

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G194	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  10/15/2015
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NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP CODE 115 STONEGATE BEDFORD, IN 47421
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W 0000  Bldg. 00	<p>This visit was for a full recertification and state licensure survey.</p> <p>Survey Dates: October 6, 7, 13, 14 and 15, 2015</p> <p>Facility Number: 000724 Provider Number: 15G194 AIM Number: 100243320</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review of this report completed by #09182 on 10/26/15.</p>	W 0000		
W 0102  Bldg. 00	<p>483.410 GOVERNING BODY AND MANAGEMENT The facility must ensure that specific governing body and management requirements are met.</p> <p>Based on record review and interview for 3 of 7 clients living in the group home (#2, #5 and #6), the facility failed to meet the Condition of Participation: Governing Body. The governing body failed to ensure the Lead staff took action to address reports from other staff and herself to address allegations of abuse and mistreatment to protect the clients. The governing body failed to recognize a</p>	W 0102	<p><b>ADDENDUM:</b> <b>Correctiveaction:</b> ·Lead staffin-serviced concerning documentation all counseling/training with staff. (ATTACHMENT A) ·Trainingcomplete with Lead Staff and Residential Manager on identifying patterns ofabuse. (ATTACHMENT A &amp; B) ·ResidentialManager or Clinical Supervisor willconduct Active Treatment Observation daily for a</p>	11/14/2015

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

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>pattern of alleged abuse by staff #5. The governing body failed to provide oversight of the facility to prevent abuse of the clients. The governing body failed to ensure its policies and procedures were implemented to ensure staff immediately reported allegations of abuse to the administrator. The governing body failed to ensure a thorough investigation was conducted into an allegation of physical abuse involving client #6. The governing body failed to ensure the potential witnesses to abuse, including clients #1, #2, #3, #4, #5 and #7, were interviewed or attempted to be interviewed.</p> <p>Findings include:</p> <p>1) Please refer to W104. For 3 of 7 clients living in the group home (#2, #5 and #6), the governing body failed to ensure the Lead staff took action to address reports from other staff and herself to address allegations of abuse and mistreatment to protect the clients. The governing body failed to recognize a pattern of alleged abuse by staff #5. The governing body failed to provide oversight of the facility to prevent alleged abuse of the clients. The governing body failed to ensure its policies and procedures were implemented to ensure staff immediately reported allegations of abuse to the administrator. The</p>		<p>period of 30 days to ensure nopattern of continued abuse is present, after 30 days observations will resumeat 2 a week.</p> <ul style="list-style-type: none"> <li>·ResidentialManager will communicate results of this observation to Clinical Supervisor daily for 30 days.</li> <li>·Trainingcomplete with Lead Staff and Residential Manager on immediate reporting ofalleged abuse, neglect, mistreatment to administrator. (ATTACHMENT A &amp; B) <b>Measures to beput in place:</b></li> <li>·CS willhave Daily communication with Lead Staff and Residential Manager for a periodof 30 days, then a minimum of weekly to ensure all issues are identified andtrained on.</li> <li>·CS willcontinue to train with Lead staff Monthly on abuse scenario's, and definitionsof.</li> </ul> <p><b>Monitoring of Corrective Action:</b></p> <ul style="list-style-type: none"> <li>·CS willhave Daily communication with Lead Staff and Residential Manager for a periodof 30 days, then a minimum of weekly to ensure all issues are identified andtrained on.</li> <li>·CS willcontinue to train with Lead staff Monthly on abuse scenario's, and definitionsof.</li> </ul> <p><b>Completion Date: 11/14/2015</b> <b>PROVIDER IDENTIFICATION #: 15G194</b> <b>NAME OF PROVIDER:</b></p>				

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	<p>governing body failed to ensure a thorough investigation was conducted into an allegation of physical abuse involving client #6. The governing body failed to ensure the potential witnesses to alleged abuse, including clients #1, #2, #3, #4, #5 and #7, were interviewed or attempted to be interviewed.</p> <p>2) Please refer to W122. For 3 of 7 clients living in the group home (#2, #5 and #6), the facility failed to meet the Condition of Participation: Client Protections. The governing body failed to prevent alleged abuse of the clients. The governing body failed to ensure the Lead staff took action to address reports from other staff and herself to address allegations of abuse and mistreatment to protect the clients. The governing body failed to ensure staff immediately reported an allegation of abuse to the administrator. The governing body failed to ensure a thorough investigation was conducted of an allegation of physical abuse. The governing body failed to ensure the investigation included interviews with all potential witnesses including clients #1, #2, #3, #4, #5 and #7.</p> <p>9-3-1(a)</p>		<p><b>RESCARECOMMUNITY ALT., SOUTH CENTRAL ADDRESS: 115 Stonegate, Bedford, IN 47421 SURVEY EVENT ID #: 4FHL11 DATE SURVEY COMPLETED: 10/16/2015 PROVIDER'S PLAN OF CORRECTION <u>W 102 GOVERNING BODY AND MANAGEMENT</u> The facility must ensure that specific governing body and management requirements are met Correctiveaction:</b></p> <ul style="list-style-type: none"> <li>·Lead staffin-serviced concerning documentation all counseling/training with staff. (ATTACHMENT A)</li> <li>·Trainingcomplete with Lead Staff and Residential Manager on identifying patterns of abuse. (ATTACHMENT A &amp; B)</li> <li>·ResidentialManager or Lead Staff will conduct Active Treatment Observation daily for aperiod of 30 days to ensure no pattern of continued abuse is present, after 30days observations will resume at 2 a week.</li> <li>·ResidentialManager or Lead Staff will communicate results of this observation to ClinicalSupervisor daily for 30 days.</li> <li>·All staffin-serviced on rights, responsibilities, abuse, neglect, mistreatment,reporting. (ATTACHMENT C)</li> <li>·Trainingcomplete with Lead Staff and Residential Manager on immediate reporting ofalleged</li> </ul>				

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			<p>abuse, neglect, mistreatment to administrator. (ATTACHMENT A &amp; B)</p> <ul style="list-style-type: none"> <li>· Training complete with all staff concerning reporting abuse, neglect, mistreatment; chain of command; compliance line.</li> <li>· In-service with Clinical Supervisor concerning the need to interview all housemates regardless of involvement or presence at time of alleged abuse, neglect, and mistreatment.</li> </ul> <p>(ATTACHMENT D) <b>How we will identify others:</b></p> <ul style="list-style-type: none"> <li>· All training/counseling will be faxed to Clinical Supervisor for review upon delivery.</li> <li>· All active treatment observations will be faxed to Clinical Supervisor upon completion.</li> <li>· Daily communication with Lead Staff and Residential Manager for a period of 30 days, then a minimum of weekly.</li> <li>· Residential Manager will continue monthly trainings with all staff to include abuse, neglect, mistreatment, reporting, compliance line, chain of command, and drills schedule.</li> <li>· Investigations will include an interview with all residents and staff of the home.</li> <li>· Investigations will clearly spell out inconsistencies and attempts to reconcile inconsistencies.</li> <li>· All investigations will go through peer review to ensure complete/thorough investigation.</li> </ul>	

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			<p><b>Measures to be put in place:</b></p> <ul style="list-style-type: none"> <li>·Alltraining/counseling will be faxed to Clinical Supervisor for review upon delivery.</li> <li>·All activetreatment observations will be faxed to Clinical Supervisor upon completion.</li> <li>·Dailycommunication with Lead Staff and Residential Manager for a period of 30 days, then a minimum of weekly.</li> <li>·ResidentialManager will continue monthly trainings with all staff to include abuse, neglect, mistreatment, reporting, compliance line, chain of command, and drillschedule.</li> <li>·Investigationswill include an interview with all residents and staff of the home.</li> <li>·Investigationswill clearly spell out inconsistencies and attempts to reconcile inconsistencies.</li> <li>·Allinvestigations will go through peer review to ensure complete/thorough investigation.</li> </ul> <p><b>Monitoring of Corrective Action:</b></p> <ul style="list-style-type: none"> <li>·Alltraining/counseling will be faxed to Clinical Supervisor for review upon delivery.</li> <li>·All activetreatment observations will be faxed to Clinical Supervisor upon completion.</li> <li>·Dailycommunication with Lead Staff and Residential Manager for a period of 30 days, then a minimum of weekly.</li> <li>·ResidentialManager will continue monthly trainings with all</li> </ul>	

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W 0104  Bldg. 00	483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility.		<p>staff to include abuse, neglect, mistreatment, reporting, compliance line, chain of command, and drillschedule.</p> <ul style="list-style-type: none"> <li>· Investigations will include an interview with all residents and staff of the home.</li> <li>· Investigations will clearly spell out inconsistencies and attempts to reconcile inconsistencies.</li> <li>· All investigations will go through peer review to ensure complete/thorough investigation.</li> <li>· Clinical Supervisor Program Manager, Executive Director, QIDP, Human Resources Specialist, Nursing Manager or Business Manager will perform Best in Class Audits to ensure that all ResCare policies and procedures are being implemented as written.</li> <li>· Clinical Supervisor, Program Manager, Executive Director, QIDP, Human Resources Specialist, Nursing Manager or Business Manager will perform Best in Class Audits to ensure that all regulations are being adhered to in accordance with state law.</li> <li>· Per ResCare policy Best in Class standards dictate that a review of 10% of ICF homes, up to 5, be reviewed quarterly.</li> </ul> <p><b>Completion Date: 11/14/2015</b></p>	

