



Division of Information Systems

ODMR/DD INCIDENT REPORT (ITS)

<u>IncidentNum</u> 2006-009-0214	<u>GroupName</u> BUTL	<u>ClientNum</u> 9698260	<u>ClientName</u> [REDACTED] LAUREN	<u>Gender</u> F
<u>SSN</u> [REDACTED]	<u>DOB</u> [REDACTED]	<u>FacilityNum</u> 0	<u>Facility</u> ALEXSON SERVICES/FAIRFIELD	
<u>Address1</u> 350 KOLB DRIVE			<u>City</u> FAIRFIELD	<u>State</u> OH
<u>ZipCode</u> 45014				
<u>Final Due Date</u> 6/20/2006	<u>IncidentDate</u> 5/8/2006	<u>IncidentTime</u>	<u>DiscoveryDate</u> 5/8/2006	<u>DiscoveryTime</u>
<u>CreatedDate</u> 5/9/2006				
<u>Incident Category</u> Alleged Abuse Physical Unknown 0 0				
<u>Incident Location</u> Non-County Operated Program Residence ICF/MR 0				
<u>Notifications</u> Childrens Services Bureau - May 8 2006 Provider Agency - May 8 2006 Legal Guardian - May 8 2006 Family - May 8 2006 SSA - May 8 2006		<u>Coroner</u> Living Arrange: ICF/MR Notified: Accepted: Autopsy: Rec. Closure: 6/20/2006 2:04:51PM <u>Incident Review Status</u> Open With Information Submitted <u>ClosedDate</u> <u>WasSubstantiated</u> <u>Investigated By</u> Insufficient evidence Investigative Agent <u>Last Change By</u> Karen S Feltner		
<u>Name</u>	<u>SSN</u>	<u>DOB</u>	<u>Address</u>	
<u>Employment:</u>		<u>Relation:</u>		
Total :				

000227322
LAUREN [REDACTED] Intake: JOSHUA OHAIR
MUI Case File 7/19/2010 11:31:27 AM

STATEMENT:

On 5/8/06 Nina Rose, nurse at Fairfield HS, reported to Cathy Hagins that she had concerns about Lauren. She reported Lauren came to school on 3/23/06 with a bite mark on her left shoulder. On 4/3/06 a burn was noted on her arm and on 5/8/06 two (2) fresh abrasions were noted on Lauren's back. Ms. Rose indicated she has attempted to discuss this with Fairfield Center and they become defensive. PPI is unknown at this time.
<Sandy L Donathan Added on 5/9/2006>

STATEMENT:

A. Allegation

On 5/8/06 Nina Rose, nurse at Fairfield High School, reported that Lauren [REDACTED] came to school on 3/23/06 with a bite mark on her left shoulder, on 4/3/06 a burn was noted on her arm and on 5/8/06 two (2) fresh abrasions were noted on Lauren's back. This was filed as an MUI for Alleged Physical Abuse.

B. Statement/Interview/Documentation Review

Interviews

Patrick Campbell, Program Support Manager/Fairfield Center (FFC)
Nick Filippini, Caseworker, Butler County Children's Services (CSB)
Conrad Clowers, QMRP/FFC

[REDACTED] father (interviewed by Nick Filippini)

Fred Idorenyin, Resident Specialist I (RSI)/FFC

Alicia Stokes, RSI/FFC

Kofi Akwete, RSI/FFC

Brandy Tumbleson, RSI/FFC

**Lauren was not interviewed due to her limited communication skills

Documents Reviewed

ITS Report for MUI#2006-009-0214

BCBMRDD Incident Report dated 5/8/06

FFC Incident Reports dated 3/25/06; 5/3/06; 5/8/06

BCBMRDD UI Quarterly Tracking Report - 1st quarter 2006

FFC Nurse's Notes 2/5/06 - 5/4/06

FFC Resident At-A-Glance/Recommendations

FFC Active Treatment Schedule

Behavioral Active Treatment Plan dated 1/26/06

FFC Health Functional Assessment dated 10/12/05

Fairfield High School (FHS) Daily Health Issues for Fairfield Center

E-Mail Correspondence

Interview Notes

Witness Statements

Home 500 Staff Assignment Sheets for 3/26/06 - 3/28/06

Photographs of injuries (taken by FHS school nurse **Please note that photographs are not labeled or dated.)

C. Findings of Investigation

On 5/8/06, Lauren's injuries as stated above were reported to the Butler County Children's Services Board. A caseworker, Nick Filippini, was assigned and this investigation was completed by CSB and MRDD. On 5/8/06, this IA and Nick met at FFC to begin the investigation. This IA and Nick met with Patrick Campbell, Program Support Manager/FFC. After advising Patrick of Lauren's injuries that had been reported, he located incident reports and Nurse's Notes. It was noted on 4/3/06 that Lauren had a rash on her arm. This is the same date that the school reported she had a burn on her arm.

This IA, Patrick and Nick observed Lauren in her home and after locating the current injuries on her back, photographs were taken. Lauren was resistant to this IA locating the injuries and was pinched several times by Lauren in the process. This IA, Patrick and Nick agreed that the injuries were best described as "abrasions" and were approximately 2-2 1/2 inches in length. One of the abrasions appeared to have a "squared" edge. Both areas were red in color. No other injuries or marks were observed on Lauren on this occasion. This IA, Patrick and Nick noted that Lauren was very active and moved about the home quickly, often bumping into objects. (Lauren has a diagnosis of cortical blindness.)

We observed areas/objects in Lauren's home that could have caused her current injuries. We determined that it was possible that Lauren had scraped against the corner of another resident's bed, a table, or the handle of the

stove. The shower chair that Lauren uses was also observed. Lauren has been known to "squirm" in the shower chair on a previous occasion, causing redness to her skin. The shower chair is mesh and could have possibly caused the abrasions.

This IA, Patrick and Nick spoke with Conrad Clowers, QMRP, regarding his knowledge of any of the above mentioned injuries. Conrad stated that he was aware of Lauren having a rash on 4/3/06 and stated that he corresponded with Lauren's teacher at school about it. He stated that the teacher stated it was a burn, but he and a nurse at FFC observed the area and the nurse determined it was a rash. Conrad stated that when the rash was treated, it went away. Conrad was not aware that Lauren had a "bite" on her shoulder on a previous occasion.

This IA, Patrick and Nick reviewed the log book in Lauren's home. It was noted that Lauren went for a visit with her parents on 5/7/06. There were no concerns reported from this visit. Nick stated that he would speak with [REDACTED] Lauren's father, to determine if anything unusual occurred during this visit. We agreed that FFC staff will be interviewed to determine if they have any knowledge of how Lauren may have received these injuries, but agreed that we may not be able to make a determination.

On 5/12/06, this IA spoke with Patrick. He stated that the hair dryer used in Lauren's home closely resembles the mark on Lauren's arm (as indicated in a photograph taken by FHS.) He stated that he has removed that hair dryer and replaced it with one with a recessed grid. He also glued a "diffuser" on the hair dryer to prevent anyone being able to touch the grid. Patrick stated that he would determine who was working on and around 3/28/06 (when the injury was noted) and schedule interviews with staff.

On 5/15/06, this IA spoke with Nick. He stated that he had spoken with Lauren's father who reported that he picked Lauren up from FFC on 5/7/06 for church. He stated that when he arrived, she was not appropriately dressed for church, so he assisted with changing her. He stated that he did not remove Lauren's body suit, so he did not observe her current injuries. He also stated that he had changed her Attend later that day, but again, did not remove her body suit. He reported that there were no incidents that may have caused these injuries.

On 5/18/06, this IA and Patrick interviewed staff at FFC who worked on or around 3/28/06 in Lauren's home. Nick declined to participate in the interviews. Brandy Tumbleson, RSI, was interviewed. She stated that she has seen bruises on Lauren in the past, but on areas that might be expected from her bumping into things (arms, shins, etc.) Brandy stated that she had not observed the abrasions on Lauren's back or the mark on her arm that appeared to be a burn. Upon further questioning, she stated she has seen Lauren have red marks on her shoulders from where her body suits have rubbed her skin. Brandy stated that she is aware that Lauren does not like to have her hair dried with the hair dryer. She stated that Lauren will often put her arms up and tuck her head to avoid the hair dryer. Brandy denied ever seeing a staff person cause harm to Lauren and denied that she has ever done anything to cause harm to Lauren.

Alicia Stokes, RSI, was interviewed. Alicia stated that she was aware of Lauren not liking to have the blow dryer used to dry her hair. She stated that she typically sets the dryer temperature on medium and dries Lauren's hair while she is in the shower chair. She stated that she was not aware of anyone causing harm to Lauren and denied causing harm to Lauren.

Kofi Akwete, RSI, was interviewed. He stated that Lauren often does not want to sit still while being bathed (either in the shower chair or in the bathtub.) He stated that while he uses the blow dryer to dry Lauren's hair, she often "gets her hands in the way" to avoid the heat from the hair dryer. He stated that it takes a very long time to dry her hair because she won't stand still and that he is rarely able to get her hair fully dry. He stated that he had never seen anyone cause harm to Lauren and denied doing so himself.

Idorenyin Fred, RSI, was interviewed. He stated that when he uses the hair dryer to dry Lauren's hair, he always uses the "medium" setting. He stated that Lauren will often not keep her head still and uses her hand to push the hair dryer away. He stated that he did not recall seeing a burn or rash on Lauren's arm in March. He stated that he has never seen anyone cause harm to Lauren nor has he caused harm to Lauren.

Documentation submitted by FHS indicates that there was a great deal of communication between FHS and FFC regarding Lauren's injuries. Lauren's teacher, Tony Huff, at FHS, sent e-mails to FFC regarding his concerns. On 3/29/06, he asked about the "burn" on Lauren's arm. The response from Mickelle Fuhrman, Home 500 Manager/FFC was that "the mark on her arm was made by her shirt. We also noticed it. Her shirt was too tight and she laid on it." The correspondence from Conrad Clowers indicates that FFC continued to believe the area was a rash while the Mr. Huff continued to believe it was a burn. Mr. Huff documented from 3/29/06 - 4/11/06 that the burn was still visible on Lauren's arm. Regardless of their opinions, the photograph of this injury indicates that this is a burn, likely from a hair dryer.

D. Conclusions

Based on the information gathered, this IA has determined that the allegation of physical abuse is unsubstantiated.

The case disposition is based upon the following findings:

1. There is no evidence that physical force was used to result in Lauren's injuries.

2. It is possible that Lauren received the abrasions on her back from scraping against an object.
3. It is possible that Lauren received the burn on her arm while putting her arms up to avoid the hair dryer.
4. CSB also agreed that allegations of physical abuse are unsubstantiated.
5. Witnesses appear to be credible.

<Karen S Feltner Added on 6/20/2006>

IMMEDIATE ACTION:

Nick Filippini, CSB SW, and Karen Feltner, IA assigned to this MUI, went to Fairfield Center to evaluate Lauren. Lauren has two (2) abrasions that do not require medical treatment. Lauren is non-verbal and cannot identify a PPI or indicate what happened. CSB could not justify removal at this time. Lauren is on visual checks every 15 minutes and this was not increased by the provider.

<Sandy L Donathan Added on 5/9/2006>

PREVENTION PLAN:

1. FFC staff are completing body checks on Lauren on each shift.
2. A hair dryer safety inservice was completed with FFC staff.
3. The hair dryer in Lauren's home was replaced with one with a recessed grid and a diffuser was glued on it for safety.

<Karen S Feltner Added on 6/20/2006>

Investigation Report

Summary Completed By Investigative Agent For Their Investigative File

Lauren [REDACTED]
MUI#2006-009-0214

A. Allegation

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Alicia Stokes, RSI I/FFC
Kofi Akwete, RSI/FFC
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On 5/8/06, this IA and Nick met at FFC to begin the investigation. This IA and Nick met with Patrick Campbell, Program Support Manager/FFC. After advising Patrick of Lauren's injuries that had been reported, he located incident reports and Nurse's Notes. It was noted on 4/3/06 that Lauren had a rash on her arm. This is the same date that the school reported she had a burn on her arm.

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This IA, Patrick and Nick reviewed the log book in Lauren's home. It was noted that Lauren went for a visit with her parents on 5/7/06. There were no concerns reported from this visit. Nick stated that he would speak with [REDACTED] Lauren's father, to determine if anything unusual occurred during this visit. We agreed that FFC staff will be interviewed to determine if they have any knowledge of how Lauren may have received these injuries, but agreed that we may not be able to make a determination.

