STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G749	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 07/05/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RES CARE SOUTHEAST INDIANA	16613 SIMA GRAY RD HENRYVILLE, IN 47126

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W000000	This visit was for an investigation of complaint #IN00130619. Complaint #IN00130619: Substantiated, Federal/state deficiencies related to the allegations are cited at W104, W149 and W186. Dates of survey: June 25, 26, 27, July 3 and 5, 2013. Facility Number: 011595 Provider Number: 15G749 AIM Number: 200905630 Surveyor: Dotty Walton, QIDP These deficiencies reflect state findings in accordance with 460 IAC 9. Quality Review completed 7/19/13 by Ruth Shackelford, QIDP.	W000000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	15G749	A. BUILDING 00 B. WING	07/05/2013

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W000104	483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based on observation, interview and record review for 2 of 2 sampled clients (A and B) and 2 additional clients (C and D), the facility's governing body failed to exercise general policy, budget and operating direction over the facility in a manner to provide sufficient staff during clients' waking hours to ensure the Extensive Support Needs (ESN) group home maintained a staffing ratio of 3 staff on the day shift (8 AM to 4 PM), 3 staff on the evening shift (4 PM to 12 AM) and 2 staff on the night shift (12 AM to 8 AM) to ensure clients' safety and behavioral/psychological needs would be met. Findings include: Observations were conducted at the facility on 6/25/13 from 6:12 AM until 6:35 AM and 7:30 AM until 8:15 AM. At 6:12 AM staff #23 was client A's 1:1 (one staff to one client staffing) and staff #6 was responsible for clients B, C, and D and assisted them with dressing, breakfast, and medication administration. Client B would become a 1:1 staffing ratio when he awoke, according to staff #6 at 6:15 AM, and that would leave no	W000104	**W104:** The governing body must exercise general policy, budget, and operating direction over the facility. **Corrective Action: (Specific):** Staffing schedules have been revised to change direct care shifts to 6a-2p, 2p-10p and 10p-6a and an a Residential Manager supervisor has been hired to assist in overseeing the homes. **How others will be identified: (Systemic)** The Program Manager will conduct random site visits to ensure that staffing ratios are in place according to the Reimbursement Guidelines for ESN homes and the new staffing schedules. **Measures to be put in place:** Staffing schedules have been revised to change direct care shifts to 6a-2p, 2p-10p and 10p-6a and a Residential Manager supervisor has been hired to assist in overseeing the homes. **Monitoring of Corrective Action:** The Program Manager will conduct random site visits to	08/04/2013

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	staff for clients C and D. Review on 6/27/13 at 3:52 PM of client A's record indicated a Behavior Support Plan/BSP dated 6/12/13. The BSP included a "safety protocol 1:1 staffing: defined as: staff will be assigned and will use a 1:1 staffing form (instructions on the form) will be within approximately 5 feet from him (client A) at all times. That staff will not have any other responsibilities to any other consumer unless there is imminent risk of harm to self or others...." This 1:1 staffing ratio was for 24 hours at the time of the survey due to client A's challenging behaviors of elopement, suicidal ideations, ingesting non-food items. Client A had swallowed a penny on 6/6/13 and swallowed a nickel on 6/10/13. On 6/27/13 at 3:30 PM, client B's record indicated a Behavior Support Plan/BSP dated 1/30/13 which indicated the client had a history of swallowing objects and required close supervision to prevent this. The BSP included a "safety protocol 1:1 staffing: defined as: staff will be assigned and will use a 1:1 staffing form (instructions on the form) will be within approximately 5 feet from him (client B) at all times. That staff will not have any other responsibilities to any other consumer unless there is imminent risk of		ensure that staffing ratios are in place according to the Reimbursement Guidelines for ESN homes and the new staffing schedules. **Completion date: 08/04/13**	

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	harm to self or others...." At the time of the survey the safety protocol had been reduced from 24 hour supervision to waking hours according to interview with staff #6 on 6/25/13 at 6:15 AM. Confidential interview A indicated the facility's dayshift used to commence at 6:00 AM and the third staff was necessary to maintain client supervision when clients awoke. The interview indicated 2 staff were insufficient to supervise clients during their morning routine of hygiene, dressing, medications and breakfast especially with the added 1:1 staffing ratios. The interview indicated clients A and B were 1:1 staffing ratios but the number of staff during the three shifts was not increased to allow for the 1:1 staff. The shifts remained 3 staff on the day shift (8 AM to 4 PM), 3 staff on the evening shift (4 PM to 12 AM) and 2 staff on the night shift (12 AM to 8 AM). Review of facility staffing schedules (6/26/13 11:00 AM) for all three shifts of staff for the time period of 6/08 through 28/2013 indicated 2 staff were scheduled to work at the facility on the nightshift, three on dayshift and 3 on evening shift. No extra 1:1 staff were on the schedules. Interview with the Qualified Intellectual Disability Professional on 6/25/13 at 3:52			

