

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G746	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/04/2016
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NAME OF PROVIDER OR SUPPLIER RES CARE SOUTHEAST INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 16609 SIMA GRAY RD HENRYVILLE, IN 47126
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W 0000 Bldg. 00	<p>This visit was for an investigation of Complaint #IN00194240.</p> <p>Complaint #IN00194240: Substantiated, federal/state deficiencies related to the allegations are cited at W149, W153 and W157.</p> <p>Unrelated deficiencies cited.</p> <p>Dates of Survey: March 3 and 4, 2016.</p> <p>Provider Number: 15G746 Facility Number: 011664 AIM Number: 200902010</p> <p>The following federal deficiencies reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 3/11/16.</p>	W 0000		
W 0125 Bldg. 00	<p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise</p>			

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>their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>Based on observation, interview and record review for 2 of 2 sampled clients (A and B), and for 2 additional clients (C and D), the facility failed to allow clients to have access to snacks used for the clients' lunches.</p> <p>Findings include:</p> <p>During the 3/03/16 observation period between 8:50 AM and 12:00 PM, at the group home, clients C and B were given cereal/fruit bars as morning snacks by staff #1 at 10:15 AM. Staff #1 retrieved the snack bars from a locked cabinet in the facility's office. The cabinet was observed to hold assorted items (cereal bars, cookies, crackers) to be used for lunches and morning /afternoon snacks for clients A, B, C and D.</p> <p>Client A's record was reviewed on 3/04/16 at 10:40 AM. Client A's 9/25/15 Individual Support Plan (ISP) and/or Behavior Support Plan (BSP) dated 7/31/15 did not indicate the client or his surrogate had given consent for food and/or snacks to be locked. Client A's ISP/BSP contained no documentation the facility's Human Rights Committee (HRC) had reviewed the facility's</p>	W 0125	<p>W125: The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>Corrective Action: (Specific): All client plans and assessments will be reviewed to determine if free access to soda and snacks is contraindicated. 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 client rights. The QIDP will be in-serviced on the operation standard for reporting and investigating abuse, neglect, exploitation, mistreatment or violation of the individual rights, client rights and ensuring that guardians approve of all restrictions and that approval from the Human Rights Committee is obtained.</p> <p>How others will be identified:</p>	04/03/2016
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	<p>restrictive practice of locking snacks/food.</p> <p>Client B's record was reviewed on 3/04/16 at 1:13 PM. Client B's 11/15/15 Individual Support Plan (ISP) and/or Behavior Support Plan (BSP) dated 10/20/15 did not indicate the client or his surrogate had given consent for food and/or snacks to be locked. Client B's ISP/BSP contained no documentation the facility's Human Rights Committee (HRC) had reviewed the facility's restrictive practice of locking snacks/food.</p> <p>Client C's record was reviewed on 3/04/16 at 12:10 PM. Client C's 6/13/15 ISP and/or 2/29/16 BSP did not indicate the client had given consent for food and/or snacks to be locked. Client C's ISP/BSP contained no documentation the facility's Human Rights Committee (HRC) had reviewed the facility's restrictive practice of locking snacks/food.</p> <p>Client D's record was reviewed on 3/04/16 at 2:00 PM. Client D's 11/13/15 ISP and/or 2/29/16 BSP did not indicate the client had given consent for food and/or snacks to be locked. Client D's ISP/BSP contained no documentation the facility's Human Rights Committee</p>		<p>(Systemic): The Program Manager will visit the home at least monthly to ensure that all clients have free access to soda and snacks unless program plans and assessments state otherwise and that all restrictions have been approved by the guardian, team and human rights committee. The QIDP will review all client program plans and assessments at least quarterly and make revisions as indicated.</p> <p>Measures to be put in place: All client plans and assessments will be reviewed to determine if anyone requires locking of soda and snack. 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 client rights.</p> <p>Monitoring of Corrective Action: The Program Manager will visit the home at least monthly to ensure that all clients have free access to soda and snacks unless program plans and assessments state otherwise and</p>	