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recessed grid. He also glued a "diffuser" on the hair dryer to prevent anyone being able to touch the grid. Patrick stated that he would determine who was working on and around 3/28/06 (when the injury was noted) and schedule interviews with staff. On 5/15/06, this IA spoke with Nick. He stated that he had spoken with Lauren's father who reported that he picked Lauren up from FFC on 5/7/06 for church. He stated that when he arrived, she was not appropriately dressed for church, so he assisted with changing her. He stated that he did not remove Lauren's body suit, so he did not observe her current injuries. He also stated that he had changed her Attend later that day, but again, did not remove her body suit. He reported that there were no incidents that may have caused these injuries.

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Documentation submitted by FHS indicates that there was a great deal of communication between FHS and FFC regarding Lauren's injuries. Lauren's teacher, Tony Huff, at FHS, sent e-mails to FFC regarding his concerns. On 3/29/06, he asked about the "burn" on Lauren's arm. The response from Mickelle Fuhrman, Home 500 Manager/FFC was that "the mark on her arm was made by her shirt. We also noticed it. Her shirt was too tight and she laid on it." The correspondence from Conrad Clowers indicates that FFC continued to believe the area was a rash while the Mr. Huff continued to believe it was a burn. Mr. Huff documented from 3/29/06 - 4/11/06 that the burn was still visible on

Lauren's arm. Regardless of their opinions, the photograph of this injury indicates that this is a burn, likely from a hair dryer.

D. Conclusions

According to the OAC 5123:2-17-02 "physical abuse means the use of physical force that can be reasonably expected to result in physical harm."

Based on the information gathered, this IA has determined that the allegation of physical abuse is unsubstantiated.

The case disposition is based upon the following findings:

1. There is no evidence that physical force was used to result in Lauren's injuries.
2. It is possible that Lauren received the abrasions on her back from scraping against an object.
3. It is possible that Lauren received the burn on her arm while putting her arms up to avoid the hair dryer.
4. CSB also agreed that allegations of physical abuse are unsubstantiated.
5. Witnesses appear to be credible.

E. Prevention Plan

1. FFC staff are completing body checks on Lauren on each shift.
2. A hair dryer safety inservice was completed with FFC staff.
3. The hair dryer in Lauren's home was replaced with one with a recessed grid and a diffuser was glued on it for safety.

Karen Jeltner
Investigative Agent

6-13-06
Date

Karen Feltner

From: Sandy Donathan
Sent: Tuesday, July 11, 2006 8:22 AM
To: Karen Feltner; Jimmie Hardin; Cathy Hagins; 'Patrick Campbell'
Subject: FW: Case Closed - Incident 2006-009-0214

This alleged physical abuse MUI has been closed by the state.

Sandy Donathan

-----Original Message-----

From: ITS.Support@odmrdd.state.oh.us [mailto:ITS.Support@odmrdd.state.oh.us]
Sent: Monday, July 10, 2006 5:45 PM
Subject: Case Closed - Incident 2006-009-0214

Automated Notification of Case Closure: 2006-009-0214
Client: Client Number: 9698260 - [REDACTED] Lauren
Incident Date: 05/08/2006
Current Date: 7/10/2006 5:44:55 PM
Closed Date: 7/10/2006
Updated By: Kristie A Overton

**BUTLER COUNTY BOARD OF MENTAL RETARDATION
AND DEVELOPMENTAL DISABILITIES
INCIDENT SUMMARY REPORT**

TO: Patrick Campbell, Program Support Manager/Fairfield Center (FFC)

FROM: Karen Feltner, Investigative Agent (IA)

DATE OF INCIDENT: 5/8/06
INDIVIDUAL'S NAME: Lauren [REDACTED]
LOCATION OF INCIDENT: Residence -- Fairfield Center
DESCRIPTION OF INCIDENT: Alleged Abuse - Physical

This report is written as a requirement of the Ohio Department of Mental Retardation and Developmental Disabilities in follow up to an Incident that was reported. The Butler County Board of Mental Retardation and Developmental Disabilities is required, through the Ohio Administrative Code, to complete an administrative review of incidents that involve individuals who have been hospitalized, injured to a degree that affects their health and safety, or experience other situations that are negative or harmful to the individual. This report is not all inclusive of the information that was gathered, but is intended to give you a brief summary of the incident, the outcome of the administrative review, and plans that are intended to deter future incidents. If you have questions about this process please do not hesitate to contact me at 867-5674 and I will do my best to assist you.

A. STATEMENT:

On 5/8/06 The Office of Incident Review (OIR) received a report that Lauren [REDACTED] came to school on 3/23/06 with a bite mark on her left shoulder, on 4/3/06 a burn was noted on her arm and on 5/8/06 two (2) fresh abrasions were noted on Lauren's back. This was filed as an MUI for Alleged Physical Abuse.

B. SUMMARY OF REVIEW:

Staff at FFC were interviewed regarding these injuries. All staff interviewed indicated that they had not seen anyone cause harm to Lauren nor had they caused harm to her themselves. Staff indicated that Lauren does not like to have her hair dried with the hair dryer and often puts up her arms to block it. (The photograph of the burn is in the pattern of a grid on a hair dryer.) Lauren's home environment was observed for objects that could have possibly caused any of these injuries. It was determined that it was possible that Lauren had scraped against the corner of another resident's bed, a table, or the handle of the stove, causing the abrasions on her back. The shower chair that Lauren uses was also observed. Lauren has been known to "squirm" in the shower chair on a previous occasion, causing redness to her skin. The shower chair is mesh and could have possibly caused the abrasions. The area on her shoulder could have possibly been caused by her

clothing being too tight. This was observed on one occasion by one of the FFC staff interviewed.
According to FFC documentation, there are no known incidents that could have resulted in these injuries.

C. FINDINGS AND CONCLUSION:

According to the OAC 5123:2-17-02 "physical abuse means the use of physical force that can be reasonably expected to result in physical harm."
Based on the information gathered, this IA has determined that the allegation of physical abuse is unsubstantiated.

The case disposition is based upon the following findings:

1. There is no evidence that physical force was used to result in Lauren's injuries.
2. It is possible that Lauren received the abrasions on her back from scraping against an object.
3. It is possible that Lauren received the burn on her arm while putting her arms up to avoid the hair dryer.
4. CSB also agreed that allegations of physical abuse are unsubstantiated.
5. Witnesses appear to be credible.

D. PREVENTION PLAN:

1. FFC staff are completing body checks on Lauren on each shift.
2. A hair dryer safety inservice was completed with FFC staff.
3. The hair dryer in Lauren's home was replaced with one with a recessed grid and a diffuser was glued on it for safety.

Please note that the individual, advocate selected by the individual, or the legal guardian, as applicable, and the provider may submit written comments and/or dispute the findings of the County Board regarding the Administrative Review's conclusion and any preventative measures implemented in response to the Incident. Any dispute of the findings in this report will be forwarded to the Ohio Department of Mental Retardation and Developmental Disabilities for review. Please send any comments to the attention of Karen Whalen, Director of Quality Assurance and Medicaid Services, by 6/20/06, 441 Patterson, Fairfield, Ohio 45014

This Administrative Review will not be officially closed by the Ohio Department of Mental Retardation and Developmental Disabilities any sooner than the date listed above.

SIGNED: Karen Jeltner DATE: 6/13/06
INVESTIGATIVE AGENT

cc: [REDACTED] father
Cheryl Farnsley, Administrator/FFC
Jimmie Hardin, QE for ICFs/BCBMRDD

Karen Whalen, QAMS Director/BCBMRDD
MUI File

Ohio Department of Mental Retardation and Developmental Disabilities Division of Information Systems ODMR/DD INCIDENT REPORT (ITS)							
<u>IncidentNum</u>	<u>GroupName</u>	<u>Facility</u>					
2006-009-0214	BUTL	ALEXSON SERVICES/FAIRFIELD					
<u>SSN</u>	<u>DOB</u>	<u>ClientNum</u>	<u>ClientName</u>	<u>Gender</u>			
			LAUREN	F			
<u>Address1</u>			<u>City</u>	<u>State</u>	<u>ZipCode</u>		
350 KOLB DRIVE			FAIRFIELD	OH	45014		
<u>Final Due Date</u>	<u>IncidentDate</u>	<u>IncidentTime</u>	<u>DiscoveryDate</u>	<u>DiscoveryTime</u>	<u>CreatedDate</u>		
6/20/2006	5/8/2006		5/8/2006		5/9/2006		
<u>Incident Category</u>	Alleged Abuse - Physical - Unknown - 0 - 0						
<u>Incident Location</u>	Non-County Operated Program - Residence - ICF/MR - 0						
<u>Notifications</u>	<u>Coroner Notified:</u> <u>Incident Review Status</u> Open with Information Pending <u>ClosedDate</u>			<u>Accepted:</u> <u>WasSubstantiated</u>	<u>Autopsy:</u> <u>Last Change By</u> Sandy L Donathan		
Childrens Services Bureau - May 8 2006 Provider Agency - May 8 2006 Legal Guardian - May 8 2006 Family - May 8 2006 SSA - May 8 2006							

Incident: 2006-009-0214 | Page 1 of 2 | Printed: 5/9/2006 9:12:23 AM

Statement:

On 5/8/06 Nina Rose, nurse at Fairfield HS, reported to Cathy Hagins that she had concerns about Lauren. She reported Lauren came to school on 3/23/06 with a bite mark on her left shoulder. On 4/3/06 a burn was noted on her arm and on 5/8/06 two (2) fresh abrasions were noted on Lauren's back. Ms. Rose indicated she has attempted to discuss this with Fairfield Center and they become defensive. PPI is unknown at this time. <Sandy L Donathan Added on 5/9/2006>

Immediate Action:

Nick Filippini, CSB SW, and Karen Feltner, IA assigned to this MUI, went to Fairfield Center to evaluate Lauren. Lauren has two (2) abrasions that do not require medical treatment. Lauren is non-verbal and cannot identify a PPI or indicate what happened. CSB could not justify removal at this time. Lauren is on visual checks every 15 minutes and this was not increased by the provider. <Sandy L Donathan Added on 5/9/2006>

Incident: 2006-009-0214 | Page 2 of 2 | Printed: 5/9/2006 9:12:23 AM

Sandy Donathan

From: Sandy Donathan
Sent: Tuesday, May 09, 2006 8:18 AM
To: Cathy Hagins; Jimmie Hardin; 'cclowers@magcorp.com'; 'Patrick Campbell'
Subject: Lauren [REDACTED] 006-009-0214

A MUI for alleged physical abuse has been filed on Lauren's behalf. Karen Feltner has been assigned to this investigation.

Sandy L. Donathan
Incident Review Specialist
Butler County MRDD
441 Patterson Drive
Fairfield, OH 45014
513-867-5992
sandyd@butlermrdd.org

5/9/2006

NICK

Revised 10/02

PART I

BUTLER COUNTY BOARD OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES
UNUSUAL INCIDENT, CONDITION, AND INJURY REPORT
(If a question does not apply, insert N/A in the appropriate blank, check appropriate ☐)

DESCRIPTION OF ☐ INCIDENT, ☒ CONDITION, AND/OR ☐ INJURY

Name of Individual: Lauren Date/Time of Incident: 3/23/06 4/3/06
Location of Incident: Fairfield Center Area/Room: + 5/8/06

Activity at time of Incident: _____
Describe the Incident, condition, or injury (what, where, how, and when: was observed or heard):
On this date, I received a report from Nurse Rose, Fairfield School (H.S.)
nurse that she has concerns about Lauren. On 3/23/06 Lauren came to
school with bite marks on her left shoulder. On 4/3/06 a hand was
placed on her arm and today 5/8 a fresh abrasion was
noted on Lauren's back. Mrs. Rose has attempted to discuss this

Was there apparent injury: ☐ No ☒ Yes What part of body was affected? With FF Center and they
Describe injury or markings: shoulder, arm, a burn became defensive.

Was there any apparent property damage? ☐ No ☒ Yes Describe damage: N/A
Were there any other witnesses ☐ No ☒ Yes List name, title, program site: N/A

Who else was on duty in the area/room at the time of the Incident? ?

What action did you take after the Incident occurred? Describe: I reported this to OIR.

