

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G745	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/05/2013
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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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W000000	<p>This visit was for an investigation of complaint #IN00130615.</p> <p>Complaint #IN00130615: Substantiated. Federal/state deficiency related to the allegation(s) is cited at W186.</p> <p>Dates of survey: June 25, 26, 27, July 3 and 5, 2013.</p> <p>Facility Number: 011663 Provider Number: 15G745 AIM Number: 200902020</p> <p>Surveyor: Dotty Walton, QIDP</p> <p>This deficiency reflects state findings in accordance with 460 IAC 9. Quality Review completed 7/19/13 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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W000186	<p>483.430(d)(1-2) DIRECT CARE STAFF</p> <p>The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans.</p> <p>Direct care staff are defined as the present on-duty staff calculated over all shifts in a 24-hour period for each defined residential living unit.</p> <p>Based on observation, record review and interview for 2 of 2 sampled clients (A and B) and 2 additional clients (C and D), the facility failed to provide sufficient staff to supervise clients according to their needs.</p> <p>Findings include:</p> <p>Observations were conducted at the facility on 6/25/13 from 5:50 AM until 6:20 AM. Staff #3 and #4 were observed to work with clients A, C, and D and assisted them with dressing, breakfast, and medication administration. Client B was still in bed because he worked the evening shift at the loading dock of a local department store from 4:00 PM until 1:00 AM. At 8:20 AM, client A was observed wearing a soft neck brace.</p> <p>Client A was observed to be wearing a hard neck brace on 6/27/13 at 6:50 PM while he was eating dinner. Client A said he was "Darth Vader" as he referred to his</p>	W000186	<p>W186: The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans.</p> <p>Corrective Action: (Specific): Staffing schedules have been revised to change direct care shifts to 6a-2p, 2p-10p and 10p-6a and a Residential Manager supervisor has been hired to assist in overseeing the homes.</p> <p>How others will be identified: (Systemic) The Program Manager will conduct random site visits to ensure that staffing ratios are in place according to the Reimbursement Guidelines for ESN homes and the new staffing schedules.</p> <p>Measures to be put in place: Staffing schedules have been</p>	08/02/2013			

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	<p>neck brace.</p> <p>Interview with staff #3 and #4 on 6/25/13 at 5:55 AM indicated the day shift took over at 8:00 AM which consisted of 3 staff. Staff indicated clients started getting up at 6:00 AM.</p> <p>Interview with staff #3 on 6/25/13 at 6:00 AM indicated client B was picked up by facility staff when his shift ended at 1:00 AM. The interview indicated the trip from the facility to the work site and back was 40 minutes round trip. The interview indicated one staff was left alone during that time with clients A, C, and D.</p> <p>At 8:20 AM on 6/25/13, supervisory staff #2 indicated client A fractured his C-6 spinal vertebrae during a behavior with client B wherein he ran into a wall at the facility. He was wearing a soft neck brace but was being fitted for a hard neck brace. The interview indicated client A required close supervision for eating as he had choked in the past.</p> <p>Review of incident reports on 6/25/13 at 1:45 PM indicated clients A and B had a physical altercation on 6/5/13 when leaving the facility's kitchen area. Client A subsequently ran into a wall and injured his neck. Client A had a risk plan dated 6/5/13 which addressed an injured</p>		<p>revised to change direct care shifts to 6a-2p, 2p-10p and 10p-6a and a Residential Manager supervisor has been hired to assist in overseeing the homes.</p> <p>Monitoring of Corrective Action: The Program Manager will conduct random site visits to ensure that staffing ratios are in place according to the Reimbursement Guidelines for ESN homes and the new staffing schedules.</p> <p>Completion date: 08/04/13</p>				

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	<p>vertebrae and called for a cervical collar.</p> <p>Review of client A's record on 6/27/13 at 7:15 PM indicated he had a history of choking (stopped breathing and Heimlich performed) and was to be closely supervised during meals with food cut into bite sized pieces. Client A required prompts to take sips of liquids between food bites. The review indicated a Behavior Action Plan/BAP dated 5/23/13 which included methods to address physical aggression, verbal aggression, skin picking and sexually inappropriate (touching self/others) behavior.</p> <p>Client B's record review (6/27/13 at 7:00 PM) indicated a Behavior Support Plan/BSP dated 2/13/13 which included strategies for stealing, non-compliance, physical aggression, verbal aggression, property destruction and sexually inappropriate (touching others) behavior. The plan called for "enhanced supervision" defined as staff positioning themselves so they are close enough to intervene when client B was in the common areas with other clients.</p> <p>Review of facility staffing schedules (6/26/13 11:00 AM) for the nightshift 12:00 AM to 8:00 AM for the time period of 6/08 through 28/2013 indicated 2 staff were scheduled to work at the facility on</p>			

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	<p>the nightshift.</p> <p>This federal tag relates to complaint #IN00130615.</p> <p>9-3-3(a)</p>			