Ohio Department of Mental Retardation and Developmental Disabilities
County Board of Mental Retardation and Developmental Disabilities

NCP

CBMR/DD INCIDENT REPORT (ITS)

1999-009-0004

Incident No.	County	Client No.	Client Name (Last, First, Middle, Surname)	Gender
	BUTL	[redacted]	[redacted] LAUREN	M / (F)

Client Social Security No.	Client Date of Birth (mm/dd/yyyy)	Facility No.	Facility Name
[redacted]	[redacted]	0910161	Abilities First Foundation

Street Address	City	State	Zip Code
4710 Timber Trail	Middletown	Ohio	

Incident Type (Check One)	Incident Date (mm/dd/yyyy)	Incident Time Known?	Incident Time (00:00) (Circle One)
☑ A - Individual ☐ B - Group	2/25/99	(Y) N	2:30 : AM / (PM)

MUI Reviewer Assigned	Victim?	Alleged Perpetrator?	Alleged Perpetrator Name
JIMMIE HARDIN	(Y) / N	Y / N	

Is the Alleged Perpetrator SL Service Provider?	Alleged Perpetrator's Soc. Sec. No. (If SL Provider)	Neglect?	Attempted Suicide?	Rights Code Violations?
(Y) N	___-___-____	☐ Yes	☐ Yes	☐ Yes

Type of Incident Location: (Check One)

- ☐ A - Early Intervention
- ☐ B - School
- ☐ C - Adult Program
- ☐ D - Community Employment
- ☑ E - Residence
- ☐ F - Other: _____

Notification: (Check All Applicable)

- ☐ A - Local Law Enforcement Agency
- ☑ B - ODMR/DD Office of Licensure
- ☐ C - CDHS Children's Protective Services/ Children's Services Bureau
- ☐ D - Relative
- ☐ E - Legal Guardian
- ☐ F - Other: _____

Perpetrator's Relationship to Victim: (Check One)

- ☐ A - Family
- ☐ B - Staff
- ☐ C - Volunteer
- ☐ D - Peer
- ☐ E - Client
- ☐ F - Unknown

Health Treatment: (Check One)

- ☐ A - Hospitalization/Medical Treatment Facility
- ☐ B - Mental Health Institution
- ☐ C - Hospital Emergency Room

Origin of Life Threatening Reaction: (Check One)

- ☐ A - Adverse reaction to medication
- ☐ B - Failure to take medication
- ☐ C - Failure to follow prescribed dietary
- ☐ D - Failure to follow medical treatment plans
- ☐ E - Pattern of Medication Errors

Abuse Category: (Check All Applicable)

- ☑ A - Physical
- ☐ B - Sexual
- ☐ C - Theft
- ☐ D - Fraud

Death Category: (Check One)

- ☐ A - Natural
- ☐ B - Suicide
- ☐ C - Homicide
- ☐ D - Accident

Fire or Damage Results: (Check All Applicable)

- ☐ A - Injury to the individual (s)
- ☐ B - Relocation of the individual (s)
- ☐ C - Inability to provide services

Law Enforcement Action: (Check One)

- ☐ A - Arrest
- ☐ B - Charges pressed
- ☐ C - Criminal conviction
- ☐ D - Incarceration

Administrative Action Taken: (Check All Applicable)

- ☐ A - Staff suspended
- ☐ B - Staff terminated
- ☐ C - Other administrative actions taken
- ☐ D - No administrative actions taken

Incident Review Status:

- ☐ OI - Open - Information Pending
- ☐ OC - Open - Information Complete
- ☑ CL - Incident Case Closed

Jimmie Hardin 3/12/99
Signature of MUI Reviewer Date

Mark Angelo 3/12/99
Signature, Supervisor of MUI Reviewer Date

Date Case Closed (mm/dd/yyyy)

3/12/99

Is the incident substantiated:

☑ Yes ☐ No

DMR - 1121 (8/97)

000255825
LAUREN [redacted], intake:JOSHUA OHAIR
MUI Case File 12/13/2010 11:30:05 AM

Incident Statement: (Describe the incident completely, e.g., the circumstances and cause of incident, and the nature and extent of physical harm, etc, identifying interventions attempted, outcome for the individual with MR/DD, and responsible party(ies). Attach additional sheets, if necessary)

CONSUMER NAME: LAUREN [redacted] DATE OF INCIDENT: 2/25/99

On 2/25/99, Community Support Services received a report from Abilities First Foundation stating a staff person was observed pinching Lauren and threatening to break her arm. This incident was witnessed by two other staff members. The accused employment was terminated effective immediately.