Who was supervising the individual at the time of the Incident? _____

Report completed by: (SIGNATURE / POSITION): Cathy Hagins, ECR, DC.

What will be done to prevent/reduce the likelihood of future occurrences? Fairfield School is
verifying children's services of their concerns.

Time/Date Report Completed: 1:21 pm 5/8/06 Time/Date Filed with Supervisor: 1:21 5/8/06
Supervisory Response: Request Report be forwarded to OIR.

Debra Broad Date 5/8/06

Does individual have a Legal Guardian? Yes ☐ No ☒ Legal Guardian's Name: _____

NOTIFICATION REGARDING THIS UNUSUAL INCIDENT, CONDITION, AND/OR INJURY
WHO WAS NOTIFIED DATE/TIME HOW NOTIFIED BY WHOM/POSITION
(NAME POSITION) WHEN NOTIFIED (PHONE, E-MAIL, FAX IN PERSON, OTHER)

WHO WAS NOTIFIED (NAME POSITION)	DATE/TIME WHEN NOTIFIED	HOW NOTIFIED (PHONE, E-MAIL, FAX IN PERSON, OTHER)	BY WHOM/POSITION
<u>Debra Broad</u>	<u>5/8/06 1:21</u>	<u>in person</u>	
<u>Sandy Davidson</u>	<u>5/8/06 1:21</u>	<u>phone</u>	

Family/Guardian notified? Yes ☒ No ☐ Notified by Nurse Rose Fairfield School
742-2999 ext 109

MEDICAL ATTENTION

Facility Treatment: Was medical attention given? ☐ No ☒ Yes Was person referred by nursing? ☐ No ☒ Yes
Treatment given by: _____ Date/Time: _____
Was there hospital or outside treatment? ☐ No ☒ Yes Where? _____ Date/Time: _____
Taken by: _____ Admit to hospital (Date/Time): _____
Release by hospital (Date/Time): _____
Describe treatment: _____

Treatment given/report completed by: _____ Date/Time: _____
The Facility/Program/Service Supervisor, Facility Nurse, or designee will immediately notify the Superintendent of all injuries of a serious nature, when the individual is treated at the hospital, as well as follow-up
ADMIN. REVIEW: Program Director: _____ Date: _____ Central Admin: _____ Date: _____
COPIES TO: ☐ Superintendent ☐ OIR ☐ Support Coordinator ☐ Facility/Program/Service Supervisor ☐ Nursing ☐ Other

MAY.09.2006 06:57

#0022 P.001/002

Individual's Name: Lauren
Location of Incident: Unaware
Person assigned to individual at time of incident:
Witnesses (specify): None

Home: 500 Time Report: _____ AM/PM
Date: 5-8-06 Time Injured: _____ AM/PM

Check all that apply, then describe exactly what happened, why it happened, action taken below			
BEHAVIORAL		MEDICAL	
<input type="checkbox"/> Restraint used	<input type="checkbox"/> Injury	<input type="checkbox"/> Hospital Admission	
Type used:	Location of injury:	<input type="checkbox"/> Planned (U)	
How long used:	Cause of injury:		
<input type="checkbox"/> Aggression to Others	<input type="checkbox"/> Laceration	<input type="checkbox"/> Reddened Area	
<input type="checkbox"/> Injury to Other	<input checked="" type="checkbox"/> Bruise	<input type="checkbox"/> Other (specify)	
Victim(s) Name:	<input type="checkbox"/> Scratch / Scrape		
<input type="checkbox"/> Aggression by Others	<input type="checkbox"/> Blister / Burn		
Perpetrator(s) Name:	<input type="checkbox"/> Illness / Medical		
<input type="checkbox"/> Property Damage	<input type="checkbox"/> PICA	<input type="checkbox"/> Rash	
<input type="checkbox"/> Aggression to Self	<input type="checkbox"/> Non-Compliance	<input type="checkbox"/> Infection	
<input type="checkbox"/> Verbal Aggression	<input type="checkbox"/> Strapping	<input type="checkbox"/> Other (specify):	
<input type="checkbox"/> Threat of Suicide	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> Pressure sore	
<input type="checkbox"/> Throwing Objects		<input type="checkbox"/> Significant Weight +/-	
<input type="checkbox"/> Sexual Inappropriate		<input type="checkbox"/> Medication refusal	

Description of incident: What was happening before the incident/ during incident/ after incident.
(Immediate action / what did you do protect the person immediately or prevent the incident from happening again)

Administrator contacted nursing dept and
stated for us to check for bruising and
a burn mark possibly from hair dryer.

Ensure to report to nursing immediately & turn in the report to the main nursing station within 1 hour

Name of Nurse contacted (required)

Time notified: 2:30pm

Report completed by (signature/Title)

Date: 5-8-06

Date Revised 6-20-04

MAY.09.2006 06:58

#0022 P.002/002

Faced to OIR
Copy to APSI

Title: _____
OIR: _____
Guardian: _____
Family: _____
DON: _____
Administrator: _____

Name of person notified
Sandy Davidson
Deanna West
Cheryl F.

Date / Time
5-8-06 2:53 PM
5-8-06 2:53 PM
Person Notifying
J. Evans LPN
Kay J LPN
5-8-06 2:54 PM Kay J LPN
5-8-06 2:54 PM J. Evans LPN

Guidelines for Nursing follow-up and reporting

MUI's - require notification: OIR, Guardian/family, Administrator	
peer abuse - injury or significant impact (crying)	Missing - Longer than 1 hour
Abuse - reasonable to expect physical harm - notify police	Medical Emergency - Heimlich IV antibiotics...
Abuse - threatening, intimidation, humiliating...	Unplanned Hospital Admission
Abuse - (send for rape kit as required)	Injury - Unknown / Suspicious that requires medical treatment that only a physician or nurse practitioner can give, significant impact, 5 or more sutures
- failure to provide... related to health/safety	Behavior support - use of restraint NOT in plan.
Violations - that adversely affect health and safety	Attempted Suicide - regardless of harm - follow suicide policy
Appropriations - notify police	Series - 3x week / 5x month - adversely affect health/safety and is not addressed in Plan.
regardless of cause notify coroner	
Arrestment - charges, arrested or incarcerated	
on (24 hours) - Fire, mechanical failure...	
Significant Incident - require notification: Guardian/family, Administrator	
peer abuse - without injury or significant impact	injury - that has a known cause and is not suspicious
or scheduled Hospital Admissions	Behavior support - use of restraint that is in plan.
Suicide - No attempt - must follow suicide policy	Rights Violations - that do not adversely affect health/safety
harm to self - No attempt - must follow suicide policy	Change in status: Significant weight lost, medical on refusals

rising assessment



Indicate on Diagram Location of injury

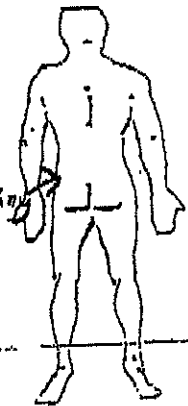
Injury

Medical

Non Apparent ☐
Laceration ☐
Bruise ☒
Scrape ☐
Burn / Blister ☐
Reddened Area ☐

Rash ☐
Bone Fracture ☐
Dislocation ☐
Sprain ☐
Scratch ☐
Other / Specific ☐

Pneumonia ☐
Infection ☐
UTI ☐
Pressure sore ☐
Other / Specify ☐
Admission ☐
ER Visit ☐
5 & Sutures ☐



Person notified: ☐

Immediate Action / Medical Intervention:

Did Complete body check of ms. carter. found two 2in by 2in purple bruises Left lower back just below waistline. Possibly 1 day old also found two 1/4 inch round bruise appears to be 4 to 5 days old. Head checked by 2 nurses and AMRN no burns found, only acne along side of hairline. No burns behind ears or head or anywhere on body.

bruises her on inner lower leg

Signature: Jennifer J. Evans Date: 5-8-06

Incident reports

Please ensure that all appropriate information is filled out, Please print.

Individual's Name: Scunior Home: 501 Time Began: 12:00 AM/PM
 Location of Incident: Boothwyn Date: 3/25/06 Time Ended: AM/PM
 Person assigned to individual at time of incident: Beaudy
 Witnesses (specify):

Check all that apply, then describe exactly what happened, why it happened, action taken below	
<input type="checkbox"/> Peer-to-Peer Abuse	<input type="checkbox"/> Sexual Abuse
<input type="checkbox"/> Physical Abuse	<input type="checkbox"/> Violation of Rights
<input type="checkbox"/> Verbal Abuse	<input type="checkbox"/> Alleged Neglect
<input type="checkbox"/> Relocation (24hrs)	<input type="checkbox"/> Death
<input type="checkbox"/> Law Enforcement	<input type="checkbox"/> Missing (24hrs)
<input type="checkbox"/> Attempted Suicide	<input type="checkbox"/> Series
<input type="checkbox"/> Misappropriation	<input type="checkbox"/> Fall
MEDICAL	
<input type="checkbox"/> Restraint used	<input type="checkbox"/> Injury
<input type="checkbox"/> Restraint not in plan (MU)	<input type="checkbox"/> Suspicious / Major Impact
Type used:	Location of Injury:
How long used:	Cause of Injury:
<input type="checkbox"/> Aggression to Others	<input type="checkbox"/> Laceration
<input type="checkbox"/> Injury to Other	<input type="checkbox"/> Bruise
Victim(s) Name:	<input type="checkbox"/> Scratch
<input type="checkbox"/> Aggression by Others	<input type="checkbox"/> Scrape
Perpetrators Name:	<input type="checkbox"/> Blister
<input type="checkbox"/> Property Damage	<input type="checkbox"/> Illness / Medical
<input type="checkbox"/> PICA	<input type="checkbox"/> Pneumonia
<input type="checkbox"/> Aggression to Self	<input type="checkbox"/> UTI
<input type="checkbox"/> Non Compliance	<input type="checkbox"/> Pressure sore
<input type="checkbox"/> Stripping	<input type="checkbox"/> Rash
<input type="checkbox"/> Other (specify):	<input type="checkbox"/> Infection
<input type="checkbox"/> Throwing Objects	<input type="checkbox"/> Other (specify):
<input type="checkbox"/> Sexual Inappropriate	<input type="checkbox"/> Hospital Admission
	<input type="checkbox"/> Unplanned (MU)
	<input type="checkbox"/> Planned (UI)
	<input type="checkbox"/> Medical Emergency
	<input type="checkbox"/> ER Visit
	<input type="checkbox"/> ER tube replacement
	<input type="checkbox"/> Sutures
	<input type="checkbox"/> Scratches / Allergies / Rash
	<input type="checkbox"/> Choking
	<input type="checkbox"/> Poisoning
	<input type="checkbox"/> Other (specify):

Description of Incident: What was happening before the incident/ during incident/ after Incident:
 (Immediate action / what did you do protect the person immediately or prevent the incident from happening again):

While the blood of real spots on her back at the top where she was screaming to get out of the shower chair and wanted to die her shoulders and upper back were hurting she got excited and started screaming and moving around on that machine the back needed a fix.