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	<p>Based on record review and interview for 3 of 7 clients living in the group home (#2, #5 and #6), the governing body failed to ensure the Lead staff took action to address reports from other staff and herself to address allegations of abuse and mistreatment to protect the clients. The governing body failed to recognize a pattern of alleged abuse by staff #5. The governing body failed to provide oversight of the facility to prevent alleged abuse of the clients. The governing body failed to ensure its policies and procedures were implemented to ensure staff immediately reported allegations of abuse to the administrator. The governing body failed to ensure a thorough investigation was conducted into an allegation of physical abuse involving client #6. The governing body failed to ensure the potential witnesses to alleged abuse, including clients #1, #2, #3, #4, #5 and #7, were interviewed or attempted to be interviewed.</p> <p>Findings include:</p> <p>1) Please refer to W149. For 3 of 5 incident/investigative reports reviewed affecting clients #2, #5 and #6, the governing body neglected to implement its policies and procedures to prevent client abuse, ensure staff immediately reported allegations of abuse to the</p>	W 0104	<p>ADDENDUM</p> <p><b>Correctiveaction:</b></p> <ul style="list-style-type: none"> <li>·Lead staffin-serviced concerning documentation all counseling/training with staff. (ATTACHMENT A)</li> <li>·Trainingcomplete with Lead Staff and Residential Manager on identifying patterns ofabuse. (ATTACHMENT A &amp; B)</li> <li>·ResidentialManager or Clinical Supervisor willconduct Active Treatment Observation daily for a period of 30 days to ensure nopattern of continued abuse is present, after 30 days observations will resumeat 2 a week.</li> <li>·ResidentialManager will communicate results of this observation to Clinical Supervisordaily for 30 days.</li> <li>·Trainingcomplete with Lead Staff and Residential Manager on immediate reporting ofalleged abuse, neglect, mistreatment to administrator. (ATTACHMENT A &amp; B)</li> </ul> <p><b>Measures to beput in place:</b></p> <ul style="list-style-type: none"> <li>·CS willhave Daily communication with Lead Staff and Residential Manager for a periodof 30 days, then a minimum of weekly to ensure all issues are identified andtrained on.</li> <li>·CS willcontinue to train with Lead staff Monthly on abuse scenario's, and definitionsof.</li> </ul>	11/14/2015			

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	<p>administrator and conduct a thorough investigation.</p> <p>2) Please refer to W153. For 1 of 5 incident/investigative reports reviewed affecting clients #2 and #5, the governing body failed to ensure staff immediately reported an allegation of abuse to the administrator, in accordance with state law.</p> <p>3) Please refer to W154. For 1 of 5 incident/investigative reports reviewed affecting client #6, the governing body failed to ensure a thorough investigation was conducted into an allegation of physical abuse involving client #6.</p> <p>9-3-1(a)</p>		<p><b>Monitoring of Corrective Action:</b></p> <ul style="list-style-type: none"> <li>·CS will have Daily communication with Lead Staff and Residential Manager for a period of 30 days, then a minimum of weekly to ensure all issues are identified and trained on.</li> <li>·CS will continue to train with Lead staff Monthly on abuse scenario's, and definitions of.</li> </ul> <p><b>Completion Date: 11/14/2015</b> <b><u>W104: Governing Body</u></b></p> <ul style="list-style-type: none"> <li>·The governing body must exercise general policy, budget, and operating direction over facility. <b>Corrective action:</b></li> <li>·Lead staff in-serviced concerning documentation all counseling/training with staff. (ATTACHMENT A)</li> <li>·Training complete with Lead Staff and Residential Manager on identifying patterns of abuse. (ATTACHMENT A &amp; B)</li> <li>·Residential Manager or Lead Staff will conduct Active Treatment Observation daily for a period of 30 days to ensure no pattern of continued abuse is present, after 30 days observations will resume at 2 a week.</li> <li>·Residential Manager or Lead Staff will communicate results of this observation to Clinical Supervisor daily for 30</li> </ul>		

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			<p>days.</p> <ul style="list-style-type: none"> <li>·All staffin-serviced on rights, responsibilities, abuse, neglect, mistreatment,reporting. (ATTACHMENT C)</li> <li>·Trainingcomplete with Lead Staff and Residential Manager on immediate reporting ofalleged abuse, neglect, mistreatment to administrator. (ATTACHMENT A &amp; B)</li> <li>·Trainingcomplete with all staff concerning reporting abuse, neglect, mistreatment;chain of command; compliance line.</li> <li>·In-servicewith Clinical Supervisor concerning the need to interview all housematesregardless of involvement or presence at time of alleged abuse, neglect, andmistreatment. (ATTACHMENT D) <b>How we willidentify others:</b></li> <li>·Alltraining/counseling will be faxed to Clinical Supervisor for review upondelivery.</li> <li>·All activetreatment observations will be faxed to Clinical Supervisor upon completion.</li> <li>·Dailycommunication with Lead Staff and Residential Manager for a period of 30 days,then a minimum of weekly.</li> <li>·ResidentialManager will continue monthly trainings with all staff to include abuse,neglect, mistreatment, reporting, compliance line, chain of command, and drillschedule.</li> <li>·Investigationswill include an</li> </ul>	

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			<p>interview with all residents and staff of the home.</p> <ul style="list-style-type: none"> <li>·Investigationswill clearly spell out inconsistencies and attempts to reconcile inconsistencies.</li> <li>·Allinvestigations will go through peer review to ensure complete/thoroughinvestigation.</li> </ul> <p><b>Measures to beput in place:</b></p> <ul style="list-style-type: none"> <li>·Alltraining/counseling will be faxed to Clinical Supervisor for review upondelivery.</li> <li>·All activetreatment observations will be faxed to Clinical Supervisor upon completion.</li> <li>·Dailycommunication with Lead Staff and Residential Manager for a period of 30 days,then a minimum of weekly.</li> <li>·ResidentialManager will continue monthly trainings with all staff to include abuse,neglect, mistreatment, reporting, compliance line, chain of command, and drillschedule.</li> <li>·Investigationswill include an interview with all residents and staff of the home.</li> <li>·Investigationswill clearly spell out inconsistencies and attempts to reconcileinconsistencies.</li> <li>·Allinvestigations will go through peer review to ensure complete/thoroughinvestigation.</li> </ul> <p><b>Monitoring ofCorrective Action:</b></p> <ul style="list-style-type: none"> <li>·Alltraining/counseling will be faxed to Clinical Supervisor for review upondelivery.</li> <li>·All activetreatment observations will be faxed to</li> </ul>	

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			<p>Clinical Supervisor upon completion.</p> <ul style="list-style-type: none"> <li>·Daily communication with Lead Staff and Residential Manager for a period of 30 days, then a minimum of weekly.</li> <li>·Residential Manager will continue monthly trainings with all staff to include abuse, neglect, mistreatment, reporting, compliance line, chain of command, and drill schedule.</li> <li>·Investigations will include an interview with all residents and staff of the home.</li> <li>·Investigations will clearly spell out inconsistencies and attempts to reconcile inconsistencies.</li> <li>·All investigations will go through peer review to ensure complete/thorough investigation.</li> <li>·Clinical Supervisor Program Manager, Executive Director, QIDP, Human Resources Specialist, Nursing Manager or Business Manager will perform Best in Class Audits to ensure that all ResCare policies and procedures are being implemented as written.</li> <li>·Clinical Supervisor, Program Manager, Executive Director, QIDP, Human Resources Specialist, Nursing Manager or Business Manager will perform Best in Class Audits to ensure that all regulations are being adhered to in accordance with state law.</li> <li>·Per ResCare policy Best in Class standards dictate that a review of 10% of ICF homes, up</li> </ul>	

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W 0122  Bldg. 00	<p>483.420 CLIENT PROTECTIONS The facility must ensure that specific client protections requirements are met. Based on record review and interview for 3 of 7 clients living in the group home (#2, #5 and #6), the facility failed to meet the Condition of Participation: Client Protections. The facility failed to prevent abuse of the clients. The facility failed to ensure the Lead staff took action to address reports from other staff and herself to address allegations of abuse and mistreatment to protect the clients. The facility failed to ensure staff immediately reported an allegation of abuse to the administrator. The facility failed to ensure a thorough investigation was conducted of an allegation of physical abuse. The facility failed to ensure the investigation included interviews with all potential witnesses including clients #1, #2, #3, #4, #5 and #7.</p> <p>Findings include:</p> <p>1) Please refer to W149. For 3 of 5 incident/investigative reports reviewed affecting clients #2, #5 and #6, the facility neglected to implement its policies and procedures to prevent client</p>			W 0122	<p>to 5, be reviewed quarterly. <b>Completion Date: 11/14/2015</b></p> <p><b>ADDENDUM</b> <b>Correctiveaction:</b> ·Lead staffin-serviced concerning documentation all counseling/training with staff. (ATTACHMENT A) ·Trainingcomplete with Lead Staff and Residential Manager on identifying patterns ofabuse. (ATTACHMENT A &amp; B) ·ResidentialManager or Clinical Supervisor willconduct Active Treatment Observation daily for a period of 30 days to ensure nopattern of continued abuse is present, after 30 days observations will resumeat 2 a week. ·ResidentialManager will communicate results of this observation to Clinical Supervisordaily for 30 days. ·Trainingcomplete with Lead Staff and Residential Manager on immediate reporting ofalleged abuse, neglect, mistreatment to administrator. (ATTACHMENT A &amp; B)</p> <p><b>Measures to beput in place:</b> ·CS willhave Daily communication with Lead Staff and Residential Manager for a</p>		11/14/2015

