

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G127	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/05/2014
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NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP CODE 1031 WEST ST NEW ALBANY, IN 47150
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W000000	<p>This visit was for an annual fundamental recertification and state licensure survey.</p> <p>Dates of Survey: December 4 and 5, 2014.</p> <p>Surveyor: Dotty Walton, QIDP.</p> <p>Facility Number: 000664 AIM Number: 100234310 Provider Number: 15G127</p> <p>The following deficiencies reflect findings in accordance with 460 IAC 9. Quality Review completed 12/12/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000104	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based on record review and interview for one additional client (#4), the governing body failed to exercise general policy, budget and operating direction over the facility to ensure client #4's personal finances were not in excess of the</p>	W000104	<p>W104: The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Corrective Action: (specific):</p>	01/04/2015

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>predetermined maximum amount allowed by Medicaid.</p> <p>Findings include:</p> <p>Client #4's financial record was reviewed on 12/04/14 at 2:50 PM. Client #4's Resident Fund Management Service/RFMS account had a balance of \$2694.94 as of 12/03/14. Client #4's cash on hand account maintained at the facility for him (liquid assets for personal spending) was counted with home manager #1 on 12/04/14 at 4:30 PM and was found to be \$45.91. These accounts combined to make a total of \$2740.85. The review indicated client #4's personal finances/resources exceeded the Medicaid resource limit \$2,000.00.</p> <p>Program Manager (PM) #1 was interviewed on 12/05/14 at 2:15 PM. PM #1 indicated the maximum amount predetermined by Medicaid for client finances/resources was \$2,000.00. PM #1 indicated on 12/05/14 at 4:20 PM client #4's liability payment of \$885.00 was due on 12/08/14 and would put him in the eligible range once more.</p> <p>9-3-1(a)</p>		<p>Client #4's account is now within the predetermined maximum amount allowed by Medicaid.</p> <p>How others will be identified: (Systemic): The Business Office Manager and/or Office Coordinator will review client accounts at least monthly to ensure all clients are within the predetermined Medicaid maximum amounts.</p> <p>Measures to be put in place: Client #4's account is now within the predetermined maximum amount allowed by Medicaid.</p> <p>Monitoring of Corrective Action: The Business Office Manager and/or Office Coordinator will review client accounts at least monthly to ensure all clients are within the predetermined Medicaid maximum amounts.</p> <p>Completed date: 1/4/15</p>				

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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 observation, record review and interview, for 1 of 3 sampled clients (#2), and 1 additional client (#6), the facility failed to implement policies and procedures which ensured all clients were free of neglect/abuse/exploitation, failed to thoroughly investigate alleged client to client sexual abuse and failed to take corrective action to ensure no further episodes of neglect (failure to repay missing client money) occurred.</p> <p>Findings include:</p> <p>Review of the facility's investigations and reports to the Bureau of Developmental Disabilities Services/BDSDS was done on 12/04/14 at 2:00 PM and 12/05/14 at 12:30 PM. The reports indicated, in part, the following:</p> <p>1. A "Client to Client Aggression Investigation" dated 7/29/14 indicated house manager #1 had written a summary of the following allegation: "[Client #2] alleges that [client #6] touched him inappropriately while [client #2] was weeping (sic) the bathroom in the</p>	W000149	<p>W149: The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p>ADDENDUM 1.14.15 : What process will the facility/Clinical Supervisor use to determine if the investigation is thorough?</p> <p>Corrective Action: (specific): The Clinical Supervisor, Residential Manager and direct care staff will be in-serviced on the abuse, neglect, and exploitation policy. Client #6 has been refunded \$10.75.</p> <p>ADDENDUM 1.14.15: A thorough investigation includes all staff and individuals in the home/location or staff and individual that could be involved in the incident or may have been in the same area when the incident occurred will be interviewed regarding the incident at hand, the investigation will be completed within 5 business days. After an investigation is completed</p>	01/14/2015

