

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  07/19/2013
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NAME OF PROVIDER OR SUPPLIER  RES CARE SOUTHEAST INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 16613 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: July 10, 11, 16, and 19, 2013.</p> <p>Facility Number: 011595 Provider Number: 15G749 AIM Number: 200905630</p> <p>Surveyor: Dotty Walton, QIDP</p> <p>These deficiencies reflect state findings in accordance with 460 IAC 9. Quality Review completed 7/25/13 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 observation and interview for 2 of 2 sampled clients (#1 and #2), and two additional clients (#3 and #4), the facility's governing body failed to exercise general policy, budget and operating direction over the facility to ensure draperies were provided in client bedrooms.</p> <p>Findings include:</p> <p>During observations at the facility on the evening of 7/10/13 from 4:15 PM until 5:45 PM and on 7/11/13 from 5:35 AM until 11:30 AM, clients #1, #2, #3, and #4's bedrooms did not have draperies.</p> <p>Interview with staff #8 indicated on 7/11/13 at 10:30 AM, the facility was in the midst of making curtain rods more appropriate to the needs of the individual so draperies could be provided for personal privacy.</p> <p>9-3-1(a)</p>	W000104	<p><b>W104:</b> The governing body must exercise general policy, budget, and operating direction over the facility. <b>Corrective Action:</b> <b>(Specific):</b> Draperies have been put up on the windows for clients # 1, 2 and 3 as well as all other clients in the home. The residential manger and all staff will be in-serviced on ensuring that all clients are provided privacy. <b>How others will be identified: (Systemic)</b> The Residential Manager will ensure that all clients have draperies on their windows to provide for privacy. <b>Measures to be put in place:</b> Draperies have been put up on the windows for clients # 1, 2 and 3 as well as all other clients in the home. The residential manger and all staff will be in-serviced on ensuring that all clients are provided privacy. <b>Monitoring of Corrective Action:</b> The Residential Manager Supervisor will visit the home at least weekly to ensure that draperies are on the clients windows and they are being provided privacy. <b>Completion date: 08/18/13</b></p>	08/18/2013

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W000149	<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 2 of 2 sampled clients (#1 and #2) and two additional clients (#3 and #4), the facility failed to implement policy and procedures which prohibited neglect of clients (client to client physical aggression).</p> <p>Findings include:</p> <p>Review of reportable incidents on 7/16/13 at 2:00 PM indicated the following:</p> <p>2013:</p> <p>7/6 Client #2 grabbed client #1 leaving red marks on his neck.</p> <p>5/28 Client #4 kicked client #1 and client #1 hit client #4.</p> <p>5/29 Both clients were in the kitchen, client #4 threw the paper towel holder striking client #1.</p> <p>5/24 Client #2 slapped client #1 on shoulder.</p> <p>5/19 Client #2 grabbed client #1.</p> <p>5/19 Client #1 came to the east side of the dwelling and client #4 smacked him.</p> <p>5/14 Client #1 came to the east side of the dwelling and client #4 smacked him.</p>	W000149	<p><b>W149:</b> The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. <b>Corrective Action: (Specific)</b> Staff will be in-serviced on the abuse, neglect mistreatment policy and procedure and all clients Behavior Support Plans <b>How others will be identified: (Systemic)</b> The residential manager supervisor will visit the home at least weekly to ensure that all client program plans are being implemented as written. <b>Measures to be put in place:</b> Staff will be in-serviced on the abuse, neglect mistreatment policy and procedure and all clients Behavior Support Plans <b>Monitoring of Corrective Action:</b> The residential manager supervisor will visit the home at least weekly to ensure that all client program plans are being implemented as written. <b>Completion date:</b> 8/18/13</p>	08/18/2013
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	<p>5/13 Client #2 kicked client #1.</p> <p>5/12 Client #2 went to client #3's side of the dwelling, grabbed his left arm and left nail imprints.</p> <p>5/12 Client #2 grabbed client #4's wrist.</p> <p>5/12 Client #2 grabbed client #1's left arm and left 3 nail imprints.</p> <p>5/11 Client #1 went to client #4's side of the dwelling and client #4 hit client #1.</p> <p>4/8 Client #4 bit client #1 on the shoulder and he was taken to a local emergency room, "small abrasion."</p> <p>The "Abuse/Neglect/Exploitation Policy and Procedure" component of the agency's Operational Policy and Procedure Manual (revised 07/02/2012) was reviewed on July 16, 2013 at 3:35 PM. The review indicated the agency prohibited neglect of clients. The definitions of neglect were as follows: "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."</p>			

