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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G157 | | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | | X3) DATE SURVEY COMPLETED 11/18/2013 | |
| NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN | | | | STREET ADDRESS, CITY, STATE, ZIP CODE 3011 APACHE DR JEFFERSONVILLE, IN 47130 | | | |
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| W000000 | <p>This visit was for a post certification revisit (PCR) to the recertification and state licensure survey and to the investigation of Complaint #IN00135035 completed on 9/27/13.</p> <p>Complaint #IN00135035 - Not Corrected.</p> <p>Survey Dates: November 12, 13 and 18, 2013</p> <p>Facility Number: 000693 Provider Number: 15G157 AIM Number: 100234510</p> <p>Surveyor: Jo Anna Scott, QIDP</p> <p>The following deficiency reflects state findings in accordance with 460 IAC 9. Quality Review completed 11/25/13 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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| 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. | 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 including the Residential Manager will be in-serviced on all clients' Behavior Support Plans (BSP). The Residential Manager will ensure that all plans are being implemented as written. All staff including the residential manager will be in-serviced on the abuse neglect exploitation policy and procedures. How others will be identified: (Systemic): The Program Manager will make random visits to the home at least weekly to ensure that client plans are being implemented as written. The Residential Manager will complete observations at the home at least three times weekly to ensure that client program plans are implemented as written. All plans will be reviewed as indicated based on client need to assess effectiveness of plan and changes will be made accordingly to reflect client needs. Measures to be put in place: All staff including the Residential Manager will be in-serviced on all clients' Behavior Support Plans (BSP). The Residential Manager will complete observations at the | 12/18/2013 | | | |

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| | <p>Based on record review, observation, and interview for 3 of 4 sampled clients (clients A, B and C), the facility failed to implement policies and procedures which prohibited client to client abuse.</p> <p>Findings include:</p> <p>Review of the BDDS (Bureau of Developmental Disabilities Services) incident reports was conducted on 11/12/13 at 2:35 PM and included an incident on 11/10/13. The incident indicated the following: "Another individual wanted the lights on to work</p> | | <p>home at least three times weekly to ensure that all plans are being implemented as written. All staff including the residential manager will be in-serviced on the abuse neglect exploitation policy and procedures. Monitoring of Corrective Action: Program Manager will make random visits to the home at least weekly to ensure that client plans are being implemented as written. The Residential Manager will complete observations at the home at least three times weekly to ensure that client program plans are implemented as written. All plans will be reviewed as indicated based on client need to assess effectiveness of plan and changes will be made accordingly to reflect client needs. Completion date: 12/18/13</p> | | |

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| | <p>on crafts. [Client C] wanted the lights off and this escalated into verbal aggression, which later escalated into physical aggression between [clients A, B and C]. [Client B] grabbed [client C's] hair and went after her - leaving 3 scratch marks on her left upper arm and back of her shoulder area. [Client C] tried to bite [client A], leaving a scratch where her tooth grazed [client A's] ear. Staff immediately got between all of the individuals and separated them. [Client C] got the phone and called the police. The police and EMS (Emergency Services) arrived; the police ended up handcuffing [client A] for a short period of time because she would not listen and kept yelling at the police. After the police talked to [client C] and [client A], they calmed down and police and the EMS left. No charges were filed as a result."</p> <p>During the observation period on 11/12/13 from 5:15 PM to 6:30 PM, client C showed the surveyor a place on her left arm where she said client A bit her over the weekend (above incident). Client A indicated on 11/12/13 at 6:00 PM that she did not want to be handcuffed again.</p> <p>Interview with Administrative staff #1 on 11/12/13 at 3:30 PM indicated they had increased staff to 3 staff when all the</p> | | | |

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| | <p>clients were in the home.</p> <p>Review of the "Abuse/Neglect/Exploitation Policy and Procedure" component of the agency's 7/2/12 Operational Policy and Procedure Manual was reviewed on 11/13/13 at 2:30 PM. The review indicated the agency prohibited abuse and neglect of clients. The definition of client abuse/neglect were as follows:</p> <p>"A. 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 person or persons."</p> <p>"B. 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>This federal tag relates to complaint #IN00135035.</p> <p>This deficiency was cited on 9/27/13.</p> | | | | | | |

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| | The facility failed to implement a systemic plan of correction to prevent recurrence. 9-3-2(a) | | | | |