

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G745	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  03/14/2014
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NAME OF PROVIDER OR SUPPLIER  RES CARE SOUTHEAST INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 16611 SIMA GRAY RD HENRYVILLE, IN 47126
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W000000	<p>This visit was for an annual recertification and state licensure survey.</p> <p>Dates of survey: March 10, 11, 12, 13 and 14, 2014.</p> <p>Facility Number: 011663 Provider Number: 15G745 AIM Number: 200902020</p> <p>Surveyor: Dotty Walton, QIDP</p> <p>These deficiencies reflect state findings in accordance with 460 IAC 9. Quality Review completed 3/27/14 by Ruth Shackelford, QIDP.</p>	W000000		

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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W000104	<p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on record review and interview for 1 additional client (#3), the governing body failed to exercise operating direction over the facility by failing to ensure the client maintained his Medicaid eligibility.</p> <p>Findings include:</p> <p>Client #3's Residential Fund Management Service/RFMS Statements from 4/1/2013 through 3/06/2014 were reviewed on 3/13/14 at 10:00 AM. The statements showed no record of liability payments to the facility from client #3. Client #3 received Supplemental SSI (Social Security Income) of \$30.00 monthly along with income he received from various community jobs and working at a local workshop.</p> <p>On 3/14/14 at 2:58 PM, the Program Director/Qualified Intellectual Disabilities Professional (PD/QIDP) and the accounting assistant were interviewed regarding client #3's financial situation. The accounting assistant could find no information regarding Client #3's Medicaid eligibility status. The PD/QMRP indicated the agency had</p>	W000104	<p><b>W104:</b> The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p><b>Corrective Action: (Specific)</b> Client #3 Medicaid was re-instated in February 2014. A tracking system has been developed to monitor Medicaid status for Client #3 and all other consumers in the home at least monthly.</p> <p><b>How others will be identified: (Systemic)</b> All consumers' Medicaid status has been verified through Medicaid system and remains current. A tracking system has been developed to monitor Medicaid status for Client #3 and all other consumers in the home at least monthly.</p> <p><b>Measures to be put in place:</b> Client #3 Medicaid was re-instated in February 2014. A tracking system has been developed to monitor Medicaid status for Client #3 and all other consumers in the home at least monthly.</p> <p><b>Monitoring of Corrective Action:</b> All consumers' Medicaid status has been verified through Medicaid system and remains current. A tracking system has been developed to monitor Medicaid status for Client #3 and all other consumers in the</p>	04/13/2014
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	<p>some issues with clients losing their Medicaid eligibility due to lack of follow up on paperwork; apparently client #3 was not receiving Medicaid. The PD/QMRP indicated the agency was working to correct this.</p> <p>9-3-1(a)</p>		<p>home at least monthly.</p> <p><b>Completion date: 04/13/14</b></p>	

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W000154	<p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on record review and interview for 1 of 2 sampled clients (client #1), the facility failed to ensure all allegations of neglect were thoroughly investigated in regards to a choking incident with a client who had a history of overfilling his mouth and choking.</p> <p>Findings include:</p> <p>Review of facility Client Incident Reports, Investigations and Reportable Incident reports (Bureau of Developmental Disabilities Services/BDDS) on 3/10/14 at 2:30 PM and on 3/13/14 at 1:45 PM indicated the following:</p> <p>A BDDS report dated 8/08/13 at 8:30 PM indicated, "[Client #1] was in his room eating pork rinds (crispy snack) that staff were unaware he had. He came out of his room coughing, staff was worried and called 911." The nurse was contacted and advised client #1 be evaluated at a local emergency room.</p> <p>"The ER physician assessed [client #1], performed a chest xray, and found no evidence of residual sign of foreign bodies in his airway, no nausea or</p>	W000154	<p><b>W154:</b> The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p><b>Corrective Action: (Specific)</b> QA will be in-serviced on abuse/neglect/exploitation policy as well as the completion of thorough investigations on all allegations.</p> <p><b>How others will be identified: (Systemic)</b> The Program Manager will review incident reports at least weekly to ensure that client to client investigations have been thoroughly completed and that corrective measures are implemented and monitored for effectiveness.</p> <p><b>Measures to be put in place:</b> QA will be in-serviced on abuse/neglect/exploitation policy as well as the completion of thorough investigations on all allegations.</p> <p><b>Monitoring of Corrective Action:</b> The Program Manager will review incident reports at least weekly to ensure that client to client investigations have been thoroughly completed and that corrective measures are implemented and monitored for effectiveness.</p> <p><b>Completion date: 04/13/14</b></p>	04/13/2014	