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	<p>Interview with program coordinator staff #3 on 7/10/13 at 5:30 PM indicated clients #1, #2, #3, and #4 had too many client to client aggressive incidents. The facility prohibited client to client physical aggression and the staff were to intervene to prevent it.</p> <p>9-3-2(a)</p>						

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W000159	<p><b>483.430(a)</b> <b>QUALIFIED MENTAL RETARDATION PROFESSIONAL</b> Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Based on record review and interview for 2 of 2 sampled clients (#1 and #2), and two additional clients (#3 and #4), the QIDP (Qualified Intellectual Disabilities Professional) failed to monitor and integrate clients' program plans to ensure new ones were being trained and revised as necessary and issues with fire evacuation drills were addressed.</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 7/11/13 at 6:00 AM and 9:30 AM. The review indicated an ISP/Individual Support Plan dated 4/25/13 by former PC/Program Coordinator #2. Review of evacuation drills on 7/11/13 at 9:53 AM indicated from 8/2012 through 6/2013 it took from 2 minutes to 30 minutes to evacuate the facility. Client #1's record review indicated no evacuation drill skills assessment or training.</p> <p>Client #2's record was reviewed on 7/11/13 at 5:40 AM and 8:30 AM. The review indicated a training book which contained two ISPs /Individual Support Plans. One was dated 2/22/13 and another</p>	W000159	<p><b>W159:</b> Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional.</p> <p><b>Corrective Action: (Specific)</b> All clients' fire assessments will be reviewed and revised as needed and if necessary program plans will be revised to include changes in regards to fire evacuation drills to ensure that training programs are implemented if indicated</p> <p><b>How others will be identified: (Systemic)</b> All clients fire assessments will be reviewed on a quarterly basis to ensure that any changes and or training programs are implemented as indicated. Fire drills will be reviewed at least quarterly by the program manager (QIDP) and any drill lasting over 2 minutes will be investigated and a corrective plan will be implemented as indicated.</p> <p><b>Measures to be put in place:</b> All clients' fire assessments will be reviewed and revised as needed and if necessary program plans will be revised to include</p>	08/18/2013	

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	<p>dated 2/12. The objectives currently being trained at the time of the survey were from the 2/12 ISP. Review of evacuation drills on 7/11/13 at 9:53 AM indicated from 8/2012 through 6/2013 it took from 2 minutes to 30 minutes to evacuate the facility. Client #2's record review indicated no evacuation drill skills assessment or training.</p> <p>Client #3's record was reviewed on 7/16/13 at 3:00 PM and indicated he had transferred to the facility on 1/18/13. The review indicated client #3's ISP was dated 1/18/13 and his goals had been carried over unchanged from the previous year by PC #2. Monthly reviews of the ISP goals dated 1/13/13, 2/13/13, 3/13/13, and 4/3/13 by PC #2 indicated the QIDP had not reviewed/revised the objectives. Review of evacuation drills on 7/11/13 at 9:53 AM indicated from 1/2013 through 6/2013 it took from 2 minutes to 30 minutes to evacuate the facility. Client #3's record review indicated no evacuation drill skills assessment or training.</p> <p>Client #4's record was reviewed on 7/16/13 at 4:00 PM. The review indicated monthly reviews of the ISP (4/12 and 4/13) by program coordinator #2 on 1/13/13, 2/10/13, 3/17/13, and 4/3/13 but no review by a QIDP (Qualified</p>		<p>changes in regards to fire evacuation drills to ensure that training programs are implemented if indicated</p> <p><b>Monitoring of Corrective Action:</b> All clients fire assessments will be reviewed on a quarterly basis to ensure that any changes and or training programs are implemented as indicated. Fire drills will be reviewed at least quarterly by the program manager (QIDP) and any drill lasting over 2 minutes will be investigated and a corrective plan will be implemented as indicated.</p> <p><b>Completion date: 8/18/13</b></p>				

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	<p>Intellectual Disabilities Professional. Review of evacuation drills on 7/11/13 at 9:53 AM indicated from 8/2012 through 6/2013 it took from 2 minutes to 30 minutes to evacuate the facility. Client #4's record review indicated no evacuation drill skills assessment or training.</p> <p>Interview with Program Coordinator/PC #3 on 7/11/13 at 11:00 AM indicated former PC #2 had not coordinated the ISPs with the QIDP to ensure revisions and assessments were done.</p> <p>9-3-3(a)</p>			