File with report on Lauren

MAJOR UNUSUAL INCIDENT REPORT

Resident Name: [redacted] Lauren _____ Home Facility: Doty House
Last First MI

Incident Information Date: 2/18/99 Time: 2nd a.m. p.m. Shift 2nd

Location: ✓ Home ____ School ____ Workshop ____ Outing ____ Other: _____

Describe nature and extent of the incident in detail: 2 ATSs' reported to a Supervisor that ATS TK Verbally + Physically abused this resident by pinching resident & resident pinched TK & stating "I will break your fucking arms". (Note attached statements.)

Witness Information

Name / Title Address Phone

Supervisor Staff Use

Incident Reported Date: 2/23/99 Time: 9 a.m. p.m. Reported by: Statements; Envelope

Emergency Information 911 Called ____ Yes ____ (No) If yes, what time? _____ a.m. p.m.

Was resident transported? ____ Yes ____ (No) If yes: Location _____ Time _____ a.m. p.m.

Was resident admitted to the Hospital? ____ Yes ____ (No)

Reported to: Record Name, Date and Time reported for each of the following.

Administrator on Call: Dennis Grant 2/23/99 Case Management Joan D'Lee 2/26/99

Parent / Guardian 2/26/99 4:30p [redacted] Social Services _____

Attending Physician _____ 911 Operator Name or No. _____

Physician's Response Date: _____ Time: _____ a.m. p.m. Orders given: _____

Describe any additional pertinent information /action taken: 2/25 TK was terminated. See attached.

Supervisors' Signature/ Title _____ Date 2/26/99

ROUTING: Document Signature and Date

Witness _____ Nurse on Duty _____

Nursing Manager _____ Habilitation Manager _____

Social Services Deborah Evans 2/26/99 Residential Director _____ 3/3/99

Executive Director _____ 3/4/99 Human Rights Comm. _____

*Note any further follow-up on the back of this form.

Faxed 2/26/99 4:30p

To Whom It May Concern,

Thursday February 18, 1999 I, Brenda Bailey & Donna Bush were helping Terri Kirby to fix Lauren [redacted] straps on chair. Lauren hit Terri Kirk and Terri pinched Lauren on right arm. Lauren hit Terri again and Terri said if you hit me again "I will break your fucking arms". I, Brenda Bail told Terri she is only a child. You should not talk to her like that. She said nobody hits me & gets by with it.

The same day my food I ordered came, Terri told me it was here. I said I need you to stay at table cause Darrell Downing was on it. She told me to close bathroom door & leave him on table alone. I told her I would not do that. She got mad that day but she did watch Darrell D. for me.

I hate to complain but it is not right for anyone to do that to any handicapped person.

Brenda Bailey
2-21-99

Received

TERRI KIRBY WAS helping me with LAUREN and ~~HIS~~ Brenda Bailey WAS helping TOO. WE WAS trying to Fix LAUREN STRAP on her Chair and she Lauren Kept on pinching us hard and LAUREN pinched TERRI KIRBY and TERRI told LAUREN to keep her FUCKING HAnd Off of her OR she WAS going to BREAK LAUREN HANDS. I told TERRI that she WAS a Little girl and she don't know no Better and that she should watch her mouth. She didn't Listen to me. This HAPPened on Thursday 18th at 3:00 PM OR PAST, She made me so mad. I WAS WORKing SO hard that night I FORGOT to Tell the NURSEON TERRI KIRBY. FOR what she said TO LAUREN.

Donna Bush RN

2-21-99

Memo

To: Terri Kirby

From: Alecia Estep

Date: 02/24/99

Re: Termination

It was reported to me by two Residential employees that on February 18, 1999 you were observed to pinch a resident and state " I will break your fucking arms." This is a violation of Policy 006-1 (Standards of Conduct), Policy 006-6 (Abuse and Neglect) and the State of Ohio Rights of Mentally Retarded or Developmentally Disabled Persons. Previously on February 2, 1999, you were given a written warning regarding breaks and the use of profanity. On February 11, 1999, you were given an unsatisfactory 90 day review continuing your orientation period for 60 days and a work improvement plan.

