

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G745	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  05/26/2016
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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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W 0000  Bldg. 00	<p>This visit was for an annual recertification and state licensure survey.</p> <p>Dates of survey: May 23, 24, 25, and 26, 2016.</p> <p>Facility Number: 011663 Provider Number: 15G745 AIM Number: 200902020</p> <p>These federal deficiencies reflect findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 6/6/16.</p>	W 0000		
W 0104  Bldg. 00	<p>483.410(a)(1) GOVERNING BODY 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 facility's governing body failed to ensure the client's personal funds were not used as part of a behavioral incentive program.</p> <p>Findings include:</p>	W 0104	<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> The Behavior Clinician will be re-trained on not using client funds for behavioral incentive programs. Client #3 will be reimbursed \$20.00 for the money spent on the reward</p>	06/25/2016

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>Client #3's financial record was reviewed on 5/24/16 at 12:45 PM. Client #3's financial record book contained a printed receipt dated May 6, 2016 which indicated an outing the client took with the facility's Behavior Clinician/BC #1. The May 6, 2016 receipt had BC #1's name printed on it by the merchant. Client #3's name was written on it by hand in ink. The receipt was for "1-Adult Cut and Shampoo" in the amount of \$15.95 with a</p> <p>\$4.05 tip added to make the total amount spent as \$20.00.</p> <p>Client #3 was interviewed about the haircut outing on 5/24/16 at 1:00 PM. Client #3 indicated the outing was a reward for going to workshop 4 days. Client #3 indicated the money used for the outing was his own personal money.</p> <p>Review of client #3's BSP/Behavior Support Plan dated 5/01/16 was conducted on 5/25/16 at 5:52 PM. The BSP indicated "[Client #3] will attend workshop 4 days a week in order to earn [name of coffee shop], [name of doughnut shop], or a special outing with staff."</p> <p>Interview with staff #1 on 5/26/16 at</p>		<p>outing. <b>How others will be identified: (Systemic):</b> The Residential Manager will complete an audit of all client finances at least five times weekly to ensure that monies spent are not for reward incentives contained within the BSP. The QIDP will complete an audit of all client finances at least five times weekly to ensure that monies spent are not for reward incentives contained within the BSP. <b>Measures to be put in place:</b> All staff in the home will be in serviced on the operation standard for reporting and investigating abuse, neglect, exploitation, mistreatment or violation of the individual rights and the BDDS reporting policy and procedure. The QA Manager will be re-trained on the completion of investigations and results reported to the administrator within 5 business days. <b>Monitoring of Corrective:</b> The Residential Manager will complete an audit of all client finances at least five times weekly to ensure that monies spent are not for reward incentives contained within the BSP. The QIDP will complete an audit of all client finances at least five times weekly to ensure that monies spent are not for reward incentives contained within the BSP. <b>Completion date:</b> <b>06/25/2016</b></p>		

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W 0159 Bldg. 00	<p>12:56 PM indicated BC #1 should not have used client #3's personal funds to pay for an incentive contained in his BSP.</p> <p>9-3-1(a)</p> <p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional.</p> <p>Based on record review and interview, the facility's Qualified Intellectual Disabilities Professional/QIDP failed to integrate, coordinate and monitor clients' active treatment programming needs for 2 of 2 sampled clients (#1 and #2) and one additional client (#3). The QIDP failed to monitor clients #1, #2, #3's, program plans on a routine basis.</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 5/25/16 at 5:30 PM. Review indicated an ISP/Individual Support Plan dated 10/07/15 written by former QIDP/Qualified Intellectual Disabilities Professional #2. The program was being monitored by QIDP-Qualified Intellectual Disabilities Professional designee #2 since 2/16.</p> <p>Client #2's record was reviewed on 05/24/16 at 12:00 PM. The record contained an ISP dated</p>	W 0159	<p><b>W159:</b> Each client's active treatment program must be integrated, coordinated and monitored by a qualified intellectual disability professional.</p> <p><b>Corrective Action: (Specific):</b> The QIDP assigned to the home that will integrate, coordinate and monitor all clients' active treatment programs will meet federal requirements. Client's 1, 2 and 3 as well as all other clients in the home will have their program plans reviewed by a QIDP.</p>	06/25/2016

