient has been experiencing escalating behaviors, very unruly and difficult to redirect...".</p> <p>- Client A's Neuropsychiatric Hospital Psychiatric Evaluation (NHPE) dated 2/5/19 indicated the following:</p> <p>"Patient (client A) admits to having behaviors...When I ask her why, she said because, 'They make me angry,' but could not give any specific reasons... Patient (client A) clearly has a history of verbal and physical aggression and destruction of property... She (client A) admits to being angry at staff at the group home. She states staff was calling her derogatory names, and she claims she was being bullied. She says she does not want to return to that group home, and she seems oriented... She admits to having assaultive ideas towards staff at the group home...</p>			

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	<p>Patient (client A) has been assessed to be a danger to others, based on her physical aggression... She (client A) lacks impulse control...".</p> <p>"Estimated length of stay: One to two weeks."</p> <p>- Client A's Neuropsychiatric Hospital Discharge Instructions (NHDI) dated 2/19/19 at 11:00 AM. The NHDI indicated, "Diagnosis: Impulse control.. Psychotic disorder... Bipolar...".</p> <p>- Client A's Individual Support Plan (ISP) dated 1/4/19 indicated the following:</p> <p>"Is the individual (client A) and emancipated adult? Yes."</p> <p>"[Client A] is able to verbalize her needs, wants, and rights. [Client A] needs very little help with her ADLs (Activities of Daily Living)... [Client A] is part of the PAIR (Psychiatric Assertive Identification and Referral program) and is on probation for a year due to an incident at her previous home."</p> <p>- Client A's Behavior Support Plan (BSP) dated 1/4/19 indicated plans for elopement, inappropriate social behavior, and physical aggression. The BSP did not indicate a BC was consulted regarding the development of client A's BSP.</p> <p>Client E was interviewed on 2/20/19 at 4:25 PM. Client E indicated client A had behaviors in the home. Client E stated, "She throws things and sets off the fire alarms. I don't like that. I have to cover my ears. It's too loud." Client E indicated staff will help client A with her behaviors by having her call her mother. Client E stated, "She'll</p>			

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	<p>(client A) will go after anyone in her way. She keeps doing these things. She calls me foul names. I'm scared she's going to hit me with something."</p> <p>Client G was interviewed on 2/20/19 at 4:30 PM. Client G indicated client A broke the TV in the living room. Client G stated, "They haven't fixed the TV she (client A) broke yet. She makes the alarms in the house go off too. I don't like that at all. She does it all the time. I have to cover my ears and go to my room." Client G indicated staff tells client A to go to her room when she's having behaviors.</p> <p>Client B was interviewed on 2/20/19 at 4:48 PM. Client B stated, "I don't like her (client A)." When asked why she didn't like client A, client B stated, "I don't know. I just don't like all the stuff she does."</p> <p>Client H was interviewed on 2/20/19 at 4:55 PM. Client H stated, "[Client A] has bad behaviors. She has them all the time. I don't like it at all, so I go to my room a lot. I'm scared she's going to hit me when she's throwing things around the house." Client H indicated staff attempt to restrain client A during her behaviors. Client H stated, "Sometimes it works. Most of the time, it seems to make her more upset."</p> <p>Client A was interviewed on 2/20/19 at 5:00 PM. Client A indicated she had moved from [group home #1] to [current group home] because she had a behavior with another client. Client A stated, "[CFH] got upset and pressed charges. Now I'm on probation. I can't go to day service either because she's there." Client A stated, "I like this home a lot better than my last one anyway. I like being with the lower functioning clients.</p>			

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	<p>When asked why she liked being with the lower functioning clients better, client A stated, "I don't know. I guess I like being more independent than them." Client A stated, "I have friends here at the house. [Client B] and I really get along."</p> <p>Staff #2 was interviewed on 2/21/19 at 8:55 AM. Staff #2 stated, "[Clients A and B] don't get a long very well at all. They fight all the time. I think they both aggravate each other and escalate each others behaviors." Staff #2 indicated client A has verbally and physically aggressive behaviors and property destruction. Staff #2 stated, "No other client in the home has behaviors like hers." Staff #2 indicated when client A has a behavior staff verbally prompt her to stop, go to her room and calm down. Staff #2 stated, "I think [client A] likes living here with lower functioning clients because it gives her power over them. She feels more in control." Staff #2 stated, "I don't think [client A] fits into this home. The other ladies who live here just aren't like her."</p> <p>Staff #3 was interviewed on 2/21/19 at 8:17 AM. Staff #3 stated, "The other clients in the home don't have behaviors like hers (client A)." Staff #3 indicated when client A has a behavior staff verbally prompt her to stop, count to ten, and listen to music. Staff #3 stated, "I don't think any of that works though. She keeps having behaviors if she wants to." Staff #3 stated, "Many of the other clients are elderly, in wheelchairs, and need more assistance than her. I don't think [client A] is a good fit for this home."</p> <p>Staff #1 was interviewed on 2/20/19 at 5:16 PM. Staff #1 indicated client A's behaviors are primarily physical. Staff #1 stated, "She is awful. She tore up the house earlier this month. We (staff) try and deal with her behaviors, but it's</p>			

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	<p>tough. Sometimes the strategies work, but most of the time they don't." Staff #1 indicated she had been scared of client A. Staff #1 stated, "I was left here with her (client A) and a couple other clients. I was scared she's come after me or one of the other ladies." Staff #1 stated, "She's (client A) is too much for the other clients. No one else has behaviors like hers." Staff #1 stated, "[Client A] says, 'This ain't the place for me' all the time. I agree with her. I don't think she fits into this house at all."</p> <p>HM #1 was interviewed on 2/20/19 at 5:06 PM. HM #1 indicated client A has physical aggression, verbal aggression, and property destruction as identified behaviors. HM #1 stated, "I just don't know if the staff can deal with her. One behavior she (client A) had took three staff members to try and restrain her. WE wouldn't do it. She's too strong." HM #1 indicated the strategies provided in her BSP are ineffective. HM #1 stated, "The strategies just don't work. She (client A) is impulsive and aggressive. If she wants to have a behavior, we just can't calm her down." HM #1 indicated the other clients in the home do not like when client A has behaviors. HM #1 stated, "[Client G] used to watch TV with her (client A). But she doesn't want to anymore. She tells [client A] that she makes her (client G's) ears hurt when she sets off the fire alarms." HM #1 stated, "There are multiple clients in the home who can't defend themselves if she (client A) were to go after them during a behavior."</p> <p>Area Supervisor (AS) #1 was interviewed on 2/22/19 at 11:00 AM. AS #1 indicated client A has a history of verbal aggression, physical aggression, and property destruction. AS #1 stated, "Her behaviors are a lot more intense than other clients." AS #1 stated, "Clients normally jet</p>				

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

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FORM APPROVED

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	<p>move away from her when she's having a behavior. They don't want to be around her." AS #1 stated, "Clients in the home can not defend themselves when [client A] has a behavior. Clients have to depend on staff to protect them. AS #1 stated, "I don't think [client A] is a good fit for the home. I think the other ladies (clients) would agree."</p> <p>This federal tag relates to complaint #IN00286338.</p> <p>9-3-7(a)</p>			