Based on the above information and the latest incident that occurred during your extended orientation period, I regret to inform you that your employment with Abilities First is terminated immediately.

Alecia Estep — 2-25-99

Alecia Estep, Supervisor — Date

Terri Kirby — 2-24-99

Terri Kirby — Date

Teri Eisele — 2/25/99

Teri Eisele, Nursing Manager — Date

Dennis Grant — 2/26/99

Dennis Grant, Director of Client Services — Date

File Staff accused re assigned. No evidence to support claims of staff who filed was fired for what Sh accused these staff of

MAJOR UNUSUAL INCIDENT REPORT

Resident Name: [redacted] Last Lauren First MI Home Facility: Doty House

Incident Information Reported Date: 2/25/99 Time: 230 a.m. (p.m.) Shift 2nd

Location: ✓ Home ___ School ___ Workshop ___ Outing ___ Other: ___

Describe nature and extent of the incident in detail: After being terminated Terri Kirby stated AM & SH pinched this resident & verbally abused this resident.

Witness Information (See attached)

Name / Title Address Phone

Supervisor Staff Use

Incident Reported Date: 2/25/99 Time: 2:30 a.m. (p.m.) Reported by: Teri Kirby

Emergency Information 911 Called ___ Yes ___ (No) If yes, what time? ___ a.m. p.m.

Was resident transported? ___ Yes ___ (No) If yes: Location ___ Time ___ a.m. p.m.

Was resident admitted to the Hospital? ___ Yes ___ (No)

Reported to: Record Name, Date and Time reported for each of the following.

Administrator on Call [illegible] 2/26/99 AM Case Management Joan O'Hare 2/26/99 AM

Parent / Guardian 2/26/99 4:30 [redacted] ocial Services ___

Attending Physician ___ 911 Operator Name or No. ___

Physician's Response Date: ___ Time: ___ a.m. p.m. Orders given: ___

Describe any additional pertinent information /action taken: @ this time Lauren will not receive care from AM or SH. A meeting will be scheduled with AM + SH at which time they will be reinserviced on Client's Rights. They will be informed in writing that if a similar incident involving either of them is reported and substantiated, it will result in immediate termination.

Supervisors' Signature/ Title [illegible] Date 2/26/99

ROUTING: Document Signature and Date

Witness ___ Nurse on Duty ___

Nursing Manager See above Habilitation Manager ___

Social Services Deborah Evers 2/26/99 Residential Director [illegible] 3/3/99

Executive Director J. Thomas Wheeler 3/4/99 Human Rights Comm. ___

*Note any further follow-up on the back of this form.

Faxed 2/26/99 4:25p

To Whom it May Concern

April & Stephanie both has pinched Lauren plenty of times when she has pinched them. Plus April bit Lauren on the finger when Lauren bit her. April has made statements that she was going to squash her head like a grape.

Sincerely Yours,
Terri Kirby

TRANSMISSION VERIFICATION REPORT

TIME : 02/26/1999 16:18
NAME : DOTTY HOUSE
FAX : 7273817
TEL : 4235806

DATE,TIME	02/26 16:15
FAX NO./NAME	815138675783
DURATION	00:02:31
PAGE(S)	06
RESULT	OK
MODE	STANDARD ECM

Ohio Department of Mental Retardation and Developmental Disabilities
County Board of Mental Retardation and Developmental Disabilities

CBMR/DD INCIDENT REPORT (ITS)

Incident No.	County	Client No.	Client Name (Last, First, Middle, Surname)	Gender
	BUTL	[redacted]	[redacted] LAUREN	M / (F)

Client Social Security No.	Client Date of Birth (mm/dd/yyyy)	Facility No.	Facility Name
[redacted]	[redacted]	0910161	Abilities First Foundation