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	PM indicated the staffing levels at the group home were 3 staff on the day shift, 3 staff on the evening shift and 2 staff on the night shift. QIDP indicated the staffing ratio/level at the group home included the one on one staff for all three shifts for client A. The interview indicated client B was a one to one during the day and evening shift hours. This information did not coincide with the information from staff #6 on 6/25/13 at 6:15 AM. The State's undated Reimbursement Guidelines for the 24 hour Extensive Support Needs Residences were reviewed on 6/26/13 at 9:38 AM. The reimbursement guidelines indicated, in part, the following: "...extensive support needs residence, are needed to support and maintain [Intellectually Disabled] consumers with challenging behavioral issues in the community. Consumers in an extensive needs residence will receive intensive assistance with their problematic behaviors (s) and continued active treatment, so that they may ultimately live a more community integrated life with the fewest possible supports...In general, those eligible to reside in an extensive support needs residence could not reside in their current residential settings due to			

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	intensive staffing needs. As such, to ensure the health and safety of the consumers and the community, consumers residing in these homes require on-site supervision at all times, and can never be unsupervised by staff or other responsible party." The undated reimbursement guideline indicated "Individuals living in residences under this category must be supervised at all times and the staffing pattern at full capacity should be a minimum of: -three (3) staff on the day shift; -three (3) staff on the evening shift; and -two (2) staff on the night shift." This federal tag relates to complaint #IN00130619. 9-3-1(a)			

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W000149	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 5 of 5 allegations of staff abuse/neglect of clients reviewed, the facility failed for 2 of 2 sampled clients (A and B) and 1 additional client (C), to implement policy and procedures which prohibited abuse/neglect/humiliation of clients. Findings include: Review of reportable incidents on 6/25/13 at 3:38 PM indicated the following: 1. An investigation date 6/14/13 regarding an incident on 6/10/13 at 8:00 PM indicated staff had spoken inappropriately to client A. Staff #17 had told client A to "shut the f%^& up." Verbal abuse was substantiated and staff #17 was terminated. 2. An investigation dated 5/22/13 for an incident on 5/16/13 indicated staff #21 had told client A to "shut up and listen." A violation of agency policy had been substantiated and staff #21 was terminated. 3. An investigation dated 5/10/13 was done regarding an incident wherein it was	W000149	**W149:** The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. **Corrective Action: (Specific):** All staff will be in-serviced on the abuse neglect policy and procedure. **How others will be identified: (Systemic:** The Program Manager will conduct random site visits to ensure that staff are aware of the agency's abuse neglect policy and procedure and are reporting all allegations of abuse, neglect and mistreatment immediately. **Measures to be put in place:** All staff will be in-serviced on the abuse neglect policy and procedure. **Monitoring of Corrective Action:** The Program Manager will conduct random site visits to ensure that staff are aware of the agency's abuse neglect policy and procedure and are reporting all allegations of abuse, neglect and mistreatment immediately. **Completion date: 08/04/13**	08/04/2013

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	alleged staff #18 was asleep on 5/5/13 while he was to be giving one to one staff supervision to client B due to his behaviors. The investigation substantiated neglect and staff #18 was terminated. 4. An investigation dated 5/10/13 was done regarding an incident on 5/6/13 wherein it was alleged the former house manager/program coordinator #2 of the facility had encouraged client C to make provocative gestures toward female staff #10. The investigation indicated staff #19 and #20 had been involved in the inappropriate behavior with their supervisor, staff #2. 5. An investigation was also done 5/10/13 regarding an incident on 5/6/13 wherein it was alleged the former house manager/program coordinator #2 of the facility along with staff #19 and #20 had told client A to "wipe the milk off your chin and get the [slang for female anatomy]" out of his mouth. The allegation was substantiated. Allegations 4 and 5 had been substantiated and the three staff were terminated from the agency for policy infractions of verbal abuse and humiliation. The "Abuse/Neglect/Exploitation Policy			

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	and Procedure" component of the agency's Operational Policy and Procedure Manual (revised 07/02/2012) was reviewed on June 26, 2013 at 2:05 PM. The review indicated the agency prohibited neglect of clients. The definitions of neglect were as follows: "D. Abuse--Intimidation/Emotional Definition: 1. The act or failure to act, that results or could result in emotional injury to an individual. 2. The act of insulting or coarse language or gestures directed toward an individual that subject him or her to humiliation or degradation. 3. Attitude or acts that interfere with the psychological and social well being of an individual. F. Neglect--Program Implementation/Intervention Definition: 1. Failure to provide goods and/or services necessary for the individual to avoid physical harm. 2. Intentional failure to implement a support plan, inappropriate application intervention, etc. which may result in jeopardy without qualified person notification/review." Human Resources Manager staff #22 was interviewed on 6/25/13 at 3:45 PM and indicated the allegations involving staff			

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	#2, #19 and #20 had included inappropriate behaviors toward staff #10 and clients A and C. Staff #2 was the supervisor of staff #10, #19 and #20. The agency condemned the behaviors of staff #2, #19 and #20 as violations of the client abuse policy and of their personnel code of conduct. The staff #17, #18 and #21 had also been terminated as they had violated the abuse/neglect of clients policy. This federal tag relates to complaint #IN00130619. 9-3-2(a)			