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	<p>6/15/15 by QIDP #2. The ISP had been monitored by QIDP-d since 2/2016.</p> <p>Client #3's record was reviewed on 5/25/16 at 10:45 AM. The record contained an ISP dated 10/08/15. The QIDP-d had been in charge of monitoring the ISP since 2/2016.</p> <p>Interview with Program Manager #1 and QIDP-d #2 on 5/25/16 at 6:00 PM indicated the former QIDP had written client programs but QIDP-d #2 had been writing and coordinating ISPs since 2/2016.</p> <p>9-3-3(a)</p>		<p><b>How others will be identified:</b> <b>(Systemic):</b> All client program plans will be reviewed at least monthly by the Program Manager to ensure that the designated QIDP is monitoring and coordinating all client program plans as indicated. All client program plans will be reviewed at least quarterly by the team.</p> <p><b>Measures to be put in place):</b> The QIDP assigned to the home that will integrate, coordinate and monitor all clients' active treatment programs will meet federal requirements. Client's 1, 2 and 3 as well as all other clients in the home will have their program plans reviewed by a QIDP.</p> <p><b>Monitoring of Corrective Action:</b> All client program plans will be reviewed at least monthly by the Program Manager to ensure that the designated QIDP is monitoring and coordinating all client program plans as indicated. All client program plans will be reviewed at least quarterly by the team.</p>	

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W 0475 Bldg. 00	<p>483.480(b)(2)(iv) MEAL SERVICES Food must be served with appropriate utensils.</p> <p>Based on observation and interview for 1 of 2 sampled clients (#2) and 2 additional clients (#3 and #4), the facility failed to ensure clients were offered complete table service during mealtime.</p> <p>Findings include:</p> <p>Observations were conducted at the facility on the evening of 5/23/16 from 4:00 PM until 6:15 PM. Client #3 set the table for the evening meal. Client #3 set the table with plates, glasses, forks and napkins for himself, clients #2, #4, and staff #2 and #3. Clients and staff consumed a meal of grilled chicken, steamed broccoli, mixed vegetables, macaroni salad, pineapple chunks, bread and butter. Client #3 spread butter on his bread using a fork. Clients #3, #2 and #4 did not have table knives to cut their chicken. They were directed by staff #2 to use their forks to cut the grilled chicken. Clients #2, #3 and #4 used their</p>	W 0475	<p><b>Completion date: 6/25/2016</b></p> <p><b>W475:</b> Food must be served with appropriate utensils</p> <p><b>Corrective Action: (Specific):</b> All staff at the home will be in-serviced on offering all clients complete table service at mealtime, which includes table knives.</p> <p><b>How others will be identified: (Systemic):</b> The Residential Manager will be at the home at least five times weekly and observe at least one meal at those visits to ensure that all clients are offered complete table service at</p>	06/25/2016

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	<p>fingers to push vegetables onto their forks.</p> <p>At 5:22 PM, client #3 stated: "I wish the chicken was not so tough," as he tried to cut the chicken with his fork. Staff #3 went into the kitchen and unlocked a metal box on the counter and brought a table knife to the dining room table. By the time staff brought a knife to the dining table, client #3 had already torn the chicken into pieces with his fork and fingers.</p> <p>An interview with the Home Manager (staff #2) on 5/24/16 at 1:15 PM indicated clients' table service did not include knives or spoons but the clients could utilize a complete table service during mealtime.</p> <p>9-3-8(a)</p>		<p>mealtime which includes table knives. The QIDP will be at the home at least twice weekly and observe at least one meal at those visits to ensure that all clients are offered complete table service at mealtime which includes table knives.</p> <p><b>Measures to be put in place):</b> All staff at the home will be in-serviced on offering all clients complete table service at mealtime, which includes table knives.</p> <p><b>Monitoring of Corrective Action:</b> The Residential Manager will be at the home at least five times weekly and observe at least one meal at those visits to ensure that all clients are offered complete table service at mealtime which includes table knives. The QIDP will be at the home at least twice weekly and observe at least one meal at those visits to ensure that all clients are offered complete table service at mealtime which includes table knives.</p> <p><b>Completion date: 6/25/2016</b></p>	

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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