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	<p>abuse, ensure staff immediately reported allegations of abuse to the administrator and conduct a thorough investigation of an allegation of physical abuse.</p> <p>2) Please refer to W153. For 1 of 5 incident/investigative reports reviewed affecting clients #2 and #5, the facility failed to ensure staff immediately reported an allegation of abuse to the administrator, in accordance with state law.</p> <p>3) Please refer to W154. For 1 of 5 incident/investigative reports reviewed affecting client #6, the facility failed to ensure a thorough investigation was conducted of an allegation of physical abuse.</p> <p>9-3-1(a)</p>		<p>periodof 30 days, then a minimum of weekly to ensure all issues are identified andtrained on.</p> <p>·CS willcontinue to train with Lead staff Monthly on abuse scenario's, and definitionsof.</p> <p><b>Monitoring of Corrective Action:</b></p> <p>·CS willhave Daily communication with Lead Staff and Residential Manager for a periodof 30 days, then a minimum of weekly to ensure all issues are identified andtrained on.</p> <p>·CS willcontinue to train with Lead staff Monthly on abuse scenario's, and definitionsof.</p> <p><b>Completion Date: 11/14/2015</b> <b><u>W 122 CLIENTPROTECTIONS</u></b></p> <p>·The facility must ensure that specific clientprotections requirements are met</p> <p><b>Correctiveaction:</b></p> <p>·Lead staffin-serviced concerning documentation all counseling/training with staff. (ATTACHMENT A)</p> <p>·Trainingcomplete with Lead Staff and Residential Manager on identifying patterns ofabuse. (ATTACHMENT A &amp; B)</p> <p>·ResidentialManager or Lead Staff will conduct Active Treatment Observation daily for aperiod of 30 days to ensure no pattern of continued abuse is</p>		

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			<p>present, after 30days observations will resume at 2 a week.</p> <ul style="list-style-type: none"> <li>·ResidentialManager or Lead Staff will communicate results of this observation to ClinicalSupervisor daily for 30 days.</li> <li>·All staffin-serviced on rights, responsibilities, abuse, neglect, mistreatment,reporting. (ATTACHMENT C)</li> <li>·Trainingcomplete with Lead Staff and Residential Manager on immediate reporting ofalleged abuse, neglect, mistreatment to administrator. (ATTACHMENT A &amp; B)</li> <li>·Trainingcomplete with all staff concerning reporting abuse, neglect, mistreatment;chain of command; compliance line.</li> <li>·In-servicewith Clinical Supervisor concerning the need to interview all housematesregardless of involvement or presence at time of alleged abuse, neglect, andmistreatment. (ATTACHMENT D) <b>How we willidentify others:</b> <ul style="list-style-type: none"> <li>·Alltraining/counseling will be faxed to Clinical Supervisor for review upondelivery.</li> <li>·All activetreatment observations will be faxed to Clinical Supervisor upon completion.</li> <li>·Dailycommunication with Lead Staff and Residential Manager for a period of 30 days,then a minimum of weekly.</li> </ul> </li> </ul>	

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			<ul style="list-style-type: none"> <li>·ResidentialManager will continue monthly trainings with all staff to include abuse,neglect, mistreatment, reporting, compliance line, chain of command, and drillschedule.</li> <li>·Investigationswill include an interview with all residents and staff of the home.</li> <li>·Investigationswill clearly spell out inconsistencies and attempts to reconcileinconsistencies.</li> <li>·Allinvestigations will go through peer review to ensure complete/thoroughinvestigation.</li> <li><b>Measures to beput in place:</b> <ul style="list-style-type: none"> <li>·Alltraining/counseling will be faxed to Clinical Supervisor for review upondelivery.</li> <li>·All activetreatment observations will be faxed to Clinical Supervisor upon completion.</li> <li>·Dailycommunication with Lead Staff and Residential Manager for a period of 30 days,then a minimum of weekly.</li> <li>·ResidentialManager will continue monthly trainings with all staff to include abuse,neglect, mistreatment, reporting, compliance line, chain of command, and drillschedule.</li> <li>·Investigationswill include an interview with all residents and staff of the home.</li> <li>·Investigationswill clearly spell out inconsistencies and attempts to reconcileinconsistencies.</li> <li>·Allinvestigations will go through peer review to ensure complete/thoroughinvestigation.</li> </ul> </li> </ul>	

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			<p><b>Monitoring of Corrective Action:</b></p> <ul style="list-style-type: none"> <li>· All training/counseling will be faxed to Clinical Supervisor for review upon delivery.</li> <li>· All active treatment observations will be faxed to Clinical Supervisor upon completion.</li> <li>· Daily communication with Lead Staff and Residential Manager for a period of 30 days, then a minimum of weekly.</li> <li>· Residential Manager will continue monthly trainings with all staff to include abuse, neglect, mistreatment, reporting, compliance line, chain of command, and drill schedule.</li> <li>· Investigations will include an interview with all residents and staff of the home.</li> <li>· Investigations will clearly spell out inconsistencies and attempts to reconcile inconsistencies.</li> <li>· All investigations will go through peer review to ensure complete/thorough investigation.</li> <li>· Clinical Supervisor Program Manager, Executive Director, QIDP, Human Resources Specialist, Nursing Manager or Business Manager will perform Best in Class Audits to ensure that all ResCare policies and procedures are being implemented as written.</li> <li>· Clinical Supervisor, Program Manager, Executive Director, QIDP, Human Resources Specialist, Nursing Manager or Business Manager</li> </ul>	

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W 0149  Bldg. 00	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview for 3 of 5 incident/investigative reports reviewed affecting clients #2, #5 and #6, the facility neglected to implement its policies and procedures to prevent client abuse, ensure staff immediately reported allegations of abuse to the administrator and conduct a thorough investigation of an allegation of physical abuse involving client #6.</p> <p>Findings include:</p> <p>On 10/7/15 at 6:42 AM, a review of the facility's incident/investigative reports was conducted and indicated the following:</p> <p>1) The Bureau of Developmental Disabilities Services (BDDS) incident report, dated 6/9/15, indicated, on 6/8/15 at 6:00 PM, "[Residential Manager]</p>	W 0149	<p>will perform Best in Class Audits to ensure that all regulations are being adhered to in accordance with state law.</p> <ul style="list-style-type: none"> <li>· Per ResCare policy Best in Class standards dictate that a review of 10% of ICF homes, up to 5, be reviewed quarterly.</li> </ul> <p><b>Completion Date: 11/14/2015</b></p> <p><b>Corrective action:</b></p> <ul style="list-style-type: none"> <li>· Lead staff in-service concerning documentation all counseling/training with staff. (ATTACHMENT A)</li> <li>· Training complete with Lead Staff and Residential Manager on identifying patterns of abuse. (ATTACHMENT A &amp; B)</li> <li>· Residential Manager or Clinical Supervisor will conduct Active Treatment Observation daily for a period of 30 days to ensure no pattern of continued abuse is present, after 30 days observations will resume at 2 a week.</li> <li>· Residential Manager will communicate results of this observation to Clinical Supervisor daily for 30 days.</li> <li>· Training complete with Lead Staff and Residential Manager on immediate reporting of alleged abuse, neglect, mistreatment to administrator. (ATTACHMENT A &amp; B)</li> </ul>	11/14/2015	

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	<p>reported that on 6/8/2015 [staff #5] direct care staff redirected [client #6] away from stove by grabbing him by the arms and spinning him around. Direct Care staff [staff #5] has been suspended and an investigation into the allegation started. Investigation will conclude and meet for peer review no later than 6/15/2015. [Client #6] has been interviewed concerning his feelings of safety, additional counseling, and filing a grievance. [Client #6] is non verbal, but did indicate to Residential manager that he felt safe and was not interested in counseling. No response to grievance. All staff and individuals will be inserviced on rights and responsibilities, and all staff will continue to implement all treatment plans as written."</p> <p>The Investigative Summary, dated 6/15/15, indicated in the introduction, "An allegation of physical abuse was made against [staff #5] in reference to [client #6]. Residential Manager (RM) reported that [staff #5] responded to a food seeking behavior by grabbing [client #6] by the arms and spinning him around." The Summary of Interviews section indicated the RM reported, "Grabbed him by one arm and spun him around." Staff #9 indicated in the investigation, "[Client #6] was trying to get food off the stove, [staff #5] was</p>		<p><b>Measures to beput in place:</b></p> <ul style="list-style-type: none"> <li>·CS willhave Daily communication with Lead Staff and Residential Manager for a periodof 30 days, then a minimum of weekly to ensure all issues are identified andtrained on.</li> <li>·CS willcontinue to train with Lead staff Monthly on abuse scenario's, and definitionsof.</li> </ul> <p><b>Monitoring of Corrective Action:</b></p> <ul style="list-style-type: none"> <li>·CS willhave Daily communication with Lead Staff and Residential Manager for a periodof 30 days, then a minimum of weekly to ensure all issues are identified andtrained on.</li> <li>·CS willcontinue to train with Lead staff Monthly on abuse scenario's, and definitionsof.</li> </ul> <p><b>Completion Date: 11/14/2015</b></p> <p><b><u>ADDENDUM:</u></b></p> <p><b><u>W 149 STAFFTREATMENT OF CLIENTS</u></b></p> <ul style="list-style-type: none"> <li>·The facility must develop and implementwritten policies and procedures that prohibit mistreatment, neglect or abuse ofthe client. <b>Correctiveaction:</b></li> <li>·Lead staffin-serviced concerning documentation all counseling/training with staff.</li> </ul>	