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W 0149 Bldg. 00	<p>(HRC) had reviewed the facility's restrictive practice of locking snacks/food.</p> <p>Interview with the House Manager (HM) on 3/4/16 at 2:40 PM indicated the snacks were locked at the group home. The HM indicated clients A, B, C and D did not have access to the snacks unless they asked staff. The HM indicated the snacks were locked as means of keeping client A on his diet plan.</p> <p>9-3-2(a)</p> <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 1 of 2 sampled clients (A) for 1 of 3 investigations of abuse/neglect reviewed, the facility failed to ensure the facility's neglect policy was implemented.</p> <p>Findings include: Review of the facility's investigations on</p>	W 0149	<p>that all restrictions have been approved by the guardian, team and human rights committee. The QIDP will review all client program plans and assessments at least quarterly and make revisions as indicated.</p> <p>Completion date: 04/03/2016</p> <p>W149: The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p>Corrective Action: (Specific):</p>	04/03/2016

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	<p>3/4/16 at 2:30 PM indicated on 2/22/16 an investigation was initiated regarding client A's theft of two bottles of cough syrup on 2/20/16 at/or around 11:30 PM. Staff #4 was supervising client A at the time of the incident, but did not report the alleged theft to the manager according to agency policy. Staff #4 was working alone with clients A, B, C and D alone as staff #5 had left the premises to get food. The investigation indicated client A had asked for his asthma inhaler and had been able to take two bottles of cough syrup while staff #4 was distracted by administering the asthma inhaler. Staff #4 reported the incident to staff #3 (the next shift of personnel) who in turn reported it to supervisory staff/house manager/HM #1.</p> <p>Interview with QIDP-d (Qualified Intellectual Disabilities Professional-designee) on 3/4/16 at 4:00 PM indicated it was the policy of the agency (which was taught to staff in basic training classes) that all incidents were to be reported to supervisory staff for their action in regards to further investigation. The interview and subsequent review of the 2/22/16 investigation indicated staff #4 had not reported the incident immediately so action could be taken in a timely manner.</p> <p>Interview with QIDP-d (Qualified</p>		<p>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.</p> <p>How others will be identified: (Systemic): The residential manager will be in the home at least five times weekly to ensure that all allegations are immediately reported to the administrator. The QIDP will be at the home at least twice weekly to ensure that all allegations are immediately reported to the administrator.</p> <p>Measures to be put in place: All staff in the home will be in serviced on operation standard for reporting and investigation neglect, abuse, exploitation, mistreatment or violation of individuals right's and the BDDS reporting policy and procedure.</p> <p>Monitoring of Corrective: The residential manager will be in the home at least five times weekly</p>	

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	<p>Intellectual Disabilities Professional-designee) on 3/4/16 at 4:00 PM indicated it was the policy of the agency (which was taught to staff in basic training classes) that all incidents were to be reported to supervisory staff for their action in regards to further investigation. The policy was also to implement recommended corrective actions in regards to allegations of abuse/neglect. The interview and subsequent review of the 2/22/16 investigation indicated staff #5 had not received the recommended retraining at the time of the survey.</p> <p>The "Abuse/Neglect/Exploitation Policy and Procedure" component of the agency's 08/01/07 Operational Policy and Procedure Manual (revised 01/09/2015) was reviewed on 3/04/2016 at 3:45 PM. The review indicated the agency prohibited staff neglect of clients. The policy indicated all allegations would be investigated and addressed. The definition of neglect was as follows:</p> <p>"F. Neglect--Program Implementation/Intervention Definition:</p> <ol style="list-style-type: none"> 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 of 		<p>to ensure that all allegations are immediately reported to the administrator. The QIDP will be at the home at least twice weekly to ensure that all allegations are immediately reported to the administrator.</p> <p>Completion date: 04/03/2016</p>	

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W 0153 Bldg. 00	<p>intervention, etc. which may result in jeopardy without qualified person notification/review."</p> <p>This federal tag relates to Complaint #IN00194240.</p> <p>9-3-2(a)</p> <p>483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures. Based on record review and interview for 1 of 2 sampled clients (A) for 1 of 3 investigations of abuse/neglect reviewed, the facility failed to ensure the staff reported incidents via the chain of command according to facility policy.</p> <p>Findings include:</p> <p>Review of the facility's investigations on 3/4/16 at 2:30 PM indicated on 2/22/16 an investigation was initiated regarding</p>	W 0153	<p>W153: The facility must ensure that all allegations of mistreatment, neglect, abuse as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with state law through established procedures.</p> <p>Corrective Action: (Specific):</p>	04/03/2016