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	<p>hallway by the med room...[Client #6] does have sexually inappropriate behavior addressed in his behavior plan...." The client to client physical aggression investigation form indicated there had been allegations such as this in the past: "Is there a pattern of occurrences between these two clients? Yes. There have been similar accusations made in the past. Client #6's bedroom was observed (12/04/14 at 4:25 PM) to be adjacent to the above mentioned hallway.</p> <p>Program Manager #1 was interviewed on 12/05/14 at 3:00 PM. PM #1 indicated any allegation of client to client sexual aggression warranted a full scale investigation by the Clinical Supervisor of the facility. Clinical Supervisor #1, who was assigned the task of doing investigations for the facility, had not done an indepth investigation of the allegation of client to client sexual abuse.</p> <p>2. An investigation dated 5/6/14 indicated client #6's home cash account had been audited and found to be short \$10.75. The investigation could not determine what happened to the funds. The investigation indicated client #6 would be reimbursed the \$10.75. A review of client #6's Resident Fund Management Service/RFMS account on</p>		<p><i>the team (Program Manager, Human Resources and Executive Director) will review. Follow up on a missing funds investigation will include proof of reimbursement from the Business Office Manager or Office Coordinator and placed in the investigation file.</i></p> <p>How others will be identified: (Systemic): The Clinical Supervisor will ensure that full scale investigations are completed when warranted and especially after a pattern of occurrences has been established. The Clinical Supervisor will ensure that after a missing funds investigation is completed that the proper paperwork is submitted to the Business Office Manager for immediate reimbursement of funds.</p> <p>ADDENDUM 1.14.15: Proof of reimbursement will be placed in the investigation file.</p> <p>Measures to be put in place: The Clinical Supervisor, Residential Manager and direct care staff will be in-serviced on the abuse, neglect, and exploitation policy. Client #6 has been refunded \$10.75.</p> <p>ADDENDUM 1.14.15: A thorough investigation includes all staff and individuals in the home/location or staff and individual that could be</p>				

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	<p>12/04/14 at 2:45 PM indicated no reimbursement of the \$10.75 to client #6.</p> <p>Program Manager #1 was interviewed on 12/05/14 at 3:00 PM. PM #1 indicated the lost money had not yet been reimbursed to client #6.</p> <p>The "Abuse/Neglect/Exploitation Policy and Procedure" revision date of 0/7/02/2012 component of the agency's Operational Policy and Procedure Manual was reviewed on December 04, 2014 at 2:45 PM. The review indicated the agency prohibited neglect, abuse and exploitation of clients. Definitions were as follows:</p> <p>"Abuse--Physical Definition: 1. The act or failure to act, that results or could result in physical injury to an individual 2. Non-accidental injury inflicted by another person or persons. The definition of sexual abuse was as follows: "C Abuse--Sexual 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 profane language or gestures directed toward an</p>		<p><i>involved in the incident or may have been in the same area when the incident occurred will be interviewed regarding the incident at hand, the investigation will be completed within 5 business days. After an investigation is completed the team (Program Manager, Human Resources and Executive Director) will review. Follow up on a missing funds investigation will include proof of reimbursement from the Business Office Manager or Office Coordinator and placed in the investigation file.</i></p> <p>Monitoring of Corrective Action: The Clinical Supervisor will ensure that full scale investigations are completed when warranted and especially after a pattern of occurrences has been established. The Clinical Supervisor will ensure that after a missing funds investigation is completed that the proper paperwork is submitted to the Business Office Manager for immediate reimbursement of funds.</p> <p>ADDENDUM 1.14.15: Proof of reimbursement will be placed in the investigation file.</p> <p>Completion date: 1/4/15 W149: The facility must develop</p>	

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	<p>individual that subject him or her to humiliation or degradation.</p> <p>3. A non-consensual act of a sexual nature involving an individual. The act may be used for sexual gratification of the perpetrator or a third party.</p> <p>4. Anyone who allows or encourages forced sexual activity."</p> <p>E. Abuse--Exploitation Definition: "1. An act that deprives an individual of real or personal property by fraudulent or illegal means."</p> <p>E. Neglect--Emotional/Physical Definition: "1. Failure to provide goods and/or services necessary to the individual to avoid physical harm. 2. Failure to provide the support necessary to an individual's psychological and social well being. 3. Failure to meet the basic needs such as food, shelter, clothing and to provide a safe environment."</p> <p>Interview with Program Manager #1 on 12/05/2014 at 3:00 PM indicated it was the policy of the agency to report, investigate and implement corrective actions regarding incidents of clients' neglect and abuse.</p> <p>9-3-2(a)</p>		<p>and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Corrective Action: (specific): The Clinical Supervisor, Residential Manager and direct care staff will be in-serviced on the abuse, neglect, and exploitation policy. Client #6 has been refunded \$10.75.</p> <p>How others will be identified: (Systemic): The Clinical Supervisor will ensure that full scale investigations are completed when warranted and especially after a pattern of occurrences has been established. The Clinical Supervisor will ensure that after a missing funds investigation is completed that the proper paperwork is submitted to the Business Office Manager for immediate reimbursement of funds. Measures to be put in place: The Clinical Supervisor, Residential Manager and direct care staff will be in-serviced on the abuse, neglect, and exploitation policy. Client #6 has been refunded \$10.75.</p> <p>Monitoring of Corrective Action: The Clinical Supervisor will ensure that full scale investigations are completed when warranted and especially after a pattern of occurrences has been established. The Clinical Supervisor will ensure that after a missing funds investigation is completed that the proper paperwork is submitted to the</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. Based on observation, record review and interview, for 1 of 3 sampled clients (#2), and 1 additional client (#6), the facility failed to thoroughly investigate alleged client to client sexual abuse.</p> <p>Findings include:</p> <p>Review of the facility's investigations and reports to the Bureau of Developmental Disabilities Services/BDDS was done on 12/04/14 at 2:00 PM and 12/05/14 at 12:30 PM. The reports indicated, in part, the following:</p> <p>A "Client to Client Aggression Investigation" dated 7/29/14 indicated house manager #1 had written a summary of the following allegation: "[Client #2] alleges that [client #6] touched him inappropriately while [client #2] was weeping (sic) the bathroom in the hallway by the med room...[Client #6] does have sexually inappropriate behavior addressed in his behavior</p>	W000154	<p>Business Office Manager for immediate reimbursement of funds. Completion date: 1/4/15</p> <p>W154: The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p><i>ADDENDUM 1.14.15 : What process will the facility/Clinical Supervisor use to determine if the investigation is thorough?</i></p> <p>Corrective Action: (specific): The Clinical Supervisor will be in-serviced on the investigation process to ensure that all alleged violations are investigated thoroughly.</p> <p><i>ADDENDUM 1.14.15: A thorough investigation includes all staff and individuals in the home/location or staff and individual that could be involved in the incident or may have been in the same area when the incident occurred will be interviewed regarding the incident at hand, the investigation will be</i></p>	01/04/2015			