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	<p>closest so she turned him around. The stove or food could have been hot and it was dangerous. I could not see if her hands were open or closed." Staff #4 indicated in the investigation, "I felt like [staff #5] was forceful, it was the first behavior I had seen. I was uncomfortable. I could not see her hands to tell if she restrained him or redirected him." Staff #5 indicated in the investigation, "I saw [client #6] going for the food on the stove, I instinctively got between him and danger. I open handed redirected him physically. I did not restrain him. He did spin around when I put my open hand on his arm to redirect him. I was not trying to abuse [client #6], I was protecting him." The Factual Findings section indicated, "1) [Client #6] was engaged in a dangerous behavior of (hot) food seeking. 2) [Staff #5] physically redirected him. 3) [Client #6] spun around from the redirection." The Conclusion indicated, "There is no witness to indicate [staff #5] did a closed handed restraint to keep [client #6] out of harms (sic) way. [Staff #5] open handed physically redirected [client #6] in an effort to keep him safe. This is a YSIS (Your Safe I'm Safe - behavior management techniques) technique taught in orientation. This allegation is unsubstantiated."</p>		<p>(ATTACHMENT A) ·Trainingcomplete with Lead Staff and Residential Manager on identifying patterns of abuse. (ATTACHMENT A &amp; B) ·ResidentialManager or Lead Staff will conduct Active Treatment Observation daily for aperiod of 30 days to ensure no pattern of continued abuse is present, after 30days observations will resume at 2 a week. ·ResidentialManager or Lead Staff will communicate results of this observation to ClinicalSupervisor daily for 30 days. ·All staffin-serviced on rights, responsibilities, abuse, neglect, mistreatment,reporting. (ATTACHMENT C) ·Trainingcomplete with Lead Staff and Residential Manager on immediate reporting ofalleged abuse, neglect, mistreatment to administrator. (ATTACHMENT A &amp; B) ·Trainingcomplete with all staff concerning reporting abuse, neglect, mistreatment;chain of command; compliance line. ·In-servicewith Clinical Supervisor concerning the need to interview all housematesregardless of involvement or presence at time of alleged abuse, neglect, andmistreatment. (ATTACHMENT D) <b>How we willidentify others:</b> ·Alltraining/counseling will be</p>				

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	<p>The BDDS follow-up report, dated 6/15/15, indicated, in part, "[Staff #5] has been returned to work, and allegation found to be unsubstantiated. [Staff #5] physically redirected [client #6] with open hands so as not to restrain him while keeping him safe from hot items on stove. Investigation complete no abuse or violation of rights, policies, or procedures."</p> <p>The RM's Confidential Witness Statement Form, dated 6/11/15, indicated, in part, "[Client #6] ran toward stove after dinner was over. [Staff #5] ran after him and grabbed him by one arm and spun him around to go to other direction."</p> <p>The ResCare Investigation Peer Review, dated 6/15/15, indicated, "Abuse - unsubstantiated. Recommendations: 1) Rights Inservice. 2) Retrain YSIS [staff #5]. 3) Inservice on tone and force during YSIS. 4) Return to work."</p> <p>The investigation was not thorough. The investigation indicated the stove and food were hot at the time of the incident therefore client #5 was in danger of being burned. Interviews with staff #4 and the RM (see below) indicated the incident occurred at the end of dinner (food was cooked and eaten) and the leftover food</p>		<p>faxed to Clinical Supervisor for review upon delivery.</p> <ul style="list-style-type: none"> <li>·All activetreatment observations will be faxed to Clinical Supervisor upon completion.</li> <li>·Dailycommunication with Lead Staff and Residential Manager for a period of 30 days,then a minimum of weekly.</li> <li>·ResidentialManager will continue monthly trainings with all staff to include abuse,neglect, mistreatment, reporting, compliance line, chain of command, and drillschedule.</li> <li>·Investigationswill include an interview with all residents and staff of the home.</li> <li>·Investigationswill clearly spell out inconsistencies and attempts to reconcileinconsistencies.</li> <li>·Allinvestigations will go through peer review to ensure complete/thoroughinvestigation.</li> </ul> <p><b>Measures to be put in place:</b></p> <ul style="list-style-type: none"> <li>·Alltraining/counseling will be faxed to Clinical Supervisor for review upon delivery.</li> <li>·All activetreatment observations will be faxed to Clinical Supervisor upon completion.</li> <li>·Dailycommunication with Lead Staff and Residential Manager for a period of 30 days,then a minimum of weekly.</li> <li>·ResidentialManager will continue monthly trainings with all staff to include abuse,neglect, mistreatment, reporting, compliance line, chain of</li> </ul>				

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	<p>and stove were not hot therefore client #6 was in no danger of being burned. There was no documentation clients #1, #2, #3, #4, #5 and #7 were interviewed during the investigation. The investigation did not address the conflicting information regarding the hot food and stove at the time of the incident. One staff indicated the food and stove were hot. One staff indicated the food and stove could have been hot. Two staff indicated the food and stove were not hot at the time of the incident.</p> <p>On 10/7/15 at 6:58 AM, the RM indicated client #6 ran toward the stove. The RM stated staff #5 was "rougher than she should have been." The RM indicated staff #5 grabbed client #6 and spun him around. The RM indicated staff #5 should have blocked client #6. The RM stated staff #5's technique "wasn't appropriate." The RM indicated the incident occurred at the end of dinner and the stove and food on the stove were not hot.</p> <p>On 10/7/15 at 7:07 AM, staff #4 indicated client #6 went to the stove to get more food. Staff #4 stated staff #5 "grabbed his arm." Staff #4 stated, "I felt she was abrupt" and "forcefully grabbed him." Staff #4 indicated the incident occurred at the end of dinner and the</p>		<p>command, and drillschedule. ·Investigationswill include an interview with all residents and staff of the home. ·Investigationswill clearly spell out inconsistencies and attempts to reconcileinconsistencies. ·Allinvestigations will go through peer review to ensure complete/thoroughinvestigation. <b>Monitoring ofCorrective Action:</b> ·Alltraining/counseling will be faxed to Clinical Supervisor for review upondelivery. ·All activetreatment observations will be faxed to Clinical Supervisor upon completion. ·Dailycommunication with Lead Staff and Residential Manager for a period of 30 days,then a minimum of weekly. ·ResidentialManager will continue monthly trainings with all staff to include abuse,neglect, mistreatment, reporting, compliance line, chain of command, and drillschedule. ·Investigationswill include an interview with all residents and staff of the home. ·Investigationswill clearly spell out inconsistencies and attempts to reconcileinconsistencies. ·Allinvestigations will go through peer review to ensure complete/thoroughinvestigation. ·ClinicalSupervisor Program Manager, Executive Director, QIDP, Human ResourcesSpecialist, Nursing</p>		

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	<p>stove and food were not hot. Staff #4 indicated client #6 was in no danger of burning himself. Staff #4 stated there was "no reason to grab him." Staff #4 indicated staff #5 could have used blocking to keep client #6 away from the food. Staff #4 indicated the Clinical Supervisor (CS) told staff #4 during her interview, since staff #4 was new, that she (staff #4) did not know what she saw or what the CS was asking her.</p> <p>On 10/14/15 at 11:24 AM, the RM indicated the facility should prevent abuse of the clients. The RM indicated the facility had a policy and procedure prohibiting abuse of the clients. The RM indicated the facility should conduct thorough investigations.</p> <p>On 10/14/15 at 12:03 PM, the Qualified Intellectual Disabilities Professional (QIDP) indicated the facility should prevent abuse of the clients. The QIDP indicated the facility had a policy and procedure prohibiting abuse of the clients. The QIDP indicated the facility should conduct thorough investigations.</p> <p>On 10/13/15 at 2:56 PM, the Clinical Supervisor (CS) indicated in June 2015, there was an investigation involving staff #5. The CS indicated there was no evidence to substantiate the allegation.</p>		<p>Manager or Business Manager will perform Best in Class Audits to ensure that all ResCare policies and procedures are being implemented as written.</p> <ul style="list-style-type: none"> <li>Clinical Supervisor, Program Manager, Executive Director, QIDP, Human Resources Specialist, Nursing Manager or Business Manager will perform Best in Class Audits to ensure that all regulations are being adhered to in accordance with state law.</li> <li>Per ResCare policy Best in Class standards dictate that a review of 10% of ICF homes, up to 5, be reviewed quarterly.</li> </ul> <p><b>Completion Date: 11/14/2015</b></p>				

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	<p>The CS indicated staff #5 open handed redirected client #6 away from the stove and spun him around. The CS stated there was "no evidence she did the act."</p> <p>The CS indicated staff #4 was in her first week at the time of the incident. The CS indicated staff #4 could not see staff #5's hands or if she grabbed him or not. The CS indicated staff #4 reported she was uncomfortable with the way staff #5 redirected client #6. The CS stated staff #4 had not seen YSIS techniques used "so she was uncomfortable to begin with." The CS indicated she did not dismiss staff #4's statements due to being new.</p> <p>On 10/14/15 at 12:21 PM, the CS indicated the facility should prevent abuse of the clients. The CS indicated the facility had a policy and procedure prohibiting abuse of the clients. The CS indicated the facility should conduct thorough investigations. The CS indicated she did not interview client #6's peers at the group home since none of the clients were in the dining room at the time. The CS indicated this information should have been included in the investigation. The CS indicated staff #5 said the food was hot. The CS indicated the RM and staff #2 indicated the food was not hot at the time of the incident.</p>			