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	<p>client A's theft of two bottles of cough syrup on 2/20/16 at/or around 11:30 PM. Staff #4 was supervising client A at the time of the incident, but did not report the alleged theft to the manager according to agency policy. Staff #4 was working with clients A, B, C and D alone as staff #5 had left the premises to get food. The investigation indicated client A had asked for his asthma inhaler and had been able to take two bottles of cough syrup while staff #4 was distracted administering the medication.</p> <p>Staff #4 reported the incident to staff #3 (the next shift of personnel) who in turn reported it to supervisory staff/house manager/HM #1.</p> <p>Interview with QIDP-d (Qualified Intellectual Disabilities Professional-designee) on 3/4/16 at 4:00 PM indicated it was the policy of the agency (which was taught to staff in basic training classes) that all incidents were to be reported to supervisory staff for their action in regards to further investigation. The interview and subsequent review of the 2/22/16 investigation indicated staff #4 had not reported the incident immediately so action could be taken in a timely manner.</p> <p>This federal tag relates to Complaint #IN00194240.</p>		<p>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.</p> <p>How others will be identified: (Systemic): The residential manager will be in the home at least five times weekly to ensure that all allegations are immediately reported the administrator. The QIDP will be at the home at least twice weekly to ensure that all allegations are immediately reported to the administrator.</p> <p>Measures to be put in place) All staff in the home will be in serviced on the operation standard for reporting and investigating abuse, neglect, exploitation, mistreatment or violation of individual rights and the BDDS reporting policy and procedure</p> <p>Monitoring of Corrective Action: The residential manager will be in the home at least five</p>	

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	9-3-2(a)		times weekly to ensure that all allegations are immediately reported the administrator. The QIDP will be at the home at least twice weekly to ensure that all allegations are immediately reported to the administrator. Completion date: 04/03/2016	
W 0157 Bldg. 00	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 of 2 sampled clients (A) for 1 of 3 investigations of abuse/neglect reviewed, the facility failed to ensure corrective actions were completed by the facility in regards to an incident of staff neglect. Findings include: Review of the facility's investigations on 3/4/16 at 2:30 PM indicated on 2/22/16 an investigation was initiated regarding client A's theft of two bottles of cough syrup on 2/20/16 at/or around 11:30 PM. Staff #4 was supervising client A at the time of the incident, but did not report the	W 0157	W157: If the alleged violation is verified, appropriate corrective action must be taken Corrective Action: (Specific): 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. How others will be identified:	04/03/2016

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	<p>alleged theft to the manager according to agency policy. Staff #4 was working with clients A, B, C and D alone as staff #5 had left the premises to get food. The investigation indicated client A had asked for his asthma inhaler and had been able to take two bottles of cough syrup while staff #4 was distracted administering the medication.</p> <p>Staff #4 reported the incident to staff #3 (the next shift of personnel) who in turn reported it to supervisory staff/house manager/HM #1. Further review of the facility's investigative records at 4:14 PM on 3/4/16 indicated staff #5 had not received retraining as recommended by peer review.</p> <p>Interview with QIDP-d (Qualified Intellectual Disabilities Professional-designee) on 3/4/16 at 4:00 PM indicated it was the policy of the agency (which was taught to staff in basic training classes) that all incidents were to be reported to supervisory staff for their action in regards to further investigation. The policy was also to implement recommended corrective actions in regards to allegations of abuse/neglect. The interview and subsequent review of the 2/22/16 investigation indicated staff #5 had not received the recommended retraining at the time of the survey.</p>		<p>(Systemic): The residential manager will be in the home at least five times weekly to ensure that all allegations are immediately reported the administrator. The QIDP will be at the home at least twice weekly to ensure that all allegations are immediately reported to the administrator.</p> <p>Measures to be put in place) All staff in the home will be in serviced on the operation standard for reporting and investigating abuse, neglect, exploitation, mistreatment or violation of individual rights and the BDDS reporting policy and procedure</p> <p>Monitoring of Corrective Action: The residential manager will be in the home at least five times weekly to ensure that all allegations are immediately reported the administrator. The QIDP will be at the home at least twice weekly to ensure that all allegations are immediately reported to the administrator.</p>	

