

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 05/20/2016
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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 annual recertification and state licensure survey.</p> <p>This survey was conducted in conjunction with the PCR (Post Certification Revisit) to the investigation of Complaint #IN00194240 completed on 3/04/16.</p> <p>Dates of Survey: May 16, 17, 18 and 20, 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 6/1/16.</p>	W 0000		
W 0149 Bldg. 00	<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</p>	W 0149		06/19/2016

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>1 additional client (D) for 1 of 5 investigations of abuse/neglect reviewed, the facility failed to ensure the facility's abuse/neglect policy was implemented.</p> <p>Findings include:</p> <p>Review of the facility's reportable incidents on 5/17/16 at 1:30 PM indicated on 5/07/16 an investigation was initiated regarding client D. Client D alleged staff #3 and #4 had yelled at him. Client D also alleged during a behavioral episode requiring YSIS (You're Safe I'm Safe/behavioral management techniques taught to all staff) staff #3 had become physically aggressive and had not implemented the YSIS appropriately. The facility's investigation completed on 5/13/16 by Quality Assurance/QA staff #1 substantiated the verbal abuse that staff "yelled" and "cursed" at client D and staff "used an inappropriate YSIS maneuver."</p> <p>Interview with QA #1 on 5/18/16 at 2:00 PM indicated the allegations were substantiated regarding staff #3 and #4 and the agency had completed their review with recommendations in regards to staff on 5/18/16. The interview confirmed the date of completion (5/13/16) of the investigation was outside of the five business days limit for</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): 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.</p> <p>How others will be identified: (Systemic): The Program Manager will meet with the QA Manager at least twice weekly to ensure that all investigations are completed and the results reported to the administrator within 5 business days.</p> <p>Measures to be put in place: All staff in the home will be in serviced on the operation standard for reporting and</p>	

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	<p>completion of investigations.</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 5/18/2016 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: 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 intervention, etc. which may result in jeopardy without qualified person notification/review."</p> <p>9-3-2(a)</p>		<p>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.</p> <p>Monitoring of Corrective: The Program Manager will meet with the QA Manager at least twice weekly to ensure that all investigations are completed and the results reported to the administrator within 5 business days.</p> <p>Completion date: 06/19/2016</p>	

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W 0156 Bldg. 00	<p>483.420(d)(4) STAFF TREATMENT OF CLIENTS The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law within five working days of the incident. Based on record review and interview for 1 additional client (D) for 1 of 5 investigations of abuse/neglect reviewed, the facility failed to ensure the results of an investigation of a substantiated allegation of staff to client abuse/neglect were reported to the administrator within five business days.</p> <p>Findings include:</p> <p>Review of the facility's reportable incidents on 5/17/16 at 1:30 PM indicated on 5/07/16 an investigation was initiated regarding client D. Client D alleged staff #3 and #4 had yelled at him. Client D also alleged during a behavioral episode requiring YSIS (You're Safe I'm Safe/behavioral management techniques taught to all staff) staff #3 had become physically aggressive and had not implemented the YSIS appropriately. The facility's investigation completed on 5/13/16 by Quality Assurance/QA staff #1 substantiated the verbal abuse that</p>	W 0156	<p>W156: The results of all investigations must be reported to the administrator or designated representative or other officials</p> <p>Corrective Action: (Specific): All staff at 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. All staff at the home will be re-trained on YSIS techniques. The QA manager will be in-serviced on completing investigations and reporting the findings to the administrator within 5 business days.</p> <p>How others will be identified: (Systemic): The Program Manager will meet with the QA Manager at least twice weekly to</p>	06/19/2016

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	<p>staff "yelled" and "cursed" at client D and staff "used an inappropriate YSIS maneuver."</p> <p>Interview with QA #1 on 5/18/16 at 2:00 PM indicated the allegations were substantiated regarding staff #3 and #4 and the agency had completed their review with recommendations in regards to staff on 5/18/16. The interview confirmed the date of completion (5/13/16) of the investigation was outside of the five business days limit for completion of investigations.</p> <p>9-3-2(a)</p>		<p>ensure that all investigations are completed and the results reported to the administrator within 5 business days.</p> <p>Measures to be put in place): All staff at 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. All staff at the home will be re-trained on YSIS techniques. The QA manager will be in-serviced on completing investigations and reporting the findings to the administrator within 5 business days.</p> <p>Monitoring of Corrective Action: The Program Manager will meet with the QA Manager at least twice weekly to ensure that all investigations are completed and the results reported to the administrator within 5 business days.</p> <p>Completion date: 6/19/2016</p>	