Ensure to report to nursing immediately & turn in the report to the main nursing station within 1 hour

Name of Nurse contacted (required): Beaudy Time notified:
 Report completed by (signature/Title): Beaudy Date: 3/25/06

Date Revised 1-23-06

Notification

Possible: UI ☐ MUT ☐ (If MUT Notify all parties)

☐ Faxed to OHR
☐ Faxed to APSI

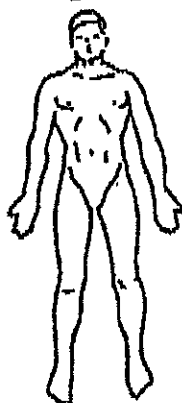
Title _____
Name of person notified _____
OTR: Wael Mout
Guardian: Debra
Family: _____
DON: _____
Administrator: Cheryl

Date / Time _____ Person Notifying _____
3/20/06 1:45P D3
3/25/06 1:45P D3
3/20/06 1:45P D3
3-25-06

Guidelines for Nursing follow-up and reporting

MUT's - require notification: OTR, Guardian/family, Administrator	
Peer to peer abuse - injury or significant impact	Missing - Longer than 1 hour
Physical Abuse - reasonable to expect physical harm - notify police	Medical Emergency - Heimlich, IV antibiotics...
Verbal Abuse - threatening, intimidation, humiliating...	Unplanned Hospital Admission
Sexual Abuse - (send for rape kit as required)	Injury - Unknown / Suspicious that requires medical treatment that only a physician or nurse practitioner can give, significant impact, 5 or more sutures
Neglect - failure to provide... related to health/safety	Behavior support - use of restraint NOT in plan
Rights Violations - that adversely affect health and safety	Attempted Suicide - regardless of harm - follow suicide policy
Misappropriations - notify police	Relocation (24 hours) - Fire, mechanical failure...
Death - regardless of cause notify coroner	
Law enforcement - charges, arrested or incarcerated	
Series - 3x week / 5x month - adversely affect health/safety	
UI's - Significant Incident - require notification: Guardian/family, Administrator	
Peer to peer abuse - without injury or significant impact	Injury - that has a known cause and is not suspicious
Planned or scheduled Hospital Admissions	Behavior support - use of restraint that is in plan
Threat of Suicide - No attempt - must follow suicide policy	Rights Violations - that do not adversely affect health/safety
Threat of harm to self - No attempt - must follow suicide policy	

Nursing assessment



Indicate on Diagram Location of Injury

Injury

Non Apparent ☐
Laceration ☐
Bruise ☐
Scrape ☐
Burn / Blister ☐
Reddened Area ☐

Rash ☐
Bone Fracture ☐
Dislocation ☐
Sprain ☐
Scratch ☐
Other / Specify ☐

Medical

Pneumonia ☐
Infection ☐
UTI ☐
Pressure sore ☐
Other / Specify ☐
Admission ☐
ER Visit ☐
5 ≥ Sutures ☐



Physician notified: ☐

Immediate Action / Medical Intervention: upper mid back Small Reddened area noted approx 1cm

Nurse's Signature: Debra Buschman

Date: 3/27/06

MAY.05.2006 07:45 5138740598

HARTFIELD CENTER

#4891 P.001/002

Individual's Name: LaurenHome: 000Unit: 700

AM/PM

Location of incident: HallDate: 5/3/06Time ended: 4:00

AM/PM

Person assigned to individual at time of incident: BettyWitnesses (specify): Ashley

Check all that apply, then describe exactly what happened, why it happened, action taken below			
<input type="checkbox"/> Restraint used		<input type="checkbox"/> Injury	
Type used:		Location of injury:	
How long used:		Cause of injury:	
<input type="checkbox"/> Aggression to Others		<input type="checkbox"/> Injury to Other	
Victim(s) Name:		<input type="checkbox"/> Laceration	
<input checked="" type="checkbox"/> Aggression by Others		<input type="checkbox"/> Bruise	
Perpetrator(s) Name:		<input type="checkbox"/> Scratch / Scrape	
<input type="checkbox"/> Property Damage		<input type="checkbox"/> Blister / Burn	
<input type="checkbox"/> PICA		<input type="checkbox"/> Illness / Medical	
<input type="checkbox"/> Aggression to Self		<input type="checkbox"/> Pneumonia	
<input type="checkbox"/> Non - Compliance		<input type="checkbox"/> Rash	
<input type="checkbox"/> Verbal Aggression		<input type="checkbox"/> UTI	
<input type="checkbox"/> Swearing		<input type="checkbox"/> Infection	
<input type="checkbox"/> Threat of Suicide		<input type="checkbox"/> Pressure sores	
<input type="checkbox"/> Other (specify):		<input type="checkbox"/> Other (specify):	
<input type="checkbox"/> Throwing Objects		<input type="checkbox"/> Significant Weight +/-	
<input type="checkbox"/> Sexual Inappropriate		<input type="checkbox"/> Medication refusal	

Restraint of incident: What was happening before the incident/ during incident/ after incident?
 (Immediate action / what did you do protect the person immediately or prevent the incident from happening again):

Lauren was running around in the hall. She was sitting in the kitchen. She seen Lauren in the hall and came to the door way and hit Lauren in her left arm & her helmet. She was also screaming & cursing at her.

Ensure to report to nursing immediately & turn in the report to the main nursing station within 1 hour

Name of Nurse contacted (required): Marquette Time notified: 5/3/06

Report completed by (signature/Title): Ashley Houbb RST Date: 4/10

Date Revised 8-20-04

MAY.05.2006 07:46 5138740598

FAIRFIELD CENTER

#4881 P.002/002

 Filed to OIR
 Copy to APSI

OIR:

Guardian:

Family:

DON:

Administrator:

NAME of person notified

Carol Leppert

Date / Time

5/21/06
11:20

Person Notifying

JL / BW
9/1

5/25/06

JL

Guidelines for Nursing follow-up and reporting

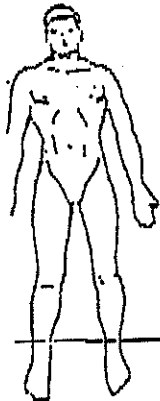
MUT's - require notification: OIR, Guardian/family, Administrator

peer abuse - injury or significant impact (crying)	Missing - Longer than 1 hour
Abuse - reasonable to expect physical harm - notify police	Medical Emergency - Heimlich IV antibiotics...
Abuse - threatening, intimidation, humiliating...	Unplanned Hospital Admission
Abuse - (send for rape kit as required)	Injury - Unknown / Suspicious that requires medical treatment that only a physician or nurse practitioner can give, significant impact, 5 or more sutures
- failure to provide... related to health/safety	Behavior support - use of restraint NOT in plan
Violations - that adversely affect health and safety	Attempted Suicide - regardless of harm - follow suicide policy
opriations - notify police	Series - 3x week / 3x month - adversely affect health/safety and is not addressed in Plan.
regardless of cause notify coroner	
arrestment - charges, arrested or incarcerated	
on (24 hours) - Fire, mechanical failure...	

Significant Incident - require notification: Guardian/family, Administrator

peer abuse - without injury or significant impact	injury - that has a known cause and is not suspicious
or scheduled Hospital Admissions	Behavior support - use of restraint that is in plan.
Suicide - No attempt - must follow suicide policy	Rights Violations - that do not adversely affect health/safety
harm to self - No attempt - must follow suicide policy	Change in status: Significant weight loss, medication refusals

Nursing assessment



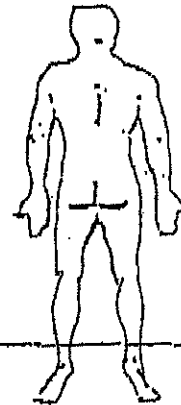
Indicate on Diagram Location of Injury

Injury

Medical

 Non Apparent ☒
 Laceration ☐
 Bruise ☐
 Scrape ☐
 Burn / Blister ☐
 Reddened Area ☐

 Rash ☐
 Bone Fracture ☐
 Dislocation ☐
 Sprain ☐
 Scratch ☐
 Other / Specify: ☐

 Pneumonia ☐
 Infection ☐
 UTI ☐
 Pressure sore ☐
 Other / Specify ☐
 Admission ☐
 ER Visit ☐
 5 ± Sutures ☐
Physician notified. ☐

Immediate Action / Medical Intervention:

No injury noted

Signature

J. Evans

Date

5/3/06

Name

Lauren

Doctor

Delgad

Room No.

520

Date and Time

4/30/06 9:40pm U.O. B/c C-tube site: Cleanse w/ Phisohex, apply TAD w/ saline sponge. 2 times a day (5am & 10pm). @ Cleanse C-tube site w/ H₂O & mild soap, apply TAD & 2x2 BID 5am & 7pm. ~~K. Delgad~~

5/2/06 2am Monthly summary: April
Resident pulled out mic-tube on several occasions. Replaced & difficult. Had loose stools on several occasions. Nasal drainage resolved. B-tube site continues to improve. ~~K. Delgad~~

5/2/06 1:30pm Res tolerated bolus & flush well. tx intact. & S/S of distress - ~~K. Delgad~~

5/2/06 8:30 Resident has a 1/2 inch scratch on the left side on cheek. Area cleaned w/ soap and water. Left open to air. ~~K. Delgad~~

5/3/06 2pm At 12:30 the school nurse called stating res had a 1 1/2 min grand mal seizure. During seizure res lips turned blue. The postictal pulse was 138. Upon returning home res happy & energetic. Contacted guardian Greg G. and Orlene DOW - m. Schannick

5/4/06 8pm Suffered sec per pm rx adv for clear nasal drainage. Res awoke w/ distress. ~~K. Delgad~~

5/5/06 11pm Res had nasal drainage. Bolus given & nasal congestion noted. ~~K. Delgad~~

5/6/06 8pm Suffered sec per pm rx adv for clear nasal drainage. Ref T. ~~K. Delgad~~

Form 464

ENR/OS, Inc. Mfg. LA 6080C (Rev. 2-97) 234

NURSE'S NOTES

Name SharonDoctor W. J. J. J.Room No.

Date and Time

- 3/11/06 7P Resident given 5ml Sudafed per PRN order d/t nasal drainage. Afekrile. Will continue to monitor. S. Osterberg
- 3/12/06 8P & further nasal drainage noted. Afekrile. Tolerated bolus and meds well. Will continue to monitor. - S. Osterberg
- 3/15/06 10P DCS reported scrape on pinky toe area. 0.5mm, & S/S of infection noted. Cleansed area. C. On 20x soap. Myles + DOW notified. G. Carter contacted. Left message. Shanna
- 3/25/06 1P Resident was given a shower. Staff reported while in shower chain she began to wiggle & tear mesh on the shower chain made a small red mark mid back approx 1cm. All parties notified. Diane Bishop
- 4-1-06 10:15A Res noted to have 1 nasal drag. Sudafed 5cc given per g-tube as per PRN order. T 18.3. & Cough or congestion noted. L. Maggard
- 4-1-06 1P No further nasal drag noted. L. Maggard
- 4/2/06 10m Held bowel meds d/t loose BM. Shanna
- 4/4/06 4P Res has faint pink rash in rt forearm. Area 3in x 1 1/2in cleaned with soap water. Rechecked area after 30 min and it was clear. All parties notified. Red area on waist from plastic brief. Cleaned with soap water and left open to air. Size 2in long x 4in wide. Will monitor. Shanna

NURSE'S NOTES

Fairfield Center, Inc

Resident at a Glance/ Recommendations

Name: Lauren [REDACTED]

Date: 10/05

Functional level: Profound Retardation

Mealtime: NPO. G-tube nothing by mouth

Toileting: (Formal Program) Sits on the toilet with PP's

Dressing: (Formal Program) Program to pull down shirt. Can do it

Oral care:

Handwashing: (Formal Program)

Attends: small

Mobility

Ambulation: Independent. Has unsteady gait. Monitor closely. Does utilize wheelchair for transportation

Communication: communicates through vocalization and gestures. Responds to name by looking around

Behavior Concerns: Lauren will hit, pinch, pull hair, throw objects, bite and hit wheelchair with fist. Spends much time in sensory room.

Monitoring: Due to Laurens poor vision she is 15 minute check monitoring when outside the sensory room. Hall monitor should make sure Lauren is not going in other residents rooms destroying things.

Approach: Be consistant with Lauren. Lauren has been know to test limits. For example. If Lauren hits someone tell Lauren, "We do not hit other people Lauren." After you have redirected her in firm yet respectful voice.

Safety Concerns: Lauren needs 24 hour supervision. Lauren needs total assistance exiting the building during fire drills

Likes: Music, 1 On 1 activities, sensory room activities. Always tell Lauren what you are doing with her before you do it



Lauren [REDACTED]

Note: schedule may be interrupted for special events, activities, and outings i.e family visits

Active Treatment Schedule Monday-Friday

Name: Lauren [REDACTED] 10/05

Suggested Leisure Activities: Sensory room activities, music

5:30-6am	Awaken personal hygiene, and dressing. May participate in her choice of motor or sensory activities. Tube feeding.
6:00-6:15am	Toileting
6:15-6:40am	Load Bus for Fairfield High School
6:40am-1:40pm (during Schoolyear)	Fairfield High School
9am-3 pm	(During Summer) Fairfield Center Day Program or therapy program
1:40 pm-5:30pm	toileting, handwashing, sensory activities, motor activities. Feeding time through tube by nursing dept
5:30pm-6:15pm	Dinner. Lauren is NPO and receives only tube fed food
6:15pm-6:30pm	Toileting, handwashing
6:30pm-7:30pm	Communication leisure, sensory activities, group activities, gross motor
7:30-9 pm	Hygiene, Shower

Dietary / Mealtime Instructions

Updated: 10-12-05

Name: Lauren [REDACTED] Home: 500

Adaptive Equipment

Diet Consistency: NPO

Diet: Bolus Feeding

Supplements	Meals			Snacks		
	B	L	D	AM	PM	HS

Milk:

Preferences:

Allergies:

Workshop: Fairfield City Schools

Special Mealtime Instructions

Lauren receives her nutrition through a Mic-tube.