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	<p>2) On 10/13/15 at 12:55 PM, the Qualified Intellectual Disabilities Professional (QIDP) emailed the surveyor the following BDDS incident reports: On 10/7/15 at 12:00 PM, the 10/8/15 BDDS reports for clients #2 and #5 indicated, in part, "During a state survey direct care staff interviewed reported to surveyor that [staff #5] is often times verbally abusive to [client #2]. Upon interview of additional staff it was alleged she has also been verbally abusive to [client #5]. There was no specific time frame for the incidents. Both individuals were interviewed to ascertain if they felt safe in their home or would like additional counseling. [Staff #5] has been suspended pending the outcome of the investigation started 10/7 (2015). The peer review will be complete (sic) no later than 10/14/2015. Staff will continue to provide for health and safety of all individuals in this home while implementing all tx (treatment) plans."</p> <p>The 10/13/15 Investigative Summary's interview with staff #5 indicated, "Have you called him (client #2) a 'fat a--?' I may have, it would have been a slip of the tongue. I think I know the day your (sic) talking about. I was not trying to be mean, I just slipped. Does that seem reasonable?" Staff #5 indicated in her interview she received training on</p>			

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	<p>ResCare's abuse and neglect policies. Staff #5's interview indicated, when asked if she understood that cursing at an individual or calling them names was verbal abuse, "It is never my intention to be abusive. I love all the guys, [client #2] does not like me, but I thought that might get better with time, it hasn't. I know I sound loud and stern, it is just who I am. I always seem to sound that way to everyone, even when I am trying not to." When asked if she understood that yelling and being intimidating was a form of abuse, staff #5 indicated, "yes." When asked if she had received counseling about her tone and mannerisms, staff #5 indicated, "yes." Staff #5 indicated she received counseling from the Lead staff. Staff #5 indicated, "...right after YSIS and abuse and neglect training with CS, and then about 2 weeks ago." The interview with staff #3 indicated, in part, "...she has felt that [staff #5's] tone of voice and how she speaks comes across as harsh. [Staff #3] indicated she has stopped [staff #5] and told her about this, and [staff #5] states it is her normal tone. [Staff #3] indicated she agrees with this assessment, however states that [staff #5] 'projects authority over both staff and individuals, and points her finger.' [Staff #3] stated specific incident being [staff #5] telling [client #5] 'You are not stupid, you know how to set a table, don't act</p>			

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	<p>like your (sic) stupid...! Staff #3 indicated she had reported these issues to the lead, and knows the lead spoke to staff #5 about them as recently as 2 weeks ago.... Staff #3 indicated in her statement, "...she reported to [staff #2 (Lead)] that [staff #5] is still loud and says thing (sic) in a way that upsets the guys." Staff #4 indicated in her interview, "...[staff #4] reports having been witness to [staff #5] interacting with [client #2] when [client #2] called [staff #5] a 'Fat A--.' [Staff #5's] response was to say, 'No your (sic) the fat a--' to [client #2]. [Staff #3] indicated [client #2] seems more adgitated (sic) when [staff #5] is around. [Staff #3] indicated she reported this incident to lead and RM...." Staff #3 indicated, "...she reported to [staff #2] that [staff #5] is loud and [client #2] does not like her, and he cusses at her." Staff #2 indicated in the investigation, "...she feels [staff #5] is gruff, that is her demeanor. She feels that [staff #5] comes across the wrong way, especially to [client #2]. [Staff #2] indicates she does not feel [staff #5] is trying to be abusive to him, but it does stress him out. [Staff #2] indicated staff have come to her with concerns and she has sat down with [staff #5] and discussed the issues, she feels [staff #5] tried harder to be aware of how she comes across for a time, but then she had</p>			

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	<p>to counsel her again about two weeks ago." Staff #2's statement in the investigation indicated, "...2 staff reported that [staff #5] is loud and [client #2] cusses at he (sic) he because he does not like her, and [staff #5] says things in a way that is upsetting to the guys. [Staff #2] reports discussing the concerns with RM and agreeing that she would sit down and talk to [staff #5], and RM would do active treatment observations when [staff #5] was working to see how she was doing." Staff #2 indicated, "...she does not feel like [staff #5] is right for this field, and that she feels like [staff #5's] demeanor is unfair to the guys, especially [client #2]. When asked about documentation from both counselings given to [staff #5], [staff #2] indicated she did not document them or have [staff #5] sign any documentation." The RM's interview in the investigation indicated, "...[Staff #2] said staff had come to her and said '[staff #5] is loud and [client #2] cusses at her because he does not like her, and that [staff #5] says things in a way that is upsetting to the guys....' We decided she [staff #2] would train with [staff #5] and I would do Active treatment observations to see how she is doing...." Client #3 indicated in his statement, "[Client #3] says [staff #5] is nice to him, but is mean to [client #2] and yells at him." The investigation's</p>			

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	<p>interview with client #7 indicated, in part, "[Client #7] indicated '[staff #5] yells at [client #2], sometimes at me, but she does not help me with my laundry. She throws it on my bed...'. The Factual Findings section indicated, '[Staff #5] is verbally abusive to [client #2]. [Staff #5] has received training on this type of behavior and ResCare Policy prohibiting Abuse and Neglect.'" The Conclusion of the investigation indicated, "This allegation is substantiated based on corroborating evidence from staff and [staff #5]." The ResCare Investigation Peer Review, dated 10/14/15, indicated, "Investigation Type: Verbal Abuse SUBSTANTIATED." The Recommendations section indicated, "1. Term (terminate employment) [staff #5]. 2. Rights and Responsibilities training, entire house. 3. ResCare policy on reporting training, entire house. 4. Progressive discipline for Lead concerning failure to document counseling, and report issue to CS."</p> <p>The 10/13/15 Investigative Summary for abuse, neglect or mistreatment by staff #5 to client #5 indicated in the Introduction section, "During an investigation being conducted at [name of group home] on [staff #5] an additional allegation of abuse, neglect, and or mistreatment of [client #5] was made." Staff #3</p>			

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	<p>indicated, "[Staff #3] stated specific incident being [staff #5] telling [client #5], 'You are not stupid, you know how to set a table, don't act like your (sic) stupid.' In the Factual Findings section, "[Staff #5] is loud, yells, and is intimidating when offering redirection. [Staff #5] has received training on this type of behavior and ResCare Policy prohibiting Abuse and Neglect. [Staff #5] by her own admission is loud and stern and intimidating to [client #5]."</p> <p>The Conclusion indicated, "This allegation is substantiated based on corroborating evidence from staff and [staff #5]." The ResCare Investigation Peer Review, dated 10/14/15, indicated, "Investigation Type: Verbal Abuse (SUBSTANTIATED)." The Recommendations section indicated, "1. Term [staff #5]. 2. Rights and Responsibilities training, entire house. 3. ResCare policy on reporting training, entire house. 4. Progressive discipline for Lead concerning failure to document counseling, and report issue to CS."</p> <p>The facility failed to ensure staff immediately reported their concerns to the administrator. The facility failed to ensure the Lead staff reported the staff's concerns to the administrator. The RM failed to immediately report the allegations reported to her on 10/7/15 at</p>			

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	<p>7:59 AM to the administrator by the surveyor.</p> <p>On 10/7/15 at 7:07 AM, staff #4 stated that staff #5 was "hard on [client #2]."</p> <p>On 10/7/15 at 7:39 AM, the RM indicated there were no on-going issues with staff #5 and client #2. The RM indicated the issue was resolved. The RM indicated client #2 did not like staff #5 and called her a "fat b----."</p> <p>On 10/7/15 at 7:45 AM, staff #10 stated staff #5 was "definitely pushy with [client #2]." Staff #10 stated it was "borderline abusive, verbally." Staff #10 indicated the staff at the group home had a talk with staff #5 about her interactions with the clients. Staff #10 stated staff #5's interactions improved for awhile but her interactions were getting "bad" again. Staff #10 stated staff #5 was "pushy" with client #2. Staff #10 stated client #2 "definitely doesn't like her (staff #5)." Staff #10 indicated when staff #5 worked at the home, client #2 bit his wrist and kicked the walls when she was present.</p> <p>On 10/7/15 at 7:51 AM, staff #8 stated she did not want to work with staff #5 due to staff #5 being "hateful." Staff #8 stated staff #5 was "hateful" with everyone. Staff #8 stated, "I don't like</p>			