Street Address	City	State	Zip Code
4710 Timber Trail	Middletown	Ohio	

Incident Type (Check One)	Incident Date (mm/dd/yyyy)	Incident Time Known?	Incident Time (00:00) (Circle One)
☑ A - Individual ☐ B - Group	2/25/99	(Y) N	2:30 : AM / (PM)

MUI Reviewer Assigned	Victim?	Alleged Perpetrator?	Alleged Perpetrator Name
JIMMIE HARDIN	(Y) / N	Y / N	

Is the Alleged Perpetrator SL Service Provider?	Alleged Perpetrator's Soc. Sec. No. (If SL Provider)	Neglect?	Attempted Suicide?	Rights Code Violations?
(Y) N	___-___-____	☐ Yes	☐ Yes	☐ Yes

Type of Incident Location: (Check One)

- ☐ A - Early Intervention
- ☐ B - School
- ☐ C - Adult Program
- ☐ D - Community Employment
- ☑ E - Residence
- ☐ F - Other: _____

Notification: (Check All Applicable)

- ☐ A - Local Law Enforcement Agency
- ☑ B - ODMR/DD Office of Licensure
- ☐ C - CDHS Children's Protective Services/ Children's Services Bureau
- ☐ D - Relative
- ☐ E - Legal Guardian
- ☐ F - Other: _____

Perpetrator's Relationship to Victim: (Check One)

- ☐ A - Family
- ☐ B - Staff
- ☐ C - Volunteer
- ☐ D - Peer
- ☐ E - Client
- ☐ F - Unknown

Health Treatment: (Check One)

- ☐ A - Hospitalization/Medical Treatment Facility
- ☐ B - Mental Health Institution
- ☐ C - Hospital Emergency Room

Origin of Life Threatening Reaction: (Check One)

- ☐ A - Adverse reaction to medication
- ☐ B - Failure to take medication
- ☐ C - Failure to follow prescribed dietary
- ☐ D - Failure to follow medical treatment plans
- ☐ E - Pattern of Medication Errors

Abuse Category: (Check All Applicable)

- ☑ A - Physical
- ☐ B - Sexual
- ☐ C - Theft
- ☐ D - Fraud

Death Category: (Check One)

- ☐ A - Natural
- ☐ B - Suicide
- ☐ C - Homicide
- ☐ D - Accident

Fire or Damage Results: (Check All Applicable)

- ☐ A - Injury to the individual (s)
- ☐ B - Relocation of the individual (s)
- ☐ C - Inability to provide services

Law Enforcement Action: (Check One)

- ☐ A - Arrest
- ☐ B - Charges pressed
- ☐ C - Criminal conviction
- ☐ D - Incarceration

Administrative Action Taken: (Check All Applicable)

- ☐ A - Staff suspended
- ☐ B - Staff terminated
- ☐ C - Other administrative actions taken
- ☐ D - No administrative actions taken

Jimmie Hardin 3/12/99
Signature of MUI Reviewer Date

Incident Review Status:

- ☐ OI - Open - Information Pending
- ☐ OC - Open - Information Complete
- ☑ CL - Incident Case Closed

Mark Angelo 3/12/99
Signature, Supervisor of MUI Reviewer Date

Date Case Closed (mm/dd/yyyy)

3/12/99

Is the incident substantiated:

☑ Yes ☐ No

Incident Statement: (Describe the incident completely, e.g., the circumstances and cause of incident, and the nature and extent of physical harm, etc, identifying interventions attempted, outcome for the individual with MR/DD, and responsible party(ies). Attach additional sheets, if necessary)

CONSUMER NAME: LAUREN [redacted] DATE OF INCIDENT: 2/25/99

On 2/25/99, Community Support Services received a report from Abilities First Foundation stating a staff person was observed pinching Lauren and threatening to break her arm. This incident was witnessed by two other staff members. The accused employment was terminated effective immediately.

staff fired other staff re assigned no evidence to support claim

Memo

To: Terri Kirby

From: Alecia Estep

Date: 02/24/99

Re: Termination

It was reported to me by two Residential employees that on February 18, 1999 you were observed to pinch a resident and state " I will break your fucking arms." This is a violation of Policy 006-1 (Standards of Conduct), Policy 006-6 (Abuse and Neglect) and the State of Ohio Rights of Mentally Retarded or Developmentally Disabled Persons. Previously on February 2, 1999, you were given a written warning regarding breaks and the use of profanity. On February 11, 1999, you were given an unsatisfactory 90 day review continuing your orientation period for 60 days and a work improvement plan.