1/26/06

NAME: Laa

BEHAVIORAL ACTIVE TREATMENT PLAN

BEHAVIOR	DESCRIPTION	ACTIVE TREATMENT STRATEGIES	DOCUMENTATION
Aggression to others and self	may hit, push or pinch others	<p>Daily Interaction Throughout the day, provide frequent interaction with Lauren. Take a few minutes to sit with Lauren, making interaction friendly and playful to get her in a relaxed mood.</p> <p>Sensory Development -OT/PT to work with Lauren to increase acceptance of tactile stimulation & proprioceptive input. -Offer Lauren rocking chair, gliding swing, rolling on PT ball or PT ball being rolled on Lauren, Rocking deep pressure hug, etc. to help her calm. -Also follow OT recommendations for calming techniques (lotion massage and cold towel compress to arms and hands) follow instructions from OT. -Play music that Lauren likes in areas which she dislikes (bathroom, etc.) to help create a more positive environment. -Follow OT recommendations for a sensory diet in small doses throughout the day</p> <p>Communication -Acknowledge Lauren's attempts at communication attempts & provide reinforcement. -Encourage communication of basic wants and needs daily. -Encourage turn taking skills.</p> <p>INTERVENTION: <ul style="list-style-type: none"> Assess Lauren's needs and assist as necessary. Use daily interaction techniques to get Lauren to relax. If Lauren continues to be upset, leave Lauren alone for 5 min. Reapproach Lauren and offer her opportunity to go to a quiet area. A wheelchair seatbelt fastened may be used. If reapproach fails, leave Lauren alone. </p> <p>Daily Interaction During Hygiene <ul style="list-style-type: none"> Always employ daily interaction techniques, making sure requests are not made as demands. Offer choices when Lauren is bathing: bath or shower. </p>	OT Progress Notes
Uncooperative Behavior	refusing request for ADLs and hygiene either pushing away becoming aggressive or throwing items. Lauren often throws most everything that is presented to her		
Agitation for no apparent reason			

1/26/06

NAME: **Lauren**

BEHAVIORAL ACTIVE TREATMENT PLAN

BEHAVIOR	DESCRIPTION	ACTIVE TREATMENT STRATEGIES	DOCUMENTATION
Agitation/aggression [as a result of having made requests of Lauren: ex. hygiene]		<p>INTERVENTION: If agitation occurs after request or if Lauren is already agitated and <u>the request was made for hygiene or safety</u>:</p> <ul style="list-style-type: none"> • Attempt to get Lauren to calm. • If agitation persists, leave Lauren alone for 5 minutes. • Reapproach Lauren. Offer her a wheelchair • Once in area physically assist Lauren as needed to complete tasks while blocking injury to herself or others. 	Behavior Frequency Sheet
Self-Injurious Behavior	may hit or poke herself	<p>INTERVENTION</p> <ol style="list-style-type: none"> 1. VP, PP to stop. 2. HOH to guide hand away from object hitting. 3. Block attempts may use PT ball to block continued SIB. <p>If continues, try to determine what is upsetting Lauren (i.e. medical, environmental) and assist as possible. Offer soft object to hit (i.e. pillow, pad PT ball).</p>	Behavior Frequency Sheet
Sitting on floor		<ul style="list-style-type: none"> • Offer Lauren beanbag or furniture & provide reinforcement for cooperation. (verbal praise and/or a small drink of juice or milk. 	

HEALTH

I. FUNCTIONAL ASSESSMENT

Date: October 12, 2005

Residents Name: Lauren [REDACTED]

Summary Lauren is a 18 year old female with profound mental retardation whose diagnosis include cerebral palsy, stable seizure disorder, H/O Multiple Otitis media, S/P PE tubes, cortical blindness, S/P gastrostomy w/nissen. She has had a good health year this year with no major medical problems or hospitalizations or trips to the ER. She was put on antibiotics twice this year. Once in January for conjunctivitis and in March for upper respiratory infection. She also has had skin issues. In March she had a ruptured blister to her great toe and an open area to her left elbow both of which have healed. In April she was noted to have cellulitis to her G-Tube site. She has had two different treatments to this area. This area is healing but very slowly, Dr. Sehgal is monitoring this area very closely.

Physical Exam Seen by Dr. Sehgal eight times this past year once for her yearly physical. For conjunctivitis, 3 times for cellulitis to her g-tube and 3 times for upper respiratory infection. All immunizations are up to date last PPD done on 9-30-05 and was negative for TB. Last Phenobarb level, CBC, CMP, and hepatic function panel drawn in August were with in normal limits.

Vision Last exam done by Dr. Kuley 2-23-05. Cataract was noted surgery is not indicated at this time.

Neuro She is now being seen by Dr. Zadikoff. She was seen on 7-12-05. Her seizure activity was under good control up until just recently Dr. Zadikoff will see her during the October clinic. Her Phenobarb levels have been with in normal limits.

Audio Last seen by Hearing and Speech Centers of Cincinnati on 2-19-03. This was the second attempt to get hearing evaluation done and she refused headphones further testing was noted recommended as staff states that hearing loss is not a particular concern for her. Recommends hearing screen every three years.

Mammo/GYN Lauren is not of age yet to have a mammogram, and last year her father did not wish for her to have a PAP and pelvic this will be addressed with him again on the IP date.

Dental Last seen by Dr. Franz on 6-9-05 was noted to have fair to good oral hygiene.

Allergies Sulfa, Reglan, Surgical Tape

Current Meds

Claritin 10mg QD

Miralax 17gm qd

Nasonex Spray QD

Phenobarb 60mg BID

Senokot One QD

Acetaminophen 160mg PRN

Bisacodyl Supp 10mg PRN constipation

Motrin Susp PRN

Phenergan supp 12.5mg PRN

Head and Shoulders shampoo QHS

Phisodex and triple antibiotic ointment to g-tube site bid

Pseudo-Ephedrine liquid 30mg/5cc prn nasal drainage

Peleverus ointment prn irritation to peri-area

Bisacodyl Supp. 10mg every 3 days

Completed by: nurse

Signature: _____

Title: _____

Date: _____

STRENGTHS

Ambulatory

Good Health

Enjoys company of caregivers

Tolerates tube feeding well

Needs

To become less touch defensive

To become more social

To be more cooperative with medical treatments and exams

INDIVIDUAL INFORMATION FORM (IIF)

Reviewed By: _____

Site(3): 05 School Dist(4): 0902 Review Date(5): 100105
 Number(6): [REDACTED] Name(7): [REDACTED] LAUREN SSN(8): [REDACTED]
 Medicaid Number(9): 103845681899 Gender(10): F Date of Birth(11): [REDACTED] Date of Death(12):
 Race(13): 3 Religion(14): 5 Current Liv Arr(15): 4
 1 Indian/Alaskan 1 Protestant 1 Liv in Home/Own or Lease 4 Licensed Fac
 2 Asian/Pacific 2 Catholic 2 Liv with Family 5 Nursing Fac
 3 White 3 Jewish 3 Foster Care Placement 6 Other
 4 Black 6 Other 4 Other
 5 Hispanic 7 Unknown 5 Unknown
 Residential Fac #(16): 0910027 Licensed Fac Name(17): FAIRFIELD CENTER
 Address(18): 350 KOLB DR City(19): FAIRFIELD
 State(20): OH Zip(21): 45014 Residence County(22): BUTL Termination Date(24):

Initial Enrollment Date(25): 060994
 Program Enrollment Date(26): 012595
 County Board Program(27):
 01 Early Intervention
 02 Preschool
 03 School
 04 Supported Education
 08 Children's Enrichment
 10 Adult Assessment
 11 Adult Home Services
 12 Adult Non-vocational
 13 Sheltered Workshop
 14 Workshop/Comm Training
 15 Comm Trng/Empl < 10 hrs
 16 Comm Employment 10+ hrs
 17 Retirement
 18 Self-directed Supports
 Z Blank Current CB Program

Other School Prog(28): 08

Family Resources(29): N

Service Coordination(30): 2

Designated Srv Coord(31): 21

Other Service Provider(32):

Health Service Provider(33):

Supported Living Services(34): N

Dev Delay 0-5 Yrs(36):
 0 No dev delay
 1 One delay
 2 More than one delay

At Risk 0-5 Yrs(37):
 0 No identifiable risk
 1 Environmental/Biological
 2 Established risk

MR Level 6 yrs and up(38): 3
 0 None
 1 Mild
 2 Moderate
 3 Severe
 4 Profound

Substantial Functional Limitations (OEDI/COEDI) 6 yrs+

Self Care(39): Y
 Receptive/Express Lang(40): Y
 Mobility(41): Y
 Self Direction(42): Y
 Capacity Indep Liv(43): Y
 Learning(44): Y
 Econ Self Sufficiency(45):
 (Age 16 and up)

Age of Onset of Disability if age of onset 18-21(46):

ICD-9 Code: 318.2

Behavior(47): 2
 1 Current Plan
 2 No Current Plan

Vision(48): 4
 0 Under evaluation
 1 No vision problem
 2 Funct after correction
 3 Visually impaired
 4 Legally Blind

Hearing(49): 1
 0 Under evaluation
 1 No hearing loss
 2 Funct after correction
 3 Hearing impaired
 4 Complete loss

Communication(50): 2
 0 Funct with speech
 1 Funct with other modes
 2 No funct communication

Ambulation(51): 1
 0 Walks independently
 1 Walks w/device/assist
 2 Uses wheelchair

Chronic Med Cond(52): 1

Prim Etio Cond(53): 080

Second Etio Cond(54): 081

Court Appted Guard(55): 1
 0 None 1 Full 2 Limited

Court Appted Guard(56): 1
 0 None 3 APSI
 1 Parent 4 Other
 2 Oth Fam Member

Team Code:

Sort Code: 05

Service Coordinator:

DATE: 3/23/06

DAILY HEALTH ISSUES FOR FAIRFIELD CENTER

Name	Bowel Movement	Comments
CARTER, LAUREN	Diaper really bad bleeding menstrual	* Lauren came in w/ a bite mark on left shoulder area Came in w/ diaper not on correctly, which made her extremely soaked. Shirt she had on today had huge holes.
[REDACTED]		would not eat breakfast!
[REDACTED]		
[REDACTED]		OK day!



Tuesday, March 28, 2006 8:41:01 AM

Message

From:  Tony Huff

Subject: Issues

To:  Toni Arquette <tarquett
 Conrad Clowers

Toni I have a couple of issues that I wanted to bring to your attention. Last week I email Laurens que to ask for more drainage pads he then forward my email on to Nursing, I still have not recieved any pads. Also we notice a mark on her right arm that looks like a burn, that I wanted to make you aware of. We have noticed that in the last week or so she has been overly aggressive biting, scratching, and hitting. I didn't know if you guys had been noticing the same types of behaviors or not. She is out of her chair atleast 75% of the day now, the only time she is in the chair is for transportation and while she is in the other class room. Thanks for your time.

Thank you,

Tony Huff
MH Teacher
Fairfield Senior High School
Rm. 2408 ext. 408

DATE: 3/28/06

DAILY HEALTH ISSUES FOR FAIRFIELD CENTER

Name	Bowel Movement	Comments
[REDACTED] LAUREN		Very aggressive - Bit (Mr. Huff) Teacher - Has a mark on (L) arm that seems to be a burn. (took to clinic) nurse look@it.
[REDACTED]		No breakfast - refused
[REDACTED]		
[REDACTED]		When getting off bus - sat down in the mud. Clothes sent in (1) pr pants to bag (1) pr pants note



Wednesday, March 29, 2006 9:01:47 AM

Message

From: mfuhrman@mail.magcorp.com
Mickelle Fuhrman <mfuhrman@mail.magcorp.com>

Subject:

To: Tony Huff

Tony,

We have noticed on several occasions that when Lauren is getting ready to have her menstraual cycle that she becomes more aggressive. The mark on her arm was made by her shirt we also noticed it her shirt was to tight and she laid on it. Any time you are not getting answers you can send me an email and I will respond right away. Sorry for any inconvenience. Mickelle Fuhrman Home Manager Home 500

This message has been scanned for Viruses and cleared by MailMarshal at SWOCA.
#####



Thursday, March 30, 2006 9:22:33 AM

Message:

From: mfuhrman@mail.magcorp.com
Mickelle Fuhrman <mfuhrman@mail.magcorp.com>
Subject: Re: Lauren [REDACTED]
To: Tony Huff

Toni,
I will be getting with our nursing staff to add him to the foot doctors clinic. In the mean time I will try to trim them sometime this weekend myself.