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	<p>the way she talks to the guys, especially [client #2]." Staff #8 stated, "My opinion is she's hateful. I don't like her attitude. Don't like working with her." Staff #8 stated client #2 "doesn't like her." Staff #8 stated client #2 called her a "fat a--" and told her to go home. Staff #8 stated staff #5 was "gruff with him (client #2)." Staff #8 stated staff #5 was "inappropriate, not abusive." Staff #8 stated, "no one likes the way she talks to [client #2]."</p> <p>On 10/7/15 at 7:59 AM, the RM stated staff #5 was "gruff, not friendly." The RM stated, "I've already told my bosses." The RM indicated she was not aware of the on-going issues related to staff #5 when the surveyor reported the staff's concerns related to staff #5. The RM indicated she had a talk with staff #5 and as far as she was aware, things were going well. The RM indicated she would relay the surveyor's concerns to administrative staff.</p> <p>On 10/7/15 at 10:00 AM, the Executive Director (ED) indicated she was not informed of issues reported to the RM on 10/7/15 at 7:59 AM. The ED indicated the RM and CS had not called her to report the allegation of abuse. The ED indicated she should have been informed immediately.</p>			

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	<p>On 10/14/15 at 11:24 AM, the RM indicated the facility should prevent abuse of the clients. The RM indicated the facility had a policy and procedure prohibiting abuse of the clients. The RM indicated the facility should conduct thorough investigations.</p> <p>On 10/14/15 at 12:03 PM, the QIDP indicated the facility should prevent abuse of the clients. The RM indicated the facility had a policy and procedure prohibiting abuse of the clients. The RM indicated the facility should conduct thorough investigations. The QIDP indicated staff should immediately report allegations of abuse to the administrator.</p> <p>On 10/13/15 at 2:56 PM, the Clinical Supervisor (CS) indicated staff #5 was suspended on 10/7/15. The CS indicated the staff did not report the allegations of staff #5 being verbally abusive to her. The CS indicated in June 2015, there was an investigation involving staff #5. The CS indicated she had not received any reports from the group home staff of issues involving staff #5. The CS indicated, after interviewing staff, there had been issues with staff #5 since June 2015. The CS stated the staff reported staff #5 was "gruff." The CS indicated staff #4 was in her first week at the time</p>			

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	<p>of the incident. The CS indicated staff #4 could not see staff #5's hands or if she grabbed him or not. The CS indicated staff #4 reported she was uncomfortable with the way staff #5 redirected client #6. The CS stated staff #4 had not seen YSIS techniques used "so she was uncomfortable to begin with." The CS indicated she did not dismiss staff #4's statements due to being new. The CS stated staff #5 had a deep voice and she sounds "stern" when redirecting clients. The CS stated, "There has been obvious mistreatment and one of the reasons the allegation will be substantiated. Don't believe there's intent but it is still mistreatment." The CS stated staff #5 was "most likely verbally abusive whether or not she intends to. Every single staff reported she was gruff in manner. At least one of the staff said she was verbally abusive. Several staff said her interactions with [client #2] were not kind." The CS indicated the allegation involving client #5 was when staff #5 told client #5 he knew how to set the table, he was not stupid and he needed to quit acting stupid." The CS indicated staff reported client #2 called her a "fat a--." The CS indicated staff reported staff #5 told client #2 that she was not a fat a-- that he was.</p> <p>On 10/14/15 at 12:21 PM, the CS</p>			

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	<p>indicated the facility should prevent abuse of the clients. The RM indicated the facility had a policy and procedure prohibiting abuse of the clients.</p> <p>On 10/7/15 at 6:39 AM, a review of the facility's 5/28/12 Abuse, Neglect and Exploitation policy indicated, "ResCare will: Ensure all persons served are treated with dignity and respect. Ensure that all persons served are free from abuse, neglect, or exploitation... ResCare does not tolerate abuse, neglect, or exploitation of any persons served. All employees are required to report allegations or suspected incidents of abuse, neglect, and exploitation. All alleged or suspected abuse, neglect, and/or exploitation will be immediately investigated. Appropriate corrective action will be taken to ensure prevention of any further occurrence. Abuse means the infliction of physical or psychological harm, unreasonable confinement, intimidation, punishment with resulting physical harm, pain or mental anguish or deprivation of goods or services that are necessary to meet essential needs or to avoid physical or psychological harm." The 2/18/10 Investigations policy was reviewed on 10/7/15 at 11:48 AM. The policy indicated, in part, "In order to ensure the health, safety and welfare of the people we support, events or</p>			

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W 0153  Bldg. 00	<p>collections of circumstances that are outside of what is normally expected, cannot be explained and understood by the existence of the event, and result in or have the potential to result in injury or abuse, neglect or exploitation to the individual must be investigated. Investigations will be conducted per the protocols listed in the incident management best practices manual... A thorough investigation final report will be written at the completion of the investigation. The report shall include, but is not limited to, the following: description of the allegation or incident, purpose of the investigation, parties providing information, summary of information and findings, description and chronology of what happened, analysis of the evidence, finding of fact and determination as to whether or not the allegations are substantiated, unsubstantiated or inconclusive, concerns and recommendations, witness statements and supporting documentation, and methods to prevent future incidents."</p> <p>9-3-2(a)</p> <p>483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as</p>			

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	<p>injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.</p> <p>Based on record review and interview for 1 of 5 incident/investigative reports reviewed affecting clients #2 and #5, the facility failed to ensure staff immediately reported allegations of abuse to the administrator, in accordance with state law.</p> <p>Findings include:</p> <p>On 10/7/15 at 6:42 AM, a review of the facility's incident/investigative reports was conducted and indicated the following: On 10/13/15 at 12:55 PM, the Qualified Intellectual Disabilities Professional (QIDP) emailed the surveyor the following BDDS incident reports: On 10/7/15 at 12:00 PM, the BDDS reports for clients #2 and #5 indicated, in part, "During a state survey direct care staff interviewed reported to surveyor that [staff #5] is often times verbally abusive to [client #2]. Upon interview of additional staff it was alleged she has also been verbally abusive to [client #5]. There was no specific time frame for the incidents. Both individuals were interviewed to ascertain if they felt safe in their home or would like additional counseling. [Staff #5] has been suspended pending the outcome of the</p>	W 0153	<p><b><u>W 153 STAFF TREATMENT OF CLIENTS</u></b></p> <ul style="list-style-type: none"> <li>·Thefacility must ensure that all allegations of mistreatment, neglect or abuse, aswell as injuries of unknown source, are reported immediately to theadministrator or to other officials in accordance with State law throughestablished procedures.</li> </ul> <p><b>Correctiveaction:</b></p> <ul style="list-style-type: none"> <li>·Trainingcomplete with Lead Staff and Residential Manager on identifying patterns ofabuse. (ATTACHMENT A &amp; B)</li> <li>·ResidentialManager or Lead Staff will conduct Active Treatment Observation daily for aperiod of 30 days to ensure no pattern of continued abuse is present, after 30days observations will resume at 2 a week.</li> <li>·ResidentialManager or Lead Staff will communicate results of this observation to ClinicalSupervisor daily for 30 days.</li> <li>·All staffin-serviced on rights, responsibilities, abuse, neglect, mistreatment,reporting. (ATTACHMENT C)</li> <li>·Trainingcomplete with Lead Staff and Residential Manager on immediate reporting ofalleged abuse, neglect, mistreatment to</li> </ul>	11/14/2015			

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	<p>investigation started 10/7. The peer review will be complete (sic) no later than 10/14/2015. Staff will continue to provide for health and safety of all individuals in this home while implementing all tx (treatment) plans."</p> <p>The 10/13/15 Investigative Summary's Conclusion indicated, "This allegation is substantiated based on corroborating evidence from staff and [staff #5]." The ResCare Investigation Peer Review, dated 10/14/15, indicated, "Investigation Type: Verbal Abuse SUBSTANTIATED." The Recommendations section indicated, "1. Term (terminate employment) [staff #5]. 2. Rights and Responsibilities training, entire house. 3. ResCare policy on reporting training, entire house. 4. Progressive discipline for Lead concerning failure to document counseling, and report issue to CS (Clinical Supervisor)."</p> <p>On 10/7/15 at 7:59 AM, the Residential Manager (RM) stated staff #5 was "gruff, not friendly." The RM stated, "I've already told my bosses." The RM indicated she was not aware of the on-going issues related to staff #5 when the surveyor reported the staff's concerns related to staff #5. The RM indicated she had a talk with staff #5 and as far as she</p>		<p>administrator. (ATTACHMENT A &amp; B)</p> <ul style="list-style-type: none"> <li>· Training complete with all staff concerning reporting abuse, neglect, mistreatment; chain of command; compliance line.</li> </ul> <p><b>How we will identify others:</b></p> <ul style="list-style-type: none"> <li>· All training/counseling will be faxed to Clinical Supervisor for review upon delivery.</li> <li>· All active treatment observations will be faxed to Clinical Supervisor upon completion.</li> <li>· Daily communication with Lead Staff and Residential Manager for a period of 30 days, then a minimum of weekly.</li> <li>· Residential Manager will continue monthly trainings with all staff to include abuse, neglect, mistreatment, reporting, compliance line, chain of command, and drill schedule.</li> <li>· Investigations will include an interview with all residents and staff of the home.</li> <li>· Investigations will clearly spell out inconsistencies and attempts to reconcile inconsistencies.</li> <li>· All investigations will go through peer review to ensure complete/thorough investigation.</li> </ul> <p><b>Measures to be put in place:</b></p> <ul style="list-style-type: none"> <li>· All training/counseling will be faxed to Clinical Supervisor for review upon delivery.</li> <li>· All active treatment observations will be faxed to</li> </ul>		