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	<p>plan...." The client to client physical aggression investigation form indicated there had been allegations such as this in the past: "Is there a pattern of occurrences between these two clients? Yes. There have been similar accusations made in the past. Client #6's bedroom was observed (12/04/14 at 4:25 PM) to be adjacent to the above mentioned hallway.</p> <p>Program Manager #1 was interviewed on 12/05/14 at 3:00 PM. PM #1 indicated any allegation of client to client sexual aggression warranted a full scale investigation by the Clinical Supervisor of the facility. Clinical Supervisor #1, who was assigned the task of doing investigations for the facility, had not done an indepth investigation of the allegation of client to client sexual abuse.</p> <p>9-3-2(a)</p>		<p><i>completed within 5 business days. After an investigation is completed the team (Program Manager, Human Resources and Executive Director) will review. Follow up on a missing funds investigation will include proof of reimbursement from the Business Office Manager or Office Coordinator and placed in the investigation file.</i></p> <p>How others will be identified: (Systemic): The Clinical Supervisor will ensure that full scale investigations are completed when warranted and especially after a pattern of occurrences has been established.</p> <p>ADDENDUM 1.14.15: <i>The team will review each investigation to ensure it is thorough.</i></p> <p>Measures to be put in place: The Clinical Supervisor will be in-serviced on the investigation process to ensure that all alleged violations are investigated thoroughly.</p> <p>ADDENDUM 1.14.15: <i>A thorough investigation includes all staff and individuals in the home/location or staff and individual that could be involved in the incident or may have been in the same area when the incident occurred will be</i></p>				

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			<p><i>interviewed regarding the incident at hand, the investigation will be completed within 5 business days. After an investigation is completed the team (Program Manager, Human Resources and Executive Director) will review. Follow up on a missing funds investigation will include proof of reimbursement from the Business Office Manager or Office Coordinator and placed in the investigation file.</i></p> <p>Monitoring of Corrective Action: The Clinical Supervisor will ensure that full scale investigations are completed when warranted and especially after a pattern of occurrences has been established.</p> <p>ADDENDUM 1.14.15: <i>The team will review each investigation to ensure it is thorough.</i></p> <p>Completion date: 1/4/15 W154: The facility must have evidence that all alleged violations are thoroughly investigated. Corrective Action: (specific): The Clinical Supervisor will be in-serviced on the investigation process to ensure that all alleged violations are investigated thoroughly. How others will be identified:</p>	

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W000157	<p>483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken. Based on record review and interview, for 1 additional client (#6), the facility failed to take corrective action to ensure no further episodes of neglect (failure to repay missing client money) occurred.</p> <p>Findings include:</p> <p>Review of the facility's investigations and reports to the Bureau of Developmental Disabilities Services/BDDS was done on 12/04/14 at 2:00 PM and 12/05/14 at 12:30 PM. The reports indicated, in part,</p>	W000157	<p>(Systemic): The Clinical Supervisor will ensure that full scale investigations are completed when warranted and especially after a pattern of occurrences has been established. Measures to be put in place: The Clinical Supervisor will be in-serviced on the investigation process to ensure that all alleged violations are investigated thoroughly. Monitoring of Corrective Action: The Clinical Supervisor will ensure that full scale investigations are completed when warranted and especially after a pattern of occurrences has been established. Completion date: 1/4/15</p> <p>W157: If the alleged violation is verified, appropriate action will be taken.</p> <p>ADDENDUM : <i>What process will the facility/Clinical Supervisor use to determine if the investigation is thorough?</i></p> <p>Corrective Action: (specific): Client #6 has been refunded \$10.75.</p>	01/04/2015			