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W 0460 Bldg. 00	<p>483.480(a)(1) FOOD AND NUTRITION SERVICES Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. 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 ensure clients were served their total menued diet.</p> <p>Findings include:</p>	W 0460	<p>W460: Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p> <p>Corrective Action: (Specific): All staff at the home will be re-trained on Client A, B, C and</p>	06/19/2016

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	<p>1. Observations of the evening meal and its preparation were conducted on 5/16/16 from 4:00 PM until 5:30 PM. The meal of spaghetti with meat sauce, mixed vegetables and garlic bread was prepared and served by client D. Staff #1 and #5 sat with clients B, C, and D as they ate dinner. Clients were not served milk. Client D served himself large, unmeasured portions of spaghetti noodles, sauce and mixed vegetables. Client D served himself an additional amount of noodles without redirection or prompting to measure the portions of food.</p> <p>Review of the menu on 5/17/16 at 9:00 AM indicated the following menu for the evening meal that day: 1/2 cup spaghetti noodles, 3/4 cup meat sauce, 1/2 cup mixed vegetables, 1 cup garden salad with 2 tablespoons of low-fat salad dressing, 1 slice garlic bread, 1 cup skimmed milk, 1/2 cup fruit gelatin, and one teaspoon of margarine.</p> <p>2. Observations of the morning meal and its preparation were conducted on 5/17/16 from 6:00 AM until 8:30 AM. Staff #2 prepared hot oatmeal custodially for clients A and C. Staff #2 prepared oatmeal, added maple syrup and brown sugar and cooked it in the microwave. Staff placed the prepared oatmeal on the</p>		<p>D's dining plan. A schedule will be developed that will include all clients and participation in meal time tasks. All staff at the home will be in-serviced on the schedule for meal time tasks. All staff at the home will be re-trained on Client A, B, C and D's ISP and training objectives. All staff at the home will be re-trained on active treatment.</p> <p>How others will be identified: (Systemic): The Residential Manager will be at the home at least five times weekly and observe at least one meal daily to ensure that all client dining plans, physician's ordered diets; menu and training objectives are being followed. In addition, the Residential Manager will ensure that staff is following the meal time task schedule for all clients in the home and that all clients in the home are involved in mealtime tasks. The QIDP will be at the home at least twice weekly and observe at least one meal at each visit to ensure that all client dining plans, physician's ordered diets, menu and training objectives are being followed and that all clients are involved in mealtime tasks according to the</p>	

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	<p>dining room table. Clients received milk to drink. Client B refused breakfast until 7:40 AM wherein he had two slices of toast prepared custodially for him by staff #1. Staff did not give clients A and C a choice of hot/cold cereal, there were no English muffins served, and no fruit juice was offered to clients.</p> <p>Review of the menu on 5/17/16 at 9:00 AM indicated the following menu for the breakfast that day: 1/2 (one half) cup grape juice, 1/2 cup hot cereal or 3/4 (three quarters) cup cold cereal, one half English muffin, 1 cup coffee, 1 cup skimmed milk, 2 teaspoons of diet jelly, and one teaspoon of margarine.</p> <p>Review of client A's record was done on 5/17/16 at 9:45 AM. The review indicated the 5/16 Medication Administration Record/MAR which listed his diet: 1800-2000 calorie per day, 5 meals each to contain 300-500 calories, no fried food or fast food more than once a week. The diet was listed as NCS (no concentrated sweets) with portion control, seconds of vegetables only-non-starchy.</p> <p>Review of client B's record was done on 5/17/16 at 10:45 AM. The review indicated a dietary review dated 11/21/15. The diet was listed as NCS (no</p>		<p>schedule. The nurse will visit the home at least weekly and observe one meal at the visit to ensure that all client dining plans, physician ordered diets, menu and mealtime training objectives are being followed.</p> <p>Measures to be put in place): All staff at the home will be re-trained on Client A, B, C and D's dining plan. A schedule will be developed that will include all clients and participation in meal time tasks. All staff at the home will be in-serviced on the schedule for meal time tasks. All staff at the home will be re-trained on Client A, B, C and D's ISP and training objectives. All staff at the home will be re-trained on active treatment.</p> <p>Monitoring of Corrective Action: The Residential Manager will be at the home at least five times weekly and observe at least one meal daily to ensure that all client dining plans, physician's ordered diets; menu and training objectives are being followed. In addition, the Residential Manager will ensure that staff is following the meal time task</p>	