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	<p>vomiting, no sign of aspiration, discharged him back home with a diagnosis of choking episode for him..."</p> <p>Review of the facility's investigations on 3/10/14 at 2:30 PM indicated no evidence this choking episode had been investigated by Quality Assurance/QA staff. QA staff #2 was asked if there was an investigation regarding the choking episode (to rule out possible staff neglect) on 3/14/14 at 1:30 PM but no investigation had been done.</p> <p>9-3-2(a)</p>			
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W000249	<p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on record review, observation and interview for 2 of 2 sampled clients, (#1 and #2), the facility failed to ensure the clients' mealtime programs/risk plans were implemented.</p> <p>Findings include:</p> <p>During observations at the facility on the evening of March 10, 2014 from 4:40 PM until 7:00 PM, the evening meal and its prep (preparation) were observed. Staff #1, who supervised the meal prep, put a frozen lasagna casserole in to the oven and the clients pursued leisure activities while waiting for it to bake. Staff prepared tossed salad (lettuce/vegetable combination purchased in a bag), green beans, garlic bread and a pitcher of Kool aid type beverage. Staff #1 used a food processor to modify all of client #1's food. The salad was blended and placed into a bowl, and the garlic bread, green beans, and lasagna were processed and served on a plate to client #1. Client #1 began eating at 6:22 PM in</p>	W000249	<p><b>W249:</b> Program Implementation <b>Corrective Action: (Specific)</b> All staff will be in-serviced on all Individual Support Plans, Behavior Support Plans, dining plans and risk plans for all clients in the home. <b>How others will be identified: (Systemic)</b> The Residential Manager will make random visits at least 3 times weekly to monitor and ensure that client program plans are being implemented as written. <b>Measures to be put in place:</b> All staff will be in-serviced on all Individual Support Plans, Behavior Support Plans, dining plans and risk plans for all clients in the home. <b>Monitoring of Corrective Action:</b> The Residential Manager will make random visits at least 3 times weekly to monitor and ensure that client program plans are being implemented as written. The Program Manager will make random monthly visits to ensure that consumer plans, goals and active treatment are being followed and performed as written.</p>	04/13/2014			

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	<p>a rapid manner before the other clients (#2 and #3) had served themselves family style from regular consistency foods. Staff #2 sat perpendicular to client #1's right side. Client #1 ate with his left hand. Client #1 took eight bites of food prior to taking a sip of liquid. Client #1 took seven bites of food before taking a sip of liquid. Client #1 continued to eat his meal in this manner. He did not swallow his food prior to taking additional bites.</p> <p>Client #2 ate his meal at 6:25 PM then went to his room to lie down at 6:40 PM. Client #2 did not remain in an upright position immediately after eating his meal.</p> <p>Review of client #1's record on 3/12/14 at 2:00 PM indicated an Individual Support Plan/ISP dated 5/23/13. The ISP contained a mealtime goal for client #1 to slow his eating pace given verbal prompting. Client #1 had a Dining Plan dated 1/2/14 which indicated client #1 had "behavioral issues in regard to mealtime and eating. He will over stuff his mouth with food if left unattended." The plan indicated staff were to prompt client #1 to "slow down, take a drink between bites, remember small bites...."</p> <p>Review of client #2's record on 3/12/14 at 3:00 PM indicated he had a 2/29/13</p>		<p>Completion date: 04/03/14</p>	
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	<p>Dining Plan which indicated he had "a history of choking at meals." The plan indicated client #2 would "overfill his mouth" and eat at a "fast pace." The record review also indicated client #2's diagnosis, included but was not limited to, GERD/Gastro Esophageal Reflux Disease and he had a risk plan dated 2/29/13 which addressed this. The plan indicated and staff were to prompt client #2 to "remain upright for one hour following meals."</p> <p>Interview with staff #6 on 3/10/14 at 6:42 PM indicated client #2 was to remain sitting up after meals but he did not comply with this. The interview indicated client #1 had the behavior of overfilling his mouth and choking on foods he did not chew thoroughly. Client #1 was not to have food in his bedroom (house rule). Client #1 indicated (6:45 PM 3/10/14) that he had choked on a pudding/chips combination snack in the past.</p> <p>9-3-4(a)</p>				