Thanks,

Mickelle----- Original Message -----

From: "Tony Huff" <huff_t@fairfield-city.k12.oh.us>

Date: Thu, 30 Mar 2006 09:03:27 -0500

> Our PT was in today and said that Lauren is really guarding her left foot.
> She said it could just be her nails but she wanted me to bring it to your
> attention so that maybe her Doctor could look at it.

> Thank you

> Tony Huff

> MEd Teacher

> Fairfield City Schools

> 2006-03-30

This message has been scanned for Viruses and cleared by MailMarshal at SWOCA.
#####

DATE: 4/3/06

DAILY HEALTH ISSUES FOR FAIRFIELD CENTER

name	Bowel Movement	Comments
LAUREN		Lauren came in w/ a burn like mark on (L) upper thigh near groin area. Nurse checked area said it has probably been there for 48hrs.
		Had a pretty good breakfast
		Sleeping!



Tuesday, April 04, 2006 1:05:55 PM

Message

From: Tony Huff

Subject: Lauren [REDACTED]

To: Toni Arquette <tarquett
Mickelle Fuhrman

I was talking to Lauren's Dad to day about her being overly aggressive and that I was concerned about the fact that she has a burn on her Left Arm. Then I realized that I told you guys the wrong arm its the left one and the burn mark is still there from a week ago. Sorry for the miss understanding. But regardless I just wanted you to check into what may have burned her. We also noticed yesterday that She has a Dime shaped sore in her pelvic area that is blistered up pretty badly.

Thank you,

Tony Huff
MH Teacher
Fairfield Senior High School
Rm. 2408 ext. 408

DATE: 4/5/06

DAILY HEALTH ISSUES FOR FAIRFIELD CENTER

me	Bowel Movement	Comments
LAUREN		Lauren came in w/ a "mark" on left top shoulder took to clinic to show school nurse. Mark on (L) arm still there ate <u>no</u> breakfast!
		### <u>Bloody noses</u>
	<u>Diarrhea</u> (2)	kept taking off pants & shirt!

Printed by: Tony Huff
Title: Re: Lauren [REDACTED] FCSD



Wednesday, April 05, 2006 8:18:51 AM
Message

From: mfuhrman@mail.magcorp.com
Mickelle Fuhrman <mfuhrman@mail.magcorp.com>
Subject: Re: Lauren [REDACTED]
To: Tony Huff

Toni,
The nurses and I looked at it and we think she may be allergic to the plastic pieces on the attend where it was rubbing on her leg. We will keep and eye on this and keep antibiotic cream on it.
Mickelle----- Original Message -----
From: "Tony Huff" <huff t@fairfield-city.k12.oh.us>
Date: Tue, 04 Apr 2006 13:05:55 -0400

>I was talking to Lauren's Dad to day about her being overly aggressive and
>that I was concerned about the fact that she has a burn on her Left Arm.
>Then I realized that I told you guys the wrong arm its the left one and
>the burn mark is still there from a week ago. Sorry for the miss
>understanding. But regardless I just wanted you to check into what may
>have burned her. We also noticed yesterday that She has a Dime shaped
>sore in her pelvic area that is blistered up pretty badly

Thank you

Tony Huff
MS Teacher
Fairfield Senior High School
Rm. 2408 ext. 408

This message has been scanned for Viruses and cleared by MailMarshal at SWOCA.
#####



Wednesday, April 05, 2006 9:35:55 AM

Message

From: Tony Huff

Subject: Lauren [REDACTED]

To: Toni Arquette <tarquett
Mickelle Fuhrman

What about the burn on her left arm, this is really my main concern?

Thank you,

Tony Huff
MH Teacher
Fairfield Senior High School
Rm. 2408 ext. 408

Printed by: Tony Huff
Title: Lauren [REDACTED]: FCSD



Wednesday, April 05, 2006 12:30:21 PM

Message

From: Tony Huff
Subject: Lauren [REDACTED]
To: Mickelle Fuhrman

mickelle I just got off the phone with some one from nursing they suggested that I circle the burn mark, I also when ahead and circle the other areas that we had discussed plus there is a new mark that the nurse here said I should alert you to on her shoulder. please send this on to your nursing staff. If anyone has any questions please feel free to call my cell phone 513-594-6876 it's long distance from Fairfield.

Thank you,

Tony Huff
MH Teacher
Fairfield Senior High School
Rm. 2408 ext. 408

Printed by: Tony Huff
Title: Lauren [REDACTED]: FCSD



Wednesday, April 05, 2006 12:45:14 PM

Message

From: Conrad Clowers <cclowers@magcorp.com>
Subject: Lauren [REDACTED]
To: Tony Huff

Attachments: Attach0.html

Tony,

just left you a message and here's an email. Did a check of Lauren along with the nurse Judy yesterday. Whatever was on her arm did look like a burn. The mark on her arm was consistent with some type of allergic reaction. Judy put an ointment on the mark, it faded rapidly, and an incident report was filled out. I have no problem if you'd like to e-mail or call my supervisor or Toni with any info on Lauren. I'd appreciate it if you'd initially send Lauren concerns to me so I can address them. Thanks, Conrad

This message has been scanned for Viruses and cleared by MailMarshal at SWOCA.

DATE: 7/6/06

DAILY HEALTH ISSUES FOR FAIRFIELD CENTER

me	Bowel Movement	Comments
LAUREN		ink pen marks (that we where told to put on) Never washed off. Very aggressive behavior (hitting, scratching & trying to pull over chairs) Mark on (L) arm still there
		refused to eat breakfast
		Taking her Clothes off alot today!



Friday, April 07, 2006 3:30:26 AM

Message

From: Anna McKinney <amckinney@magcorp.com>
Subject: Lauren
To: Tony Huff

Attachments: Attach0.html

Mr. Huff,
Lauren was checked on 4/4/06 for a faint pink rash on forearm - area 3inX1 1/2 inch was assessed by three nurses no burn area noted. Thanks for your concern. Please let me know if I can be of further assistance.

Anna McKinney Nurse Liaison

This message has been scanned for Viruses and cleared by MailMarshal at SWOCA.



Friday, April 07, 2006 12:01:32 PM

Message

From: Tony Huff

Subject: Lauren [REDACTED]

To: Toni Arquette <tarquett
Anna Mckinney
Conrad Clowers

I recieved a message from Conrad and Anna saying that Lauren was checked and that the mark was not a burn Conrade also said that you had put cream on it and that it had went away. As of today the mark is still there along with the pen marks that i circled it with on Monday. I'm not trying to accuse anyone of anything, i just want to make sure that what every she got in to or a hold of, that it doesn't happen again. Our nurse is not here today but I will pass on the info you gave me and she can take it from there.

Thank you,

Tony Huff
MH Teacher
Fairfield Senior High School
Rm. 2408 ext. 408

Printed by: Tony Huff
Title: Re: Lauren [REDACTED] : FCSD



Friday, April 07, 2006 12:36:08 PM

Message

From: Conrad Clowers <cclowers@magcorp.com>
Subject: Re: Lauren [REDACTED]
To: Tony Huff

Tony,

It appears that this burn/rash situation on Lauren continues to snowball. It's almost as if we're talking about two different Lauren [REDACTED] I'm personally not a doctor but what I've witnessed on Lauren in no way appears to be or is consistent with a burn. It does appear to be consistent with some type of an allergic reaction. I stand by what I and our nursing dept witnessed and I'm sure you do the same. I think the time has come where we should meet with you and your nurse so we can discuss these issues. Can you please give me some dates and times of availability? Thanks, Conrad

----- Original Message -----

From: "Tony Huff" <huff t@fairfield-city.k12.oh.us>
To: "Toni Arquette" <tarquette@magcorp.com>; "Anna McKinney" <amckinney@magcorp.com>; <cclowers@magcorp.com>
Sent: Friday, April 07, 2006 12:01 PM
Subject: Lauren [REDACTED]

> I recieved a message from Conrad and Anna saying that Lauren was checked
> and that the mark was not a burn. Conrade also said that you had put cream
> on it and that it had went away. As of today the mark is still there
> along with the pen marks that I circled it with on Monday. I'm not trying
> to accuse anyone of anything. I just want to make sure that what every she
> got in to or a hold of, that it doesn't happen again. Our nurse is not
> here today but I will pass on the info you gave me and she can take it
> from there.

> Thank you

> Tony Huff

> MH Teacher

> Fairfield Senior High School

> Rm 2408 ext 408

This message has been scanned for Viruses and cleared by MailMarshal at SWOCA.

Printed by: Tony Huff
Title: Re: Lauren [REDACTED] FCSD

Monday, May 08, 2006 8:03:42 AM
Page 2 of 2

#####

DATE: 7/10/04

DAILY HEALTH ISSUES FOR FAIRFIELD CENTER

me	Bowel Movement	Comments
LAUREN		Mark still on (L) arm
		refused to eat breakfast!!
		sleeping / taking pants off.





DATE: 4/11/06

DAILY HEALTH ISSUES FOR FAIRFIELD CENTER

me	Bowel Movement	Comments
LAUREN		Mark still on (L) arm
		Refused breakfast
		Sleeping !

DATE: 5/18/06

DAILY HEALTH ISSUES FOR FAIRFIELD CENTER

me	Bowel Movement	Comments
 LAUREN		Lauren came in w/ marks on lower part of back area (left) had school nurse look @ area.
		Refused breakfast today!
		
		

WITNESS STATEMENTS

Witness Name:

Witness Position:

Witness Date of Hire:

Witness Date of Birth:

Witness Address:

Idonemym Fred

DESCRIPTION OF INCIDENT

Date of Incident: _____ Time of Incident: _____

Location of Incident: _____

Summary: _____

When working with Lauren
[redacted] especially during Showers,
I always set her on the shower
chair to dry her hair for safety
because she move her head to different
directions and I have never seen anybody
or me doing harm to Lauren [redacted] ever.

Signature of Witness: Fred Idonemym Date: 5/18/06

Location Witness Statement was obtained: _____

Signature of others present when Witness Statement was obtained:

_____ Date: _____

_____ Date: _____

WITNESS STATEMENTS

Witness Name: Alicia

Witness Position: RSI

Witness Date of Hire: Aug 18, 1998

Witness Date of Birth: 0-17-80

Witness Address: _____

DESCRIPTION OF INCIDENT

Date of Incident: _____ Time of Incident: _____

Location of Incident: _____

Summary: I remember when [REDACTED] had
W lines on her right breast and
they matched up to a fork sometime
this year and Laurence would hear
talk around the building about Laurence
had the same marks on her AS
and [REDACTED] this is when Eric Frasier
was still working at Fairfield Center
it was a late day and Eric came in
at 7:00 AM.

Signature of Witness: Alicia [Signature] RSI Date: 5/18/06

Location Witness Statement was obtained: _____

Signature of others present when Witness Statement was obtained: _____

Date: _____

Date: _____

WITNESS STATEMENTS

Witness Name: Brandy Tumbleson
Witness Position: PSI
Witness Date of Hire: 10/16/02
Witness Date of Birth: 3/25/73
Witness Address: 522 Hanna Ave Loveland OH 45140

DESCRIPTION OF INCIDENT

Date of Incident: _____ Time of Incident: _____

Location of Incident: _____

Summary: I personally never seen anyone
hurt Lauren. Only thing I have ever
seen on Lauren was bruises on
her skin and pinch marks were
she had a behavior. And maybe like
she bites her hands but she does not
break the skin. I have never
seen or have I ever hurt Lauren

Signature of Witness: Brandy Tumbleson Date: 5/18/06

Location Witness Statement was obtained: Staff Training Room

Signature of others present when Witness Statement was obtained:

Date: _____

Date: _____

WITNESS STATEMENTS

Witness Name:

Witness Position:

Witness Date of Hire:

Witness Date of Birth:

Witness Address:

KOFI J. AKWETE
RSI

DESCRIPTION OF INCIDENT

Date of Incident: _____ Time of Incident: _____

Location of Incident: _____

Summary: Laverne [REDACTED] is more challenging

in the shower than all the other clients.