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	<p>was aware, things were going well. The RM indicated she would relay the surveyor's concerns to administrative staff.</p> <p>On 10/7/15 at 10:00 AM, the Executive Director (ED) indicated she was not informed of issues reported to the RM on 10/7/15. The ED indicated the RM and CS had not called her to report the allegation of abuse. The ED indicated she should have been informed immediately.</p> <p>On 10/14/15 at 12:03 PM, the QIDP indicated staff should immediately report allegations of abuse to the administrator.</p> <p>On 10/13/15 at 2:56 PM, the Clinical Supervisor (CS) indicated staff #5 was suspended on 10/7/15. The CS indicated the staff did not report the allegations of staff #5 being verbally abusive to her. The CS indicated in June 2015, there was an investigation involving staff #5. The CS indicated she had not received any reports from the group home staff of issues involving staff #5.</p> <p>9-3-1(b)(5) 9-3-2(a)</p>		<p>Clinical Supervisor upon completion.</p> <ul style="list-style-type: none"> <li>·Dailycommunication with Lead Staff and Residential Manager for a period of 30 days,then a minimum of weekly.</li> <li>·ResidentialManager will continue monthly trainings with all staff to include abuse,neglect, mistreatment, reporting, compliance line, chain of command, and drillschedule.</li> <li>·Investigationswill include an interview with all residents and staff of the home.</li> <li>·Investigationswill clearly spell out inconsistencies and attempts to reconcileinconsistencies.</li> <li>·Allinvestigations will go through peer review to ensure complete/thoroughinvestigation.</li> </ul> <p><b>Monitoring ofCorrective Action:</b></p> <ul style="list-style-type: none"> <li>·Alltraining/counseling will be faxed to Clinical Supervisor for review upondelivery.</li> <li>·All activetreatment observations will be faxed to Clinical Supervisor upon completion.</li> <li>·Dailycommunication with Lead Staff and Residential Manager for a period of 30 days,then a minimum of weekly.</li> <li>·ResidentialManager will continue monthly trainings with all staff to include abuse,neglect, mistreatment, reporting, compliance line, chain of command, and drillschedule.</li> </ul>		

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W 0154  Bldg. 00	483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated. Based on record review and interview for 1 of 5 incident/investigative reports	W 0154	<ul style="list-style-type: none"> <li>·Investigationswill include an interview with all residents and staff of the home.</li> <li>·Investigationswill clearly spell out inconsistencies and attempts to reconcileinconsistencies.</li> <li>·Allinvestigations will go through peer review to ensure complete/thoroughinvestigation.</li> <li>·ClinicalSupervisor Program Manager, Executive Director, QIDP, Human ResourcesSpecialist, Nursing Manager or Business Manager will perform Best in ClassAudits to ensure that all ResCare policies and procedures are being implementedas written.</li> <li>·ClinicalSupervisor, Program Manager, Executive Director, QIDP, Human ResourcesSpecialist, Nursing Manager or Business Manager will perform Best in ClassAudits to ensure that all regulations are being adhered to in accordance withstate law.</li> <li>·PerResCare policy Best in Class standards dictate that a review of 10% of ICFhomes, up to 5, be reviewed quarterly.</li> </ul> <p><b>Completion Date: 11/14/2015</b></p> <p>ADDENDUM <b>Correctiveaction:</b></p>	11/14/2015	

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	<p>reviewed affecting client #6, the facility failed to ensure a thorough investigation was conducted into an allegation of physical abuse of client #6.</p> <p>Findings include:</p> <p>On 10/7/15 at 6:42 AM, a review of the facility's incident/investigative reports was conducted and indicated the following: The Bureau of Developmental Disabilities Services (BDDS) incident report, dated 6/9/15, indicated, on 6/8/15 at 6:00 PM, "[Residential Manager] reported that on 6/8/2015 [staff #5] direct care staff redirected [client #6] away from stove by grabbing him by the arms and spinning him around. Direct Care staff [staff #5] has been suspended and an investigation into the allegation started. Investigation will conclude and meet for peer review no later than 6/15/2015. [Client #6] has been interviewed concerning his feelings of safety, additional counseling, and filing a grievance. [Client #6] is non verbal, but did indicate to Residential Manager (RM) that he felt safe and was not interested in counseling. No response to grievance. All staff and individuals will be inserviced on rights and responsibilities, and all staff will continue to implement all treatment plans as written."</p>		<ul style="list-style-type: none"> <li>·Lead staffin-serviced concerning documentation all counseling/training with staff. (ATTACHMENT A)</li> <li>·Trainingcomplete with Lead Staff and Residential Manager on identifying patterns ofabuse. (ATTACHMENT A &amp; B)</li> <li>·ResidentialManager or Clinical Supervisor willconduct Active Treatment Observation daily for a period of 30 days to ensure nopattern of continued abuse is present, after 30 days observations will resumeat 2 a week.</li> <li>·ResidentialManager will communicate results of this observation to Clinical Supervisordaily for 30 days.</li> <li>·Trainingcomplete with Lead Staff and Residential Manager on immediate reporting ofalleged abuse, neglect, mistreatment to administrator. (ATTACHMENT A &amp; B)</li> </ul> <p><b>Measures to beput in place:</b></p> <ul style="list-style-type: none"> <li>·CS willhave Daily communication with Lead Staff and Residential Manager for a periodof 30 days, then a minimum of weekly to ensure all issues are identified andtrained on.</li> <li>·CS willcontinue to train with Lead staff Monthly on abuse scenario's, and definitionsof.</li> </ul> <p style="text-align: center;"><b>Monitoring of Corrective</b></p>				

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	The Investigative Summary, dated 6/15/15, indicated in the introduction, "An allegation of physical abuse was made against [staff #5] in reference to [client #6]. Residential Manager (RM) reported that [staff #5] responded to a food seeking behavior by grabbing [client #6] by the arms and spinning him around." The Summary of Interviews section indicated the RM reported, "Grabbed him by one arm and spun him around." Staff #9 indicated in the investigation, "[Client #6] was trying to get food off the stove, [staff #5] was closest so she turned him around. The stove or food could have been hot and it was dangerous. I could not see if her hands were open or closed." Staff #4 indicated in the investigation, "I felt like [staff #5] was forceful, it was the first behavior I had seen. I was uncomfortable. I could not see her hands to tell if she restrained him or redirected him." Staff #5 indicated in the investigation, "I saw [client #6] going for the food on the stove, I instinctively got between him and danger. I open handed redirected him physically. I did not restrain him. He did spin around when I put my open hand on his arm to redirect him. I was not trying to abuse [client #6], I was protecting him." The Factual Findings section indicated, "1) [Client #6] was engaged in a dangerous behavior		<b>Action:</b> ·CS willhave Daily communication with Lead Staff and Residential Manager for a periodof 30 days, then a minimum of weekly to ensure all issues are identified andtrained on. ·CS willcontinue to train with Lead staff Monthly on abuse scenario's, and definitionsof.  <b>Completion Date: 11/14/2015</b> <b><u>W 154 STAFF TREATMENT OF CLIENTS :</u></b> ·Thefacility must ensure that all allegations of mistreatment, neglect or abuse, aswell as injuries of unknown source, are reported immediately to theadministrator or to other officials in accordance with State law throughestablished procedures. <b>Correctiveaction:</b> ·Trainingcomplete with Lead Staff and Residential Manager on identifying patterns ofabuse. (ATTACHMENT A& B) ·ResidentialManager or Lead Staff will conduct Active Treatment Observation daily for aperiod of 30 days to ensure no pattern of continued abuse is present, after 30days observations will resume at 2 a week. ·ResidentialManager or Lead Staff will communicate results of this observation to ClinicalSupervisor daily for 30		

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	<p>of (hot) food seeking. 2) [Staff #5] physically redirected him. 3) [Client #6] spun around from the redirection." The Conclusion indicated, "There is no witness to indicate [staff #5] did a closed handed restraint to keep [client #6] out of harms (sic) way. [Staff #5] open handed physically redirected [client #6] in an effort to keep him safe. This is a YSIS (Your Safe I'm Safe - behavior management techniques) technique taught in orientation. This allegation is unsubstantiated."</p> <p>The BDDS follow-up report, dated 6/15/15, indicated, in part, "[Staff #5] has been returned to work, and allegation found to be unsubstantiated. [Staff #5] physically redirected [client #6] with open hands so as not to restrain him while keeping him safe from hot items on stove. Investigation complete no abuse or violation of rights, policies, or procedures."</p> <p>The RM's Confidential Witness Statement Form, dated 6/11/15, indicated, in part, "[Client #6] ran toward stove after dinner was over. [Staff #5] ran after him and grabbed him by one arm and spun him around to go to other direction."</p> <p>The ResCare Investigation Peer Review,</p>		<p>days.</p> <ul style="list-style-type: none"> <li>· Training complete with Lead Staff and Residential Manager on immediate reporting of alleged abuse, neglect, mistreatment to administrator. (ATTACHMENT A &amp; B)</li> <li>· Training complete with all staff concerning reporting abuse, neglect, mistreatment; chain of command; compliance line.</li> <li>· In-service with Clinical Supervisor concerning the need to interview all housemates regardless of involvement or presence at time of alleged abuse, neglect, and mistreatment. (ATTACHMENT D) <b>How we will identify others:</b></li> <li>· All training/counseling will be faxed to Clinical Supervisor for review upon delivery.</li> <li>· All active treatment observations will be faxed to Clinical Supervisor upon completion.</li> <li>· Daily communication with Lead Staff and Residential Manager for a period of 30 days, then a minimum of weekly.</li> <li>· Residential Manager will continue monthly trainings with all staff to include abuse, neglect, mistreatment, reporting, compliance line, chain of command, and drill schedule.</li> <li>· Investigations will include an interview with all residents and staff of the home.</li> <li>· Investigations will clearly spell out inconsistencies and attempts</li> </ul>				