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W000449	<p>483.470(i)(2)(iv) EVACUATION DRILLS The facility must investigate all problems with evacuation drills and take corrective action.</p> <p>Based on record review and interview for 2 of 2 sampled clients (#1 and #2), and 3 additional clients (#3, #4, and #5), the facility failed to investigate and take corrective action regarding issues noted during evacuation drills.</p> <p>Findings include:</p> <p>A review of the facility's evacuation drills with clients #1, #2, #3 (1/13 through 7/13), #4, and #5 (7/12 through 12/12) was conducted on 7/11/13 at 9:53 AM and indicated the following dates and lengths of time it took 4 clients to evacuate with 2 to 3 staff supervising them:</p> <p>2012: 8/8 4:30 AM to 5:00 AM and 7:25 AM to 7:35 AM 8/14 7:40 AM to 7:50 AM 8/18 10:30 AM to 10:35 AM 9/12 1:00 PM to 1:25 PM 9/14 6:00 PM to 6:18 PM 10/24 4:00 PM to 4:15 PM and 4:30 PM to 5:00 PM 10/28 3:00 PM to 3:15 PM 11/17 10:30 AM to 10:45 AM 11/20 12:15 AM to 12:30 AM</p>	W000449	<p><b>W449:</b> The facility will investigate all problems with evacuation drills and take corrective action</p> <p><b>Corrective Action: (Specific)</b> All clients' fire assessments will be reviewed and revised as needed and if necessary program plans will be revised to include changes in regards to fire evacuation drills to ensure that training programs are implemented if indicated</p> <p><b>How others will be identified: (Systemic)</b> All clients fire assessments will be reviewed on a quarterly basis to ensure that any changes and or training programs are implemented as indicated. Fire drills will be reviewed at least quarterly by the program manager (QIDP) and any drill lasting over 2 minutes will be investigated and a corrective plan will be implemented as indicated.</p> <p><b>Measures to be put in place:</b> All clients' fire assessments will be reviewed and revised as needed and if necessary program plans will be revised to include changes in regards to fire evacuation drills to ensure that</p>	08/18/2013			

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	<p>11/27 7:00 PM to 7:15 PM 12/01 5:20 PM to 5:35 PM 12/20 2:00 AM to 2:15 AM 12/23 2:15 PM to 2:30 PM</p> <p>2013: 1/19 1:30 PM to 1:40 PM 1/29 8:00 AM to 8:25 AM 2/05 4:30 AM to 4:45 AM 2/08 12:00 to 12:30 (AM/PM not noted) 2/19 7:30 PM to 7:45 PM 3/15 7:00 AM to 7:20 AM 3/23 11:30 AM to 11:45 AM 3/26 6:20 PM to 6:40 PM 5/10 2:00 to 2:30 (AM/PM not noted) 5/25 2:00 AM to 2:15 AM 6/16 1:30 AM to 1:45 AM 6/25 4:45 PM to 4:47 PM 6/30 10:15 AM to 10:32 AM</p> <p>Client #1's record was reviewed on 7/11/13 at 6:00 AM and 9:30 AM. The review indicated no evacuation drill skills assessment or training. Client #2's record was reviewed on 7/11/13 at 5:40 AM and 8:30 AM. The review indicated no evacuation drill skills assessment or training. Client #3's record was reviewed on 7/16/13 at 3:00 PM. The review indicated no evacuation drill skills assessment or training. Client #4's record was reviewed on 7/16/13 at 4:00 PM. The review indicated</p>		<p>training programs are implemented if indicated</p> <p><b>Monitoring of Corrective Action:</b> All clients fire assessments will be reviewed on a quarterly basis to ensure that any changes and or training programs are implemented as indicated. Fire drills will be reviewed at least quarterly by the program manager (QIDP) and any drill lasting over 2 minutes will be investigated and a corrective plan will be implemented as indicated.</p> <p><b>Completion date: 8/18/13</b></p>		

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	<p>no evacuation drill skills assessment or training.</p> <p>An interview with the Home Manager/Program Coordinator/PC #3 was conducted on 7/11/13 at 10:00 AM. The PC indicated the length of time it took to evacuate was excessive and the drill documents contained no explanation why the drills were taking in excess of two minutes to complete.</p> <p>9-3-7(a)</p>			