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W 0264 Bldg. 00	<p>This federal tag relates to Complaint #IN00194240.</p> <p>9-3-2(a)</p> <p>483.440(f)(3)(iii) PROGRAM MONITORING & CHANGE</p> <p>The committee should review, monitor and make suggestions to the facility about its practices and programs as they relate to drug usage, physical restraints, time-out rooms, application of painful or noxious stimuli, control of inappropriate behavior, protection of client rights and funds, and any other areas that the committee believes need to be addressed.</p> <p>Based on observation, interview and record review for 2 of 2 sampled clients (A and B), and for 2 additional clients (C and D), the facility failed to ensure the specially constituted committee (Human Rights Committee/HRC) reviewed the restrictive practice of client access to foods used for the clients' lunches/snacks.</p> <p>Findings include:</p> <p>During the 3/03/16 observation period between 8:50 AM and 12:00 PM, at the</p>	W 0264	<p>Completion date: 04/03/2016</p> <p>W264: The committee should review, monitor and make suggestions to the facility about its practices and programs as they relate to drug usage, physical restraints, time-out rooms, application of painful or noxious stimuli, control of inappropriate behavior, protections of client rights and funds, and any others areas that the committee believes need to be addressed.</p>	04/03/2016

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	<p>group home, clients C and B were given cereal/fruit bars as morning snacks by staff #1 at 10:15 AM. Staff #1 retrieved the snack bars from a locked cabinet in the facility's office. The cabinet was observed to hold assorted items (cereal bars, cookies, crackers) to be used for lunches and morning /afternoon snacks for clients A, B, C and D.</p> <p>Client A's record was reviewed on 3/04/16 at 10:40 AM. Client A's 9/25/15 Individual Support Plan (ISP) and/or Behavior Support Plan (BSP) dated 7/31/15 did not indicate the client or his surrogate had given consent for food and/or snacks to be locked. Client A's ISP/BSP contained no documentation the facility's Human Rights Committee (HRC) had reviewed the facility's restrictive practice of locking snacks/food.</p> <p>Client B's record was reviewed on 3/04/16 at 1:13 PM. Client B's 11/15/15 Individual Support Plan (ISP) and/or Behavior Support Plan (BSP) dated 10/20/15 did not indicate the client or his surrogate had given consent for food and/or snacks to be locked. Client B's ISP/BSP contained no documentation the facility's Human Rights Committee (HRC) had reviewed the facility's restrictive practice of locking</p>		<p>Corrective Action: (Specific): All client plans and assessments will be reviewed to determine if free access to soda and snacks is contraindicated. 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 client rights. The QIDP will be in-serviced on the operation standard for reporting and investigating abuse, neglect, exploitation, mistreatment or violation of the individual rights, client rights and ensuring that guardians approve of all restrictions and that approval from the Human Rights Committee is obtained.</p> <p>How others will be identified: (Systemic): The Program Manager will visit the home at least monthly to ensure that all clients have free access to soda and snacks unless program plans and assessments state otherwise and that all restrictions have been approved by the guardian, team and human rights committee. The QIDP will review all client program plans and assessments at least quarterly and make revisions as indicated.</p>	

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NAME OF PROVIDER OR SUPPLIER RES CARE SOUTHEAST INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 16609 SIMA GRAY RD HENRYVILLE, IN 47126
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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
	<p>snacks/food.</p> <p>Client C's record was reviewed on 3/04/16 at 12:10 PM. Client C's 6/13/15 ISP and/or 2/29/16 BSP did not indicate the client had given consent for food and/or snacks to be locked. Client C's ISP/BSP contained no documentation the facility's Human Rights Committee (HRC) had reviewed the facility's restrictive practice of locking snacks/food.</p> <p>Client D's record was reviewed on 3/04/16 at 2:00 PM. Client D's 11/13/15 ISP and/or 2/29/16 BSP did not indicate the client had given consent for food and/or snacks to be locked. Client D's ISP/BSP contained no documentation the facility's Human Rights Committee (HRC) had reviewed the facility's restrictive practice of locking snacks/food.</p> <p>Interview with the House Manager (HM) on 3/4/16 at 2:40 PM indicated the snacks were locked at the group home. The HM indicated clients A, B, C and D did not have access to the snacks unless they asked staff. The HM indicated the snacks were locked as means of keeping client A on his diet plan.</p> <p>9-3-4(a)</p>		<p>Measures to be put in place: All client plans and assessments will be reviewed to determine if anyone requires locking of soda and snack. 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 client rights.</p> <p>Monitoring of Corrective Action: The Program Manager will visit the home at least monthly to ensure that all clients have free access to soda and snacks unless program plans and assessments state otherwise and that all restrictions have been approved by the guardian, team and human rights committee. The QIDP will review all client program plans and assessments at least quarterly and make revisions as indicated.</p> <p>Completion date: 04/03/2016</p>	

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

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FORM APPROVED

OMB NO. 0938-0391

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