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	<p>dated 6/15/15, indicated, "Abuse - unsubstantiated. Recommendations: 1) Rights Inservice. 2) Retrain YSIS [staff #5]. 3) Inservice on tone and force during YSIS. 4) Return to work."</p> <p>The investigation was not thorough. The investigation indicated the stove and food were hot at the time of the incident therefore client #5 was in danger of being burned. Interviews with staff #4 and the RM (see below) indicated the incident occurred at the end of dinner (food was cooked and eaten) and the leftover food and stove were not hot therefore client #6 was in no danger of being burned. There was no documentation clients #1, #2, #3, #4, #5 and #7 were interviewed during the investigation. The investigation did not address the conflicting information regarding the hot food and stove at the time of the incident. One staff indicated the food and stove were hot. One staff indicated the food and stove could have been hot. Two staff indicated the food and stove were not hot at the time of the incident.</p> <p>On 10/7/15 at 6:58 AM, the RM indicated client #6 ran toward the stove. The RM stated staff #5 was "rougher than she should have been." The RM indicated staff #5 grabbed client #6 and spun him around. The RM indicated</p>		<p>to reconcile inconsistencies.</p> <ul style="list-style-type: none"> <li>· All investigations will go through peer review to ensure complete/thorough investigation.</li> </ul> <p><b>Measures to be put in place:</b></p> <ul style="list-style-type: none"> <li>· All training/counseling will be faxed to Clinical Supervisor for review upon delivery.</li> <li>· All active treatment observations will be faxed to Clinical Supervisor upon completion.</li> <li>· Daily communication with Lead Staff and Residential Manager for a period of 30 days, then a minimum of weekly.</li> <li>· Residential Manager will continue monthly trainings with all staff to include abuse, neglect, mistreatment, reporting, compliance line, chain of command, and drills schedule.</li> <li>· Investigations will include an interview with all residents and staff of the home.</li> <li>· Investigations will clearly spell out inconsistencies and attempts to reconcile inconsistencies.</li> <li>· All investigations will go through peer review to ensure complete/thorough investigation.</li> </ul> <p><b>Monitoring of Corrective Action:</b></p> <ul style="list-style-type: none"> <li>· All training/counseling will be faxed to Clinical Supervisor for review upon delivery.</li> <li>· All active treatment observations will be faxed to Clinical Supervisor upon completion.</li> <li>· Daily communication with Lead Staff and Residential Manager for</li> </ul>				

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	<p>staff #5 should have blocked client #6. The RM stated staff #5's technique "wasn't appropriate." The RM indicated the incident occurred at the end of dinner and the stove and food on the stove were not hot.</p> <p>On 10/7/15 at 7:07 AM, staff #4 indicated client #6 went to the stove to get more food. Staff #4 stated staff #5 "grabbed his arm." Staff #4 stated, "I felt she was abrupt" and "forcefully grabbed him." Staff #4 indicated the incident occurred at the end of dinner and the stove and food were not hot. Staff #4 indicated client #6 was in no danger of burning himself. Staff #4 stated there was "no reason to grab him." Staff #4 indicated staff #5 could have used blocking to keep client #6 away from the food. Staff #4 indicated the Clinical Supervisor (CS) told staff #4 during her interview, since staff #4 was new, that she (staff #4) did not know what she saw or what the CS was asking her.</p> <p>On 10/14/15 at 11:24 AM, the RM indicated the facility should conduct thorough investigations.</p> <p>On 10/14/15 at 12:03 PM, the Qualified Intellectual Disabilities Professional (QIDP) indicated the facility should conduct thorough investigations.</p>		<p>a period of 30 days, then a minimum of weekly.</p> <ul style="list-style-type: none"> <li>· Residential Manager will continue monthly trainings with all staff to include abuse, neglect, mistreatment, reporting, compliance line, chain of command, and drills schedule.</li> <li>· Investigations will include an interview with all residents and staff of the home.</li> <li>· Investigations will clearly spell out inconsistencies and attempts to reconcile inconsistencies.</li> <li>· All investigations will go through peer review to ensure complete/thorough investigation.</li> <li>· Clinical Supervisor Program Manager, Executive Director, QIDP, Human Resources Specialist, Nursing Manager or Business Manager will perform Best in Class Audits to ensure that all ResCare policies and procedures are being implemented as written.</li> <li>· Clinical Supervisor, Program Manager, Executive Director, QIDP, Human Resources Specialist, Nursing Manager or Business Manager will perform Best in Class Audits to ensure that all regulations are being adhered to in accordance with state law.</li> <li>· Per ResCare policy Best in Class standards dictate that a review of 10% of ICF homes, up to 5, be reviewed quarterly.</li> </ul> <p><b>Completion Date: 11/14/2015</b></p>				

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	<p>On 10/13/15 at 2:56 PM, the Clinical Supervisor (CS) indicated in June 2015, there was an investigation involving staff #5. The CS indicated there was no evidence to substantiate the allegation. The CS indicated staff #5 open handed redirected client #6 away from the stove and spun him around. The CS stated there was "no evidence she did the act." The CS indicated staff #4 was in her first week at the time of the incident. The CS indicated staff #4 could not see staff #5's hands or if she grabbed him or not. The CS indicated staff #4 reported she was uncomfortable with the way staff #5 redirected client #6. The CS stated staff #4 had not seen YSIS techniques used "so she was uncomfortable to begin with." The CS indicated she did not dismiss staff #4's statements due to being new.</p> <p>On 10/14/15 at 12:21 PM, the CS indicated the facility should conduct thorough investigations. The CS indicated she did not interview client #6's peers at the group home since none of the clients were in the dining room at the time. The CS indicated this information should have been included in the investigation. The CS indicated staff #5 said the food was hot. The CS indicated the RM and staff #2 indicated the food</p>			

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NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SE IN				STREET ADDRESS, CITY, STATE, ZIP CODE 115 STONEGATE BEDFORD, IN 47421			
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W 0440 Bldg. 00	<p>was not hot at the time of the incident.</p> <p>9-3-2(a)</p> <p>483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills at least quarterly for each shift of personnel. Based on record review and interview for 7 of 7 clients living in the group home (#1, #2, #3, #4, #5, #6 and #7), the facility failed to conduct quarterly evacuation drills for each shift of personnel.</p> <p>Findings include:</p> <p>On 10/6/15 at 3:23 PM a review of the facility's evacuation drills was conducted and indicated the following: During the day shift (7:00 AM to 4:00 PM), there were no evacuation drills conducted from 1/20/15 to 5/2/15. During the night shift when all clients were sleeping (12:00 AM to 4:00 AM), there were no evacuation drills conducted from 3/28/15 to 7/17/15. This affected clients #1, #2, #3, #4, #5, #6 and #7.</p> <p>On 10/6/15 at 3:56 PM, the Resident Manager indicated the facility should conduct quarterly evacuation drills for each shift.</p>	W 0440	<p><b>W 440 EVACUATION DRILLS:</b></p> <ul style="list-style-type: none"> <li>·The facility must hold evacuation drills at least quarterly for each shift of personnel</li> </ul> <p><b>Correctiveaction:</b></p> <ul style="list-style-type: none"> <li>·3rdshift drill for 3.27.2015 located. (ATTACHMENT E)</li> <li>·DrillSchedule to be implemented. (ATTACHMENTF)</li> </ul> <p><b>How we willidentify others:</b></p> <ul style="list-style-type: none"> <li>·All drillswill be faxed to safety coordinator upon completion.</li> <li>·All drillswill be reviewed in monthly house meeting.</li> <li>·ClinicalSupervisor will communicate with home on day of scheduled drill to confirmknowledge and completion.</li> </ul> <p><b>Measures to beput in place:</b></p> <ul style="list-style-type: none"> <li>·All drillswill be faxed to safety coordinator upon completion.</li> <li>·All drillswill be reviewed in monthly house meeting.</li> <li>·ClinicalSupervisor will communicate with home on day of scheduled drill to confirmknowledge and</li> </ul>	11/14/2015			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G194	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  10/15/2015
NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SE IN			STREET ADDRESS, CITY, STATE, ZIP CODE 115 STONEGATE BEDFORD, IN 47421		
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	<p>On 10/13/15 at 11:41 AM, the Qualified Intellectual Disabilities Professional (QIDP) indicated the facility should conduct one evacuation drill per shift every 90 days.</p> <p>9-3-7(a)</p>		<p>completion.</p> <p><b>Monitoring of Corrective Action:</b></p> <ul style="list-style-type: none"> <li>· Safety Coordinator will maintain faxed copies of all drills.</li> <li>· Safety coordinator will send out status updates to all parties concerning completion of all drills.</li> <li>· Clinical Supervisor, Program Manager, Executive Director, QIDP, Human Resources Specialist, Nursing Manager or Business Manager will perform Best in Class Audits to ensure that all regulations are being adhered to in accordance with state law.</li> <li>· Per ResCare policy Best in Class standards dictate that a review of 10% of ICF homes, up to 5, be reviewed quarterly.</li> </ul> <p><b>Completion Date: 11/14/2015</b></p>		