She would not allow you to really give her

a thorough shower. She would not allow you to

even shampoo her hair. All I do is to go around

her to ^{do the} best that I can. I normally let her sit

in the bathtub whenever she has an accident (BM)

just so water can run down or go to areas that need cleaning.

It's also very tough to dry her hair. So I ^{wait} ~~wait~~ till

her hands are lowered before I make the next attempt with

the blow dryer.

Signature of Witness: Kofi Akwete Date: 5/18/06

Location Witness Statement was obtained: STAFF TRAINING RM

Signature of others present when Witness Statement was obtained:

Date: _____

Date: _____

WITNESS STATEMENT

Witness Name: S. Robinson

Witness Position: RSI

Witness Date of Hire: Sept 03

DESCRIPTION OF INCIDENT

Time of Incident: Not Know

Date of Incident: Not Known

Location of Incident: _____

Summary: I was not her at work. I can
back to work on Monday night 5-8-06
11:00pm and was paid to 200.

Sharon Plummer - Robinson

WITNESS STATEMENT

Witness Name: Stella Bookyle

Witness Position: RSI

Witness Date of Hire: Dec. 04

DESCRIPTION OF INCIDENT

Date of Incident: Unknown

Time of Incident: Unknown

Location of Incident: _____

Summary:

I was here Saturday night, on the 6 may
06, and Lauren slept all night; And when she
was awake I changed her, and there was 'nt
any mark or bruise on her body. On the 7 and 8
may I was pull to 400. So that is all, that
I know.

Stella Bookyle

WITNESS STATEMENT

Witness Name: Betty Woodle

Witness Position: _____

Witness Date of Hire: _____

DESCRIPTION OF INCIDENT

Date of Incident: 5/8/06

Time of Incident: _____

Location of Incident: _____

Summary:

I came here at 3:00 and read the investigation group called me if am working on Lauren then I should help them to take Lauren's dress off and take picture on the bruise she had on her back.

WITNESS STATEMENT

Witness Name: Robert Affrione

Witness Position: RSI

Witness Date of Hire: _____

DESCRIPTION OF INCIDENT

Date of Incident: 5/6/06

Time of Incident: _____

Location of Incident: _____

Summary:

When I was giving Lauren a shower
I did not notice any bruise on her body.

WITNESS STATEMENT

Witness Name: Steven A. Thomas

Witness Position: RSE/FS

Witness Date of Hire: 7/85

DESCRIPTION OF INCIDENT

Date of Incident: 6th & 7th

Time of Incident: unknown

Location of Incident: unknown

Summary:

I did not see any marks on Lauren the 6th or 7th
I did not work the 5th.

Steven A. Thomas

WITNESS STATEMENT

Witness Name: Alicia Stokes

Witness Position: RSI

Witness Date of Hire: _____

DESCRIPTION OF INCIDENT

Date of Incident: _____

Time of Incident: _____

Location of Incident: _____

Summary:

I did Not HAVE Lauren on
the 6, 7 & 8th of MAY I did Not
Notice Anything on Her

WITNESS STATEMENT

Witness Name: Brandy Tumbleson

Witness Position: RS 1

Witness Date of Hire: 10/16/02

DESCRIPTION OF INCIDENT

Date of Incident: 10/7/8

Time of Incident: ?

Location of Incident: _____

Summary:

I got her up for school on Monday the 8th. She had bruises on her shins they were old. She had a mark on the back shoulder that all so looked old they were yellow and faint.

WITNESS STATEMENT

Witness Name: Idoryin Fred

Witness Position: RSI

Witness Date of Hire: _____

DESCRIPTION OF INCIDENT

Date of Incident: 05/07/06

Time of Incident: _____

Location of Incident: _____

Summary:

I showered Lauren [REDACTED] earlier
on Sunday before I left home at 9:00pm
I did not see any scratch or bruises.

Fred Idoryin

Home Staff Assignment Sheet

Date: 3/26/06

Shift Leader: Barbara
Duties: Hazardous Material Checklist, Census, Walkie Talkie, Doors unlocked at dawn

1 st Shift		Lifts	Meatime Groups	Job Duties #	Staff Reassignments		Activities														
Staff Assigned	Resident				Name	Time															
Group 1	Marguerite B	Invacare - only	5/4																		
Staff	Lauren 5am M-F	3 rd shift																			
	Sue F																				
	Tom R																				
Group 2	Jack K		1-3	1																	
Staff	Judy H																				
	Edith L																				
Group 3	Cindy L	Invacare - only	1-3	2																	
	Virginia L	Invacare - only																			
	Brian R																				
Staff	Eric E		4-6	3																	
	Greg H																				
	Steve K	Pivot																			
Group 4	Shauna N.		4-6	3																	
Staff	David O																				
	Rob T																				
Staff	Mike P																				
Notes: <ul style="list-style-type: none"> Ensure that all Job duties are complete before end of shift Ensure rounds are done between Shift / Reassignments. Notify Supervisor before taking Breaks Ensure if you see Spills, Clean up Immediately Keep all areas in the home and Clean. 																					
Job Duties <table border="1"> <thead> <tr> <th></th> <th>#</th> </tr> </thead> <tbody> <tr> <td>Prepare / Server / Clean-up/ Hall monitor/ Breakfast</td> <td>1</td> </tr> <tr> <td>Prepare / Server / Clean-up/ Hall monitor/ Lunch</td> <td>2</td> </tr> <tr> <td>Laundry</td> <td>3</td> </tr> <tr> <td>Clean activity and Coat closet/ Disinfect Furniture</td> <td>4</td> </tr> <tr> <td>Women's wing: Disinfect / Mop / pull trash / Bathroom</td> <td>5</td> </tr> <tr> <td>Men's wing: Disinfect / Mop / pull trash / Bathroom</td> <td>6</td> </tr> </tbody> </table>									#	Prepare / Server / Clean-up/ Hall monitor/ Breakfast	1	Prepare / Server / Clean-up/ Hall monitor/ Lunch	2	Laundry	3	Clean activity and Coat closet/ Disinfect Furniture	4	Women's wing: Disinfect / Mop / pull trash / Bathroom	5	Men's wing: Disinfect / Mop / pull trash / Bathroom	6
	#																				
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Clean activity and Coat closet/ Disinfect Furniture	4																				
Women's wing: Disinfect / Mop / pull trash / Bathroom	5																				
Men's wing: Disinfect / Mop / pull trash / Bathroom	6																				
Cigarette Butts 1st Shift and Housekeeping																					

After Clean-up on the weekends set-up for the next meal

Home 500 Staff Assignment Sheet

Date: 3/26/86

Shift Leader: KOFI + 11:00pm
 Duties: Hazardous Material Checklist, Census
 Walkie Talkie, Doors locked at dusk

2nd Shift	Staff Assigned	Resident	Lifts	Mealtime Groups	Job Duties #	Staff Reassignments	Activities
Group 1	Marguerite B	Invacare - only				Anthony @ 2:00	
Staff	Lauren					Andy @ 2:00	
	Sue F					Andy @ 2:00	
KOFI	Tom R					Rodriguez @ 2:00	
Group 2	Jack K.					Anthony @ 4:00pm	
Staff	Judy H			1,2,3	4		
	Edith L						
Tracy	Cindy L	Invacare - only				Andy @ 7:00	
Group 3	Virginia L	Invacare - only					
Staff	Brian R						
	Eric E						
Andy	Greg H						
Group 4	Steve K	Pivot				Anthony @ 9:00	
Staff	Shauna N.			4,5,6	3		
	David O						
	Rob T						
Rafael	Mike P				4		
Anthony							
Job Duties				#			
Lunch packing/Cooking/Server/Hall monitor				1			
Lunch packing/Cooking/Check Walls/Ceilings/Hall monitor				2			
Kitchen Clean up/Mopping/Check Walls/Ceilings/Hall monitor				3			
Laundry / Workshop bag check list				4			
Women's wing: Disinfect / Mop / pull trash / Bathroom				4			
Men's wing: Disinfect / Mop / pull trash / Bathroom				5			
Disinfect Furniture/ Mop all activity rooms				5			
Cigarette Butts / Clean activity and Coat closet				5			

- Ensure that all Job duties are complete before end of shift
 - Ensure rounds are done between Shift / Reassignments.
 - Notify Supervisor before taking Breaks
 - Ensure if you see Spills / splashes, Clean up Immediately
 - Keep all areas in the home and Clean.
 - Ensure to Disinfect showerchair / Beds between use
- Notes: 2:00pm staff Kitchen Set-up/ Activities/ Linens stocked on wings

Shift Leader. Barndley
Duties: Hazardous Material Checklist, Census,
Walkie Talkie, Doors unlocked at dawn

3/27/02

Staff Assigned

Exits

Measuring Groups

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Name	Time
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Activities

1 st Shift		Date: 3/27/06				
Staff Assigned	Resident	Lifts	Meatime Groups	Job Duties #	Staff Reassignments Name Time	Activities
Group 1 Staff	Marguerite B Lauren ● Sam M-F Sue F	Invacare -- only 3 rd shift	John	1	Joseph & Alicia 7:30am	
Group 2	Tom R Jack K					
Staff	Judy H Edith L					
Group 3	Cindy L Virginia L	Invacare -- only Invacare -- only	1-3	6	John Q HRSO	
Staff	Brian R Eric E					
Group 4	Greg H Steve K	Pivot				
Staff	Shauna N. David O					
Group 5	Rob T Mike P					
Job Duties	#	• Ensure that all Job duties are complete before end of shift • Ensure rounds are done between Shift / Reassignments. • Notify Supervisor before taking Breaks • Ensure if you see Spills, Clean up Immediately • Keep all areas in the home and Clean. Notes: Table Monitors- Wipe Tables Sweep Floor After Clean-up on the weekends set-up for the next meal				
Prepare /Server / Clean-up/ Hall monitor/ Breakfast	1					
Prepare /Server / Clean-up/ Hall monitor/ Lunch	2					
Laundry	3					
Clean activity and Coat closet/ Disinfect Furniture	4					
Women's wing: Disinfect / Mop / pull trash / Bathroom	5					
Men's wing: Disinfect / Mop / pull trash / Bathroom	6					
Cigarette Butts 1st Shift and Housekeeping						

3127106

Date:

Shift Leader: Andy
Duties: Hazardous Material Checklist, Census
Walkie Talkie, Doors locked at dusk

2nd Shift		Date: 3/27/06		Activities	
Staff Assigned	Resident	Lifts	Mealtime Groups	Job Duties #	Staff Reassignments Name Time
Group 1	Marguerite B	Invacare - only		Lunch Packing	Anthony 9:30 PM
Staff	Lauren				
	Sue F.				
	Tom R				
Fred	Jack K.				
Group 2	Judy H 15 min check		1, 2, 3	5	
Staff	Edith L	Invacare - only			
	Cindy L	Invacare - only			
	Virginia L.				
Group 3	Brian R			Cook & clean-up	
Staff	Eric E				
	Greg H	Pivot			
Group 4	Steve K		4, 5, 6	3	
Staff	Shauna N.				
	David O				
	Rob T				
Staff	Mike P			4	
Anthony					
Job Duties					
Lunch packing/feeding/serve/Hall monitor			1		
Kitchen Clean up/Mopping/Check Walls/Ceilings/Hall monitor			2		
Laundry / Workshop bag check list			3		
Women's wing: Disinfect / Mop / pull trash / Bathroom			4		
Men's wing: Disinfect / Mop / pull trash / Bathroom			5		
Disinfect Furniture/ Mop all activity rooms					
Cigarette Butts / Clean activity and Coat closet					

Notes: 2:00pm staff Kitchen Set-up/ Activities/ Linens stocked on wings

- Ensure that all Job duties are complete before end of shift
- Ensure rounds are done between Shift / Reassignments.
- Notify Supervisor before taking Breaks
- Ensure if you see Spills / splashes, Clean up Immediately
- Keep all areas in the home and Clean.
- Ensure to Disinfect showerchair / Beds between use