Based on the above information and the latest incident that occurred during your extended orientation period, I regret to inform you that your employment with Abilities First is terminated immediately.

Alecia Estep — 2-25-99

Alecia Estep, Supervisor — Date

Terri Kirby — 2-24-99

Terri Kirby — Date

Teri Eisele — 2/25/99

Teri Eisele, Nursing Manager — Date

Dennis Grant — 2/26/99

Dennis Grant, Director of Client Services — Date

MAJOR UNUSUAL INCIDENT REPORT

Resident Name: [redacted] Last Lauren First Home Facility: Doty House

Incident Information Reported Date: 2/25/99 Time: 230 a.m. (p.m.) Shift 2nd

Location: ✓ Home ___ School ___ Workshop ___ Outing ___ Other: ___

Describe nature and extent of the incident in detail: After being terminated Terri Kirby stated AP + SH pinched this resident + verbally abused this resident.

Witness Information (See attached)

Name / Title Address Phone

Supervisor Staff Use

Incident Reported Date: 2/25/99 Time: 2:30 a.m. (p.m.) Reported by: Terri Kirby

Emergency Information 911 Called ___ Yes ___ (No) If yes, what time? ___ a.m. p.m.

Was resident transported? ___ Yes ___ (No) If yes: Location ___ Time ___ a.m. p.m.

Was resident admitted to the Hospital? ___ Yes ___ (No)

Reported to: Record Name, Date and Time reported for each of the following.

Administrator on Call Dennis Hart 2/26/99 AM Case Management Joan O'Lare 2/26/99 AM

Parent / Guardian ___ Social Services ___

Attending Physician ___ 911 Operator Name or No. ___

Physician's Response Date: ___ Time: ___ a.m. p.m. Orders given: ___

Describe any additional pertinent information /action taken: @ this time Laura Lucid not receive care from AM or SH.

Supervisors' Signature/ Title Theresa D (Dir.) Date 2/26/99

ROUTING: Document Signature and Date

Witness ___ Nurse on Duty ___

Nursing Manager (See above) Habilitation Manager ___

Social Services ___ Residential Director ___

Executive Director ___ Human Rights Comm. ___

*Note any further follow-up on the back of this form.

Faxed 2/26/99 4:27p

To Whom it May Concern

April & Stephanie both have pinched Lauren plenty of times when she has pinched them. Plus April bit lauren on the finger when lauren bit her. April has made statements that she was going to squash her head like a grape.

Sincerely Yours,
Terri Kirby

Terminated

Stephanie & April re assign temp.
Reinservice over res rights.

2/25/99
These statements were made to Lauren. Karen Smith

MAJOR UNUSUAL INCIDENT REPORT

Resident Name: [redacted] Lauren M
Last First

Home Facility: Doty House

Incident Information Date: 2/18/99 Time: 2nd a.m. p.m. Shift

Location: ✓ Home ___ School ___ Workshop ___ Outing ___ Other:

Describe nature and extent of the incident in detail:
2 ATSs' reported to a Supervisor that ATS TK verbally & Physically abused this resident by pinching resident & resident pinched TK & stating "I will break your fucking arms". Note attached Statements.

Witness Information

Name / Title Address Phone

Supervisor Staff Use

Incident Reported Date: 2/23/99 Time: 9 a.m. p.m. Reported by: Statements in Envelope

Emergency Information 911 Called ___ Yes ___ No If yes, what time? ___ a.m. p.m.

Was resident transported? ___ Yes ___ No If yes: Location ___ Time ___ a.m. p.m.

Was resident admitted to the Hospital? ___ Yes ___ No

Reported to: Record Name, Date and Time reported for each of the following.

Administrator on Call: Dennis Grant 2/23/99 Case Management: Joan O'Lare 2/26/99

Parent / Guardian 2/26/99 Social Services ___

Attending Physician ___ 911 Operator Name or No. ___

Physician's Response Date: ___ Time: ___ a.m. p.m. Orders given: ___

Describe any additional pertinent information /action taken: On 2/25 TK was terminated. See attached.