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W000460	<p>483.480(a)(1) FOOD AND NUTRITION SERVICES Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p> <p>Based on observation, record review and interview for 1 of 2 sampled clients (#2), the facility failed to provide the correct diet (mechanical soft with ground meats) for client #2.</p> <p>Findings include:</p> <p>During observations of the evening meal and its preparation on 7/10/13 from 4:30 PM until 5:40 PM, staff #6 prepared the evening meal of salad and pizza along with client #3. Client #2's pizza was cut into small pieces by staff #6. Client #2 was observed to eat pizza at 5:30 PM but no salad. Client #2's pizza was cut into small bites but it was not blended or chopped to a mechanical soft consistency. Client #2 did not eat the salad and was not offered a substitute of his choice for the salad.</p> <p>Client #2's record was reviewed on 7/11/13 at 5:40 AM and 8:30 AM. The review indicated client #2 had dental surgery (multiple extractions) on 5/24/13 and his diet had been changed to mechanical soft with ground meats according to his doctor's order/dining plan of 5/24/13.</p>	W000460	<p><b>W460:</b> Each client must receive nourishing, well-balanced diet including modified and specially-prescribed diets <b>Corrective Action: (Specific)</b> All staff will be in-serviced on all clients dining plans and offering substitutions as necessary. <b>How others will be identified: (Systemic)</b> The Residential Manager Supervisor will visit the home at least weekly and observe meal time to ensure that all client dining plans are being followed and substitutions are being offered as indicated. <b>Measures to be put in place:</b> All staff will be in-serviced on all clients dining plans and offering substitutions as necessary. <b>Monitoring of Corrective Action:</b> The Residential Manager Supervisor will visit the home at least weekly and observe mealtime to ensure that all client dining plans are being followed and substitutions are being offered as indicated. <b>Completion date: 8/18/13</b></p>	08/18/2013			

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	<p>According to staff #6 on 7/10/13 at 5:00 PM, client #2's pizza was to be cut into small bites and he did not like lettuce salad.</p> <p>Interview with program coordinator staff #3 (7/11/13 9:00 AM) indicated client #2 had recently undergone tooth extractions and his diet had been changed to a mechanical soft texture. The interview indicated the pizza should have been blended to a mechanical soft consistency.</p> <p>9-3-8(a)</p>			

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(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
W000484	<p>483.480(d)(3) DINING AREAS AND SERVICE The facility must equip areas with tables, chairs, eating utensils, and dishes designed to meet the developmental needs of each client.</p> <p>Based on observation and interview for 1 of 2 sampled clients (#1) and one additional client (#3), the facility failed to provide a dining table and chairs for the clients.</p> <p>Findings include:</p> <p>During observations of the evening meal on 7/10/13 from 5:15 PM until 5:40 PM client #1 went into his bedroom with his plate of food to eat. Client #1 sat on his bed in front of his television as staff #5 sat on his bed supervising him. During this time, client #3 sat on the couch in the west living area watching television and eating his meal with staff #6. The clients did not eat in the dining room. The clients did not have a table or chairs in their living area to use for dining.</p> <p>Interview with program coordinator staff #3 on 7/10/13 at 5:30 PM indicated clients #1, #2, #3, and #4 had too many client to client aggressive incidents. The staff at the facility had been instructed by their supervisors to address the incidents of client to client aggression and the best way was to keep clients #1 and #3</p>	W000484	<p><b>W484:</b> The facility must equip areas with tables, chairs, eating utensils and dishes designed to meet the developmental needs of each <b>Corrective Action:</b> <b>(Specific)</b> A table and chairs has been purchased for clients to eat at if they desire not to eat at the dining room table. <b>How others will be identified: (Systemic)</b> The residential manager will complete visits to the home at least weekly to ensure that any client not wishing to eat at the dining room table is eating at the table in the other location and are being supervised by staff. <b>Measures to be put in place:</b> A table and chairs has been purchased for clients to eat at if they desire not to eat at the dining room table. <b>Monitoring of Corrective Action:</b> The residential manager will complete visits to the home at least weekly to ensure that any client not wishing to eat at the dining room table is eating at the table in the other location and are being supervised by staff. <b>Completion date:</b> <b>8/18/13</b></p>	08/18/2013

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  07/19/2013
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	<p>separated from clients #2 and #4 at mealtimes. The interview indicated an extra table and chairs in the western dining area would be helpful for dining purposes if clients were having behaviors at mealtimes.</p> <p>9-3-8(a)</p>			