Home 500 Staff Assignment Sheet

Date: 3/28/06

Shift Leader: Alvin Sklar
 Duties: Hazardous Material Checklist, Census, Walkie Talkie, Doors unlocked at dawn

1 st Shift		Resident	Lifts	Mealtime Groups	Job Duties #	Staff Reassignments		Activities
Staff Assigned	Name					Time		
Group 1	Marguerite B	Invacare - only			2			
Staff	Lauren Sam M-F	3 rd shift						
	Sue F							
	Tom R							
Sharon	Jack K							
Group 2	Judy H				5, 6			
Staff	Edith L							
	Cindy L	Invacare - only						
Allice	Virginia L	Invacare - only						
Group 3	Brian R			1-3				
Staff	Eric E							
	Greg H							
Sohn	Steve K	Pivot						
Group 4	Shauna N.			4-6	3			
Staff	David O							
	Rob T							
Shele	Mike P							
Job Duties				#		• Ensure that all Job duties are complete before end of shift • Ensure rounds are done between Shift / Reassignments. • Notify Supervisor before taking Breaks • Ensure if you see Spills, Clean up Immediately • Keep all areas in the home and Clean. Notes: Table Monitors- Wipe Tables Sweep Floor After Clean-up on the weekends set-up for the next meal		
Prepare/Server / Clean-up/ Hall monitor/ Breakfast		1						
Prepare/Server / Clean-up/ Hall monitor/ Lunch		2						
Laundry		3						
Clean activity and Coat closet/ Disinfect Furniture		4						
Women's wing: Disinfect / Mop / pull trash / Bathroom		5						
Men's wing: Disinfect / Mop / pull trash / Bathroom		6						
Cigarette Butts 1st Shift and Housekeeping								

ABUSE PROTOCOL INVESTIGATIONS

1. Planning the Investigation

- ☒ Review the Incident Tracking System report (required element)
- ☒ Review the incident report (required element)
- ☒ Review the police or Children's Services Board report (where applicable)
- ☒ Determine who you need to talk to and how soon (initiate the investigation within 48 hours from when report was filed. Some cases require immediate investigation.)

2. Gathering Information – work in conjunction with the police unless the police decide not to accept the case.

- ☒ Visit the scene to gather evidence as soon as possible (if applicable). A written description of evidence to include date, time, and location of gathering.
- ☒ Was there injury or could there have been injury?
- ☒ A written statement from a qualified medical professional (doctor, RN, therapist, EMT) about the injury, age of the injury, probable force of the injury is needed.
- ☒ A description of the treatment received or ordered. (if applicable)
- ☒ Describe the injury; shape color, size
- ☒ Take photographs of injuries and of the scene (or sketch the scene). Write on the photo the date the photo was taken and who took it.
- ☒ Review all relevant documentation of the:

- PPI - Personnel records, training records, previous disciplinary action, past MUI's, etc.
- victim - the individual's plan, medical records, past MUI's, etc.

☒ Gather witness statements

☒ A description of the victims reaction to the physical force (ex: yelled, fell backward, etc.)

☒ Conduct and document interviews of the individual, witnesses, and the PPI

☒ Interview others who may have insight (SC, medical professionals, etc.)

☒ Complete follow-up as needed (with Law Enforcement, CSB, witnesses, etc.)

3. Analysis of the Information

☒ Determine if the preponderance (more than 51%) of the evidence proves the allegation is substantiated or unsubstantiated/insufficient, or unfounded evidence.

4. Completion of the Investigation Report

☒ Write the Investigation report to include a clear statement of the allegation, immediate action taken and the basic question(s) to be answered by the investigation; evaluation of all witnesses and documentary evidence in a clear, complete and non-ambiguous manner; evaluation of the relative credibility of the witnesses: whether the witness's statements are logical, internally consistent, and consistent with other credible statements and known facts (e.g., does the witness appear to leave out or not know about information that he/she should know about?); Whether the witness was in a position to hear or see what is claimed; Whether the witness has a history of being reliable and honest when reporting incidents or making statements regarding incidents; Whether the witness has a special interest or motive for making a false statement (e.g., is there a possible bias of the witness?);

Karen Feltner

From: Karen Feltner
Sent: Thursday, May 25, 2006 3:41 PM
To: 'FILIPN@odjfs.state.oh.us'
Subject: Lauren [REDACTED]

Hey Nick,

Just wanted to update you on interviews we conducted at Fairfield Center regarding Lauren. We (Patrick Campbell and I) interviewed several staff on 5/18/06 regarding the mark on her arm that appeared to be a burn from a hair dryer. We did not feel anyone had intentionally caused harm to Lauren. Most of the staff stated that when they use the hair dryer on Lauren, she often puts her arms up to block the heat/air. It is possible that someone bumped her arm with the hair dryer and did not realize they had done so, which would explain why it was not report and an incident report not completed. Since this came to light, a new hair dryer was purchased for the home with the "grid" recessed. Also, a diffuser was put on the hair dryer with super glue to hopefully avoid future incidents. None of the staff were aware of how she got the most recent marks on her back either. Thanks again for your assistance in this case. Please let me know if you have any questions.

Karen Feltner
Investigative Agent
Butler County Board of MRDD
(513) 867-5674

5/25/2006

Fairfield Center

MUI/UI Investigation Form

Individuals Name: Lauren [REDACTED]

Date of Incident: 5-8-06

Description of Incident: Alleged Abuse

Immediate Action: School notified OIR, OIR notified FC, Nursing assessed, 2 bruise found on back.

Trend/Pattern: Lauren does not have trend of this type of incident.

Summary of Investigation:

5-8-06

Received call from OIR, that IA and Children services representative will be coming out to look at Lauren. Nursing did complete body check of Lauren, found two 2in by 2in purple bruises left lower back just below waistline. Possibly 1 day old. Also found two ¼ inch round bruise appears to be 4 to 5 days old bruises here on R inner lower leg. Head checked by 2 nurses and QMRP no burns found, only acne alone left side of hairline. no burns behind ears on head or anywhere on body.

Review with IA, current concern is bruises on back.

Burn was on arm around 4-4-06, review with QMRP / nursing notes is that Rash was found on Arm at that time, QMRP had several emails with school over issue.

Review with staff Bruises on back were not noticed until 5-8-06, Prior staff that had showered Lauren did not see bruises on 5-7-06. A fall was noted on 5-7-06 by staff and nurse that Lauren was running down hall and fell backwards onto floor, staff stated she fell backwards on her butt. Nurse stated she went to her knees and did not "fall" Nursing noted she got up and was fine, she checked her when doing her tube feed no injuries noted. Either description of is not consistent with this injury.

No incident was reported that would directly explain this incident. Review of home environment and Lauren, the Bruises are the same height of 2 beds with corners on the women's wing, the stove (oven handle) a few tables that are the same height. >From the shape of the bruises they look more like scrapes than a direct impact. One possible cause if that Lauren backed into table/bed/dresser with a corner and scraped her back. Lauren is very active in the home.

Insufficient evidence to substantiate allegation of abuse at this time.

OIR continues investigation.

Lauren has been placed on daily body checks.

Recommendations/Prevention plan:

Staff to continue to follow plan

Nursing to follow as needed.

IP team to continue to monitor and revise plan as needed

Completed by

Investigator: _____

Date: _____

Reviewed by

Administrator: _____

Date: _____

IRC: _____

Date: _____

Fairfield Center

MUI/UI Follow-up Form

Individuals Name: Lauren [REDACTED]

Date of Incident: 5-8-06

Description of Incident: Alleged Abuse

Follow up:

On further review with OIR, School had reported possible burn on arm, Nursing had reviewed and stated that the area appeared to be a rash. However the review the incident was possible a week after the initial discovery at school. Review of Initial report with OIR the injury appeared to have 6 even lines. I reviewed the environment and found a hair drier that had a grill on it that would match the marks. I removed the hair drier from the home and replaced with one with a recessed grill. Also staff were trained on hairdryer safety.

OIR and myself interviewed Staff who were assigned to Lauren at the time of the discovery of the possible burn. No one witnessed / reported an incident that would directly explain this injury. Staff were consistent that Lauren does not like to have her hair dried and is defensive she will duck her head and cover her head with her arms and try to push or pinch staff. It is possible that Lauren hit the hair dryer with her arm or staff accidentally hit her with the hairdryer. Staff in the home did not notice this injury.

Insufficient evidence to substantiate allegation of abuse

Lauren has been placed on daily body checks.

Hair Dryer replaced / Staff trained on hairdryer safety

Injuries are resolved

Recommendations/Prevention plan:

Staff to continue to follow plan

Nursing to follow as needed.

IP team to continue to monitor and revise plan as needed

Completed by

Investigator: _____

Date: _____

Reviewed by

Administrator: _____

Date: _____

IRC: _____

Date: _____

**BUTLER COUNTY CHILDREN SERVICES BOARD DISPOSITIONAL REPORT
PREPARED FOR THE BUTLER COUNTY BOARD OF MRDD**

ALLEGED VICTIM(S)	DOB
Lauren	

ALLEGED PERPETRATOR(S)	RELATIONSHIP TO CHILD
unknown	

DATE OF REPORT TO BUTLER COUNTY CHILDREN SERVICES BOARD	5/8/06
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ALLEGATION(S)	Lauren was observed to have two abrasions on her back that looked like they could have been inflicted. There were also historical concerns regarding a burn that appeared to be from a hair dryer.

DISPOSITION	Unsubstantiated Physical Abuse	DATE OF FINDING	6/2/06
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LEGAL ACTIONS INITIATED

REFERRED TO (Police Department)	N/A	DATE:	
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POLICE ACTION TAKEN TO DATE	N/A

DATE JUVENILE COURT ACTION INITIATED	N/A
ADJUDICATION RESULTS	N/A
DISPOSITION RESULTS	N/A

DATE CRIMINAL CHARGES FILED	N/A
ALLEGED PERPETRATORS CHARGED	N/A

TRIAL RESULTS	N/A

CONDITION OF CHILD/REN (Indicated/substantiated cases)	N/A

CHILD/FAMILY SERVICE NEEDS IDENTIFIED (all investigations)
No additional service needs were identified.

CHILD/FAMILY SERVICES TO BE PROVIDED BY BUTLER COUNTY CHILDREN SERVICES BOARD
None

BUTLER COUNTY CHILDREN SERVICES BOARD CASE STATUS

OPENED		WORKER ASSIGNED		CLOSED	6/2/06
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COMMENTS/CONCERNS	The investigation did not yield any evidence of abuse or neglect. It was determined that the marks on Lauren's back and the hair dryer burn were likely to be accidental and not inflicted. Lauren's father did have concerns about her clothing being stolen and about the bathing procedures at the Fairfield Center. He reported that it was his understanding that a male staff had bathed Lauren by himself on at least one occasion.
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INVESTIGATIVE WORKER	Nick Filippini	SUPERVISOR	Cynthia Klein
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DATE OF REPORT	6/2/06
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BUTLER COUNTY BOARD OF

**MENTAL RETARDATION &
DEVELOPMENTAL DISABILITIES**

Community Services

441 Patterson Drive

Fairfield, Ohio 45014



Lauren [redacted]
2006-009-0214
5/8/06

Karen Feltner

Karen,

I sent out disposition letters today and am unsubstantiating physical abuse. I am going to be out of town next week, but will get you a summary when I get back. thanks....Nick

>>> Karen Feltner <karenf@BUTLERMRDD.ORG> 05/25/2006 3:41 PM >>>

Hey Nick,

Just wanted to update you on interviews we conducted at Fairfield Center regarding Lauren. We (Patrick Campbell and I) interviewed several staff on 5/18/06 regarding the mark on her arm that appeared to be a burn from a hair dryer. We did not feel anyone had intentionally caused harm to Lauren. Most of the staff stated that when they use the hair dryer on Lauren, she often puts her arms up to block the heat/air. It is possible that someone bumped her arm with the hair dryer and did not realize they had done so, which would explain why it was not report and an incident report not completed. Since this came to light, a new hair dryer was purchased for the home with the "grid" recessed. Also, a diffuser was put on the hair dryer with super glue to hopefully avoid future incidents. None of the staff were aware of how she got the most recent marks on her back either. Thanks again for your assistance in this case. Please let me know if you have any questions.

Karen Feltner
Investigative Agent
Butler County Board of MRDD
(513) 867-5674

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6/5/2006