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	<p>the following:</p> <p>An investigation dated 5/6/14 indicated client #6's home cash account had been audited and found to be short \$10.75. The investigation could not determine what happened to the funds. The investigation indicated client #6 would be reimbursed the \$10.75. A review of client #6's Resident Fund Management Service/RFMS account on 12/04/14 at 2:45 PM indicated no reimbursement of the \$10.75 to client #6.</p> <p>Program Manager #1 was interviewed on 12/05/14 at 3:00 PM. PM #1 indicated the lost money had not yet been reimbursed to client #6.</p> <p>Interview with Program Manager #1 on 12/05/2014 at 3:00 PM indicated it was the policy of the agency to implement corrective actions regarding incidents of clients' neglect and abuse.</p> <p>9-3-2(a)</p>		<p>ADDENDUM: A thorough investigation includes all staff and individuals in the home/location or staff and individual that could be involved in the incident or may have been in the same area when the incident occurred will be interviewed regarding the incident at hand, the investigation will be completed within 5 business days. After an investigation is completed the team (Program Manager, Human Resources and Executive Director) will review. Follow up on a missing funds investigation will include proof of reimbursement from the Business Office Manager or Office Coordinator and placed in the investigation file.</p> <p>How others will be identified: (Systemic): The Clinical Supervisor will ensure that after a missing funds investigation is completed that the proper paperwork is submitted to the Business Office Manager for immediate reimbursement of funds.</p> <p>ADDENDUM: The team will review each investigation to ensure it is thorough.</p> <p>Proof of reimbursement will be placed in the investigation file.</p> <p>Measures to be put in place: Client #6 has been refunded \$10.75.</p>				

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W000312	483.450(e)(2) DRUG USAGE Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. Based on record review and interview, the facility failed for 1 of 3 sampled	W000312	<p>Completion date: 1/4/15</p> <p>W157: If the alleged violation is verified, appropriate action will be taken. Corrective Action: (specific): Client #6 has been refunded \$10.75. How others will be identified: (Systemic): The Clinical Supervisor will ensure that after a missing funds investigation is completed that the proper paperwork is submitted to the Business Office Manager for immediate reimbursement of funds. Measures to be put in place: Client #6 has been refunded \$10.75. Monitoring of Corrective Action: The Clinical Supervisor will ensure that after a missing funds investigation is completed that the proper paperwork is submitted to the Business Office Manager for immediate reimbursement of funds. Completion date: 1/4/15</p> <p>W312: Drugs used for control of inappropriate behavior must be used</p>	01/04/2015

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G127		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 12/05/2014	
NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN				STREET ADDRESS, CITY, STATE, ZIP CODE 1031 WEST ST NEW ALBANY, IN 47150			
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	<p>clients who used behavior controlling drugs (#2) to ensure all medications were in the behavior plan.</p> <p>Findings include:</p> <p>Record review for client #2 was done on 12/05/14 at 1:00 PM. Client #2's record contained a Behavior Support Plan/BSP dated 8/04/14. The BSP indicated client #2 took Prozac 40 milligrams/mg daily (anti-depressant) and Trazodone 50 mg. daily (anti-depressant) for behavior management. The behaviors for which the medications were used were not specifically written into the BSP. The plan of reduction component in the BSP for both drugs indicated: "Medication Reduction Plan: (drug) will be reduced per psychiatrist's evaluation of his behavior." There was no specific criteria for drug withdrawal of Prozac or Trazodone in the BSP.</p> <p>QIDP/Qualified Developmental Disabilities Professional #1 was interviewed on 12/05/14 at 3:00 PM. The interview indicated QIDP #1 had not written the 8/04/14 BSP and could not explain the absence of drug withdrawal criteria.</p> <p>9-3-5(a)</p>		<p>only as an integral part of the client's individual program that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed.</p> <p>ADDENDUM: How will the facility monitor the QIDP to ensure the deficient practice does not reoccur?</p> <p>Corrective Action: (specific): The QIDP (Qualified Intellectual Disabilities Professional) will be in-serviced to ensure the inclusion of the drug withdrawal criteria in each client BSP. Client 2's BSP has been corrected and now includes a plan of reduction.</p> <p>ADDENDUM: BSPs will be reviewed during the Behavior Review Committee (BRC) quarterly meetings to ensure all required information is present.</p> <p>How others will be identified: (Systemic): The QIDP will review each client BSP to ensure it includes the drug withdrawal criteria, if applicable.</p> <p>ADDENDUM: The QIDP will present the BSPs for his/her caseload during the BRC quarterly meetings.</p>				

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