Supervisors' Signature/ Title [signature] Date 2/26/99

ROUTING: Document Signature and Date

Witness ___ Nurse on Duty ___

Nursing Manager [signature] Habilitation Manager ___

Social Services ___ Residential Director ___

Executive Director ___ Human Rights Comm. ___

*Note any further follow-up on the back of this form.

Faxed 2/26/99 4PM

To Whom It May Concern,

Thursday February 18, 1999 I, Brenda Bailey & Donna Bush were helping Terri Kirby to fix Lauren Cantens straps on chair. Lauren hit Terri Kirby and Terri pinched Lauren on right arm. Lauren hit Terri again and Terri said if you hit me again "I will break your fucking arms". I, Brenda Baile told Terri she is only a child. You should not talk to her like that. She said nobody hits me & gets by with it.

The same day my food I ordered came, Terri told me it was here. I said I need you to stay at table cause Darrell Downing was on it. She told me to close bathroom door & leave him on table alone. I told her I would not do that. She got mad that day but she did watch Darrell D. for me.

I hate to complain but it is not right for anyone to do that to any handicapped person.

Brenda Bailey
2-21-99

Received.

TERRI KIRBY WAS helping me with LAUREN and ~~WAS~~ Brenda Bailey WAS helping TOO. WE WAS trying TO Fix LAUREN STRAP on her Chair and she (Lauren) Kept on pinching us hard and LAUREN pinched TERRI KIRBY and TERRI told LAUREN to keep her FUCKING HAND Off of her OR she WAS going to BREAK LAUREN HANDS. I told TERRI that she WAS A LITTLE (girl) and she don't know NO Better and that she should WATCH her mouth. she didn't Listen to me. This HAPPened on Thursday 18th at 7:00PM OR PAST 7: she made me so mad. I WAS working so hard that night I FORGOT to Tell the NURSEON TERRI KIRBY. FOR what she said TO LAUREN.

Donna Bush RN

2-21-99

CONTRACT #0900010

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
O. 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: 01/01/99 - 01/31/99 PRIMARY DIAG CODE: 03190

NAME: [redacted] LAUREN (1599) MEDICAID #[redacted]

DOB: [redacted] CASE MANAGER: Jimmie Hardin DATE: 1/31/99

DATE	START	END	1	2	3	4	UNITS	CASE/PROGRESS NOTES	CM
01/12/99	08:30:00	08:40:00	B	K	O	V	1	Completed MUI report #0066N-98.	JHJ

CONTRACT #0900010

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

1) LOCATION CODE	2) CONTACT CODE	3) SERVICE CODE	4) SERV NEEDS CODE
A. Hospital	G. With Individual	L. Needs Assessment	R. Housing/Placement
B. In Office	H. With Individual/Phone	M. Crisis Intervention	S. Interpersonal
C. Residential Fac/Home	I. With Essential Other	N. Information/Referral	T. Monitoring
D. Place of Employ/Day Prog/School	J. With Essential Other/Phone	O. U.I.R.	U. Comprehensive Evaluation
E. Transport of Client	K. Written	P. Service Monitoring	V. U.I.R. Follow-up
F. Other		Q. Service Coordinating	W. Crisis Resolution
			X. Other
			Y. Team Meeting

SERVICE PERIOD: 03/01/99 - 03/31/99 PRIMARY DIAG CODE: 03190

NAME: [redacted] LAUREN (1599) MEDICAID #[redacted]

DOB: [redacted] CASE MANAGER: Jimmie Hardin DATE: 3/31/99

DATE	START	END	1	2	3	4	UNITS	CASE/PROGRESS NOTES	CM
03/04/99	02:00:00	03:30:00	C	I	O	V	6	Meeting at Doty House with Debbie Ewers to discuss this allegation. It was reported that a staff person, Terri Kerby, pinched and verbally abused Lauren. This incident was witnessed by 2 other staff member. See file for witnesses statements. Debbie stated that the accused was fired. CSS closed this case.	JHJ
03/08/99	08:45:00	08:50:00	B	K	O	V	0	Completed abuse report #7A99 to ODMR/DD. Acknowledged staff was fired and requested case be closed.	JHJ