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W000186	483.430(d)(1-2) DIRECT CARE STAFF The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans. Direct care staff are defined as the present on-duty staff calculated over all shifts in a 24-hour period for each defined residential living unit. Based on observation, record review and interview for 2 of 2 sampled clients (A and B) and 2 additional clients (C and D), the facility failed to provide sufficient staff during clients' waking hours to supervise them according to their needs. Findings include: Observations were conducted at the facility on 6/25/13 from 6:12 AM until 6:35 AM and 7:30 AM until 8:15 AM. At 6:12 AM, staff #23 was client A's 1:1 (one staff to one client staffing) and staff #6 was responsible for clients B, C, and D and assisted them with dressing, breakfast, and medication administration. Client B would become a 1:1 staffing ratio when he awoke, according to staff #6 at 6:15 AM, and that would leave no staff for clients C and D. Staff #6 indicated clients C and D could become agitated if their routines of breakfast and medications were disrupted.	W000186	**W186:** The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans. **Corrective Action: (Specific):** Staffing schedules have been revised to change direct care shifts to 6a-2p, 2p-10p and 10p-6a and a Residential Manager supervisor has been hired to assist in overseeing the homes. **How others will be identified: (Systemic)** The Program Manager will conduct random site visits to ensure that staffing ratios are in place according to the Reimbursement Guidelines for ESN homes and the new staffing schedules. **Measures to be put in place:** Staffing schedules have been revised to change direct care shifts to 6a-2p, 2p-10p and 10p-6a and a Residential Manager supervisor has been hired to assist in overseeing the homes. **Monitoring of Corrective Action:** The Program Manager will conduct random site visits to ensure that staffing ratios are in place	08/04/2013

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	During observations at the facility on the evening of 6/27/13 at 6:25 PM, Qualified Intellectual Disabilities Professional/QIDP #1 along with Behavior Clinician #25 were at the facility to meet with client A and review his behavior status. Staff assigned as the 1:1, staff #24, moved to the opposite side of the dwelling to supervise client D as staff #7 took client C to the local pool to swim. Client B's 1:1 staff was staff #5. Review on 6/27/13 at 3:52 PM of client A's record indicated a Behavior Support Plan/BSP dated 6/12/13. The BSP included a "safety protocol 1:1 staffing: defined as: staff will be assigned and will use a 1:1 staffing form (instructions on the form) will be within approximately 5 feet from him (client A) at all times. That staff will not have any other responsibilities to any other consumer unless there is imminent risk of harm to self or others...." This 1:1 staffing ratio was for 24 hours at the time of the survey due to client A's challenging behaviors of elopement, suicidal ideations, ingesting non-food items. Client A had swallowed a penny on 6/6/13 and swallowed a nickel on 6/10/13. On 6/27/13 at 3:30 PM, client B's record indicated a Behavior Support Plan/BSP dated 1/30/13 which indicated the client		according to the Reimbursement Guidelines for ESN homes and the new staffing schedules. **Completion date: 08/04/13**	

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	had a history of swallowing objects and required close supervision to prevent this. The BSP included a "safety protocol 1:1 staffing: defined as: staff will be assigned and will use a 1:1 staffing form (instructions on the form) will be within approximately 5 feet from him (client B) at all times. That staff will not have any other responsibilities to any other consumer unless there is imminent risk of harm to self or others...." At the time of the survey the safety protocol had been reduced from 24 hour supervision to waking hours according to interview with staff #6 on 6/25/13 at 6:15 AM. Confidential interview A indicated the facility's dayshift used to commence at 6:00 AM and the third staff was necessary to maintain client supervision when they awoke. The interview indicated 2 staff were insufficient to supervise clients during their morning routine of hygiene, dressing, medications and breakfast. The interview indicated clients A and B were 1:1 staffing ratios but the number of staff during the three shifts was not increased to allow for the 1:1 staff. The shifts remained 3 staff on the day shift (8 AM to 4 PM), 3 staff on the evening shift (4 PM to 12 AM) and 2 staff on the night shift (12 AM to 8 AM). QIDP #1 was interviewed on 6/27/13 at			

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	6:25 PM. QIDP and BC #25 were at the facility to meet with client A and review his behavior status as they did every Thursday evening. They took over supervision responsibilities with client A and his 1:1, staff #24, moved to the opposite side of the dwelling to supervise client D so staff #7 could take client C to the local pool to swim. The interview indicated a total of 3 direct contact staff were assigned at the facility, two 1:1 staff (for clients A and B), and a third staff for clients C and D. Review of facility staffing schedules (6/26/13 11:00 AM) for all three shifts of staff for the time period of 6/08 through 28/2013 indicated 2 staff were scheduled to work at the facility on the nightshift, three on dayshift and 3 on evening shift. No extra 1:1 staff were on the schedules. This federal tag relates to complaint #IN00130619. 9-3-3(a)			