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Reported to: Record Administrator on Call Parent / Guardian	Name, Date and	i Time report	ed for each of the f	ollowing.	apol	900		
Administrator on Call	850pr	n Aldre	ic soverally	Case Manu	igement Z	18 1 P	VV	
Parent / Guardian								
Attending Physician				911 Operat	or Name or	Vo		
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<sup>\*</sup>Signatures not required for conclaing. Original must be filed in the employees personnel folder (excluding coaching notes).

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Thanks
Cheryl Stewart
TODAYS DATE
9-36-98

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. To bothom it May Concer. In Wednesday Sept. 31, 1998, I was setting out back on the pierie table taking a break. Also there was Brenda Bailey, april Martin, & Gennifer (don't know her last name). Jennifer told us that Lauren pinched her & she said she pinched her back. Brenda told Jennifee she was not allowed to do that because it is considered, abuse & she could be fired for that, Jennifer said, "No-body saw me except april, & she won't tell on me." Les what I heard. I don't mean to be a tattle tale, but I don't agree with things like that. assie Madous

# BUTLER COUNTY CASE MANAGEMENT SERVICES UNUSUAL INCIDENT EVALUATION FORM

TO: Dennis Grant

FACILITY: Abilities First Foundation

RE: Lauren

**INCIDENT DATE: 9/30/98** 

**LOCATION OF INCIDENT: Abilities First** 

BRIEF DESCRIPTION OF UNUSUAL INCIDENT:

Staff was observed pinching Lauren.

### **EVALUATION REPORT:**

After reviewing the incident report and the written statements provided, Community Support Services (CSS) has classified this incident as an MUI rather than Abuse. Nevertheless, the action of the staff person involved in this incident was inappropriate. Therefore, CSS recommends staff be disciplined according to the policies and procedures of Abilities First Foundation.

ŘV.

Jimmie Hardin, MUI Coordinator

DATE: October 5. 1998

## UNUSUAL INCIDENT REPORT FORM

DATE: 9/30/98	Time:	a.m./p.m.	REPORT TAKEN BY:	um Korner
OF TENEND AND AND AND AND AND AND AND AND AND A	Davis		s.C.:	
ADDRESS: Jul	house / builder  iddletour  airfield Center, Ind	is First	<b>-</b>	
(If Fa	airfield Center, Ind	icate Bldg #	0 + 1	1/101-114
REPORTED BY: un	gel	, AGENCY/FAC	ILITY: Doly hour	re/alidatris 1st
PHONE: 433-94	16 . HE/SHE WAS	NOTIFIED BY:		
THAT INCIDENT OC	CURRED.			
STAFF INVOLVED:_				
OTHERS NOTIFIED:	Law Enforcement BCHS - CSB BCHS - APS ODMRDD - CSS ODMRDD - Licensure	If so, If so, If so, If so, If so, If so,	by whom: by whom: by whom: by whom: by whom:	When: When: When: When: When:
DATE/TIME OF INC	IDENT:			
LOCATION OF INCI	DENT:		Circle One: MUI	UI-H UI
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#### BUTLER COUNTY BOARD OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES CASE MANAGEMENT SERVICES

- 1) LOCATION CODE A. Hospital B. In Office
- C. Residential Fac/Home
- D. Place of Employ/Day Prog/School
- E. Transport of Client
- F. Other

- 2) CONTACT CODE
- G. With Individual
- H. With Individual/Phone
- I. With Essential Other
- J. With Essential Other/Phone
- K. Written

- 3) SERVICE CODE
- L. Needs Assessment
- M. Crisis Intervention
- N. Information/Referral
- 0. U.I.R.

- P. Service Monitoring
- Q. Service Coordinating
- 4) SERV NEEDS CODE
- R. Housing/Placement
- S. Interpersonal
- T. Monitoring
- U. Comprehensive Evaluation
- V. U.I.R. Follow-up
- W. Crisis Resolution
- X. Other
- Y. Team Meeting

SERVICE PERIOD: 06/01/99 - 06/30/99

PRIMARY DIAG CODE: 03190

(1599)

MEDICALD #

CASE MANAGER:

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ROG

DATE

1 2 3 4 UNITS

CASE/PROGRESS NOTES

CM

06/28/99 11:50:00 12:00:00 B J O V

1 Spoke with Dennis Grant re this incident. He stated Terry will be out of JHJ the office today and tomorrow and that he is only vaguely aware of the situtation. He stated that they had already taked action against the nurse involved. She was discharged last Friday and told that she would no longer be a part of the pool of nurses called in on as needed bases, she would not be eligable for re-hire. He said that Lauren had been checked and there were no bruises or marks. CSS stated he should fax documentation varifying disciplinary action. However, it will still be necessary to interview all witnesses. He will arrange for CSS to interview tomorrow all staff at 3:00pm. See incident report for details of incident and witnesses statement.

06/30/99 02:30:00 04:00:00 C I O V

Interviewed staff at Abilities First re nurse carol being physically and verbally abusive toward Lauren. Two actually observed the nurse shaking Lauren's head and thought it was rough. One of the staff was holding Lauren while the nurse was trying to feed her and saw the nurse get upset because Lauren was "grinding her teeth" and threaten to put her in a room along if she didn't stop. This staff also saw the nurse attempting to force the feeding tube into Lauren's mouth. This staff said the nurse was pushing the plastic syringe against Lauren's teeth rather hard. All three staff stated they thought the nurse was out of control. These observations maybe subjective and therefore may not be classified as physical abuse. Will call JC and run it pass him. Called JC, not in left тевваде.

10/05/98

### BUTLER COUNTY BOARD OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES CASE MANAGEMENT SERVICES

A. Ho B. In G. Re D. PL	ATION CODE spital office sidential Far ace of Employ Prog/School ansport of Ch	y/Day	G. H. I.	uith uith uith	Esser Esser		er M. Information/Referral	4) SERV NEEDS CODE R. Housing/Placement S. Interpersonal T. Monitoring U. Comprehensive Evaluatio V. U.I.R. Follow-up V. Crisis Resolution X. Other Y. Team Meating	1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1
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10/01/	98 10:07:00	10:17:00	B	1	0 1	, 1	Received a report from CSS on call at ATS staff at Doty House. Called and s	poke with Debbie Ewers re this	

this incident once she had collected it.

Completed MUI report #038-98.

incident. She acknowledge the incident and stated there were a tresses.

Cetting written statements. CSS agreed to pick up all info pretaining to