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	<p>concentrated sweets) with portion control regular diet.</p> <p>Review of client D's record on 5/17/16 at 9:25 AM and 3:15 PM indicated he received a regular diet. The record indicated client D's 11/21/15 dietary assessment which indicated his weight range was 155-189 pounds. His current weight was 211.8 pounds and he was to receive a regular diet.</p> <p>Interview with staff #2 on 5/17/16 at 7:30 AM indicated he prepared hot oatmeal with maple flavored syrup and brown sugar for clients A, C and D for breakfast.</p> <p>9-3-8(a)</p>		<p>schedule for all clients in the home and that all clients in the home are involved in mealtime tasks. The QIDP will be at the home at least twice weekly and observe at least one meal at each visit to ensure that all client dining plans, physician's ordered diets, menu and training objectives are being followed and that all clients are involved in mealtime tasks according to the schedule. The nurse will visit the home at least weekly and observe one meal at the visit to ensure that all client dining plans, physician ordered diets; menu and mealtime training objectives are being followed.</p> <p>Completion date: 6/19/2016</p>	

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W 0488 Bldg. 00	<p>483.480(d)(4) DINING AREAS AND SERVICE</p> <p>The facility must assure that each client eats in a manner consistent with his or her developmental level.</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 ensure clients were involved in mealtime tasks to the extent of their capabilities.</p> <p>Findings include:</p> <p>Observations of the morning meal and its preparation were conducted on 5/17/16 from 6:00 AM until 8:30 AM. Staff #2 prepared hot oatmeal custodially for clients A and C. Staff #2 prepared oatmeal, added maple syrup and brown sugar and cooked it in the microwave. Staff placed the prepared oatmeal on the dining room table. Clients received milk to drink. Client B refused breakfast until 7:40 AM wherein he had two slices of toast prepared custodially for him by staff #1. Staff did not give clients A and C a choice of hot/cold cereal, there were no English muffins served, and no fruit juice was offered to clients.</p> <p>Review of client B's record was done on 5/17/16 at 10:45 AM. The review indicated an ISP/Individual Support Plan dated 11/13/15. The ISP contained an</p>	W 0488	<p>W488: The facility must assure that each client eats in a manner consistent with his or her development level.</p> <p>Corrective Action: (Specific): All staff at the home will be re-trained on Client A, B, C and D's dining plan. A schedule will be developed that will include all clients and participation in meal time tasks. All staff at the home will be in-serviced on the schedule for meal time tasks. All staff at the home will be re-trained on Client A, B, C and D's ISP and training objectives. All staff at the home will be re-trained on active treatment.</p> <p>How others will be identified: (Systemic): The Residential Manager will be at the home at least five times weekly and observe at least one meal daily to ensure that all client dining plans, physician's ordered diets; menu and training objectives are being</p>	06/19/2016			

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	<p>objective to make healthy mealtime choices and serve appropriate portions of food.</p> <p>Review of client D's record on 5/17/16 at 9:25 AM and 3:15 PM indicated an ISP dated 11/13/15. The ISP indicated a training objective to take appropriate portions of food.</p> <p>Interview with staff #2 on 5/17/16 at 7:30 AM indicated he assisted clients in the morning by fixing breakfast for them due to the need to go to workshop on time.</p> <p>9-3-8(a)</p>		<p>followed. In addition, the Residential Manager will ensure that staff is following the meal time task schedule for all clients in the home and that all clients in the home are involved in mealtime tasks. The QIDP will be at the home at least twice weekly and observe at least one meal at each visit to ensure that all client dining plans, physician's ordered diets, menu and training objectives are being followed and that all clients are involved in mealtime tasks according to the schedule. The nurse will visit the home at least weekly and observe one meal at the visit to ensure that all client dining plans, physician ordered diets, menu and mealtime training objectives are being followed.</p> <p>Measures to be put in place): All staff at the home will be re-trained on Client A, B, C and D's dining plan. A schedule will be developed that will include all clients and participation in meal time tasks. All staff at the home will be in-serviced on the schedule for meal time tasks. All staff at the home will be re-trained on Client A, B, C and D's ISP and training objectives.</p>	

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			<p>All staff at the home will be re-trained on active treatment.</p> <p>Monitoring of Corrective Action: The Residential Manager will be at the home at