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W000285	<p>483.450(b)(2) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR</p> <p>Interventions to manage inappropriate client behavior must be employed with sufficient safeguards and supervision to ensure that the safety, welfare and civil and human rights of clients are adequately protected. Based on record review and interview for 1 of 2 sampled clients (#2), the facility failed to ensure behavior management techniques (physical escort/restraint) were employed in such a way so as to ensure the safety (prevent injury) of the client.</p> <p>Findings include:</p> <p>Review of facility incident reports and Bureau of Developmental Disabilities Services/BDDS reports on 3/10/14 at 2:30 PM and on 3/14/14 at 1:30 PM indicated the following:</p> <p>An Incident Report/IR dated 3/12/14 at 6:00 PM by staff #4 indicated a behavioral incident with client #2. "[Client #2] was verbally aggressive with staff all day, then became physically aggressive with property and staff while trying to move into the kitchen. Staff attempted verbal counseling. [Client #2] became more agitated to the point of physical aggression including biting. One man YSIS (You're Safe I'm Safe/physical</p>	W000285	<p><b>W285:</b> Management of inappropriate client behavior. <b>Corrective Action: (Specific)</b> Staff will be in-serviced on proper completion of Incident Reports to include all pertinent information in regards to specific incident. All staff will be re-trained on YSIS, behavior management technique, to ensure that all staff are aware and use proper technique for behavior management.</p> <p><b>How others will be identified: (Systemic)</b> The Residential Manager will review all Incident Reports prior to submission to QA department to ensure that all fields are completed thoroughly and accurately describe the incident as it happened. . The Program Manager will review Incident Reports weekly to ensure that all information is complete and pertinent to Incident that is reported.</p> <p><b>Measures to be put in place:</b> Staff will be in-serviced on proper completion of Incident Reports to include all pertinent information in regards to specific incident. All staff will be re-trained on YSIS, behavior management technique, to ensure that all staff are aware and use proper technique for behavior management.</p>	04/13/2014			

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	<p>escort technique) was used. When redirection was complete staff noticed a tooth laying on kitchen counter." The portion of the IR labeled "Describe the injury or injuries (give approximate measurements and degree of injury)" contained "N/A" for not applicable. The IR was signed by staff #4 and indicated he and staff #5 were at the facility at the time of the incident.</p> <p>An IDT (Interdisciplinary Team) meeting note was attached to the IR and was dated 3/13/14. House Manager/HM staff #1, staff #3 and staff #5 signed the IDT. Behavioral Clinician #1 and Supervising Manager/SM staff #2 participated via phone. The 3/13/14 IDT indicated, "Meeting Minutes: [Client #2] recently attacked staff in (sic) kitchen during a behavior. Staff used redirection and YSIS to diffuse (sic) situation. [Client #2] lost a tooth during the situation." The IR contained a "Plan of Action: Try to divert [client #2] away from the kitchen whenever he is on the verge of having a behavior. Separate [client #2] from other clients until the situation is de-escalated." Nothing was written concerning the client's missing tooth and whether a one man escort was the safest technique for client #2.</p> <p>HM staff #1 and SM #2 happened to be at</p>		<p><b>Monitoring of Corrective Action:</b> The Residential Manager will review all Incident Reports prior to submission to QA department to ensure that all fields are completed thoroughly and accurately describe the incident as it happened. The Program Manager will review Incident Reports weekly to ensure that all information is complete and pertinent to Incident that is reported.</p> <p><b>Completion date: 04/13/14</b></p>		

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	<p>the agency office on 3/14/14 at 1:35 PM. They were asked about client #2's tooth. HM #1 indicated client #2 was to see his dentist on 3/19/14 (the first available appointment). The interview indicated the whole tooth had fallen out during the behavioral episode. SM #2 stated client #2 "cycled" during this time of year meaning his behavior rates increased.</p> <p>On 3/14/14 at 2:50 PM, the Program Director/Qualified Intellectual Disabilities Professional (PD/QIDP) was shown the 3/12/14 IR. The PD/QIDP indicated staff #4 had not filled out the description of injury portion of the IR correctly.</p> <p>9-3-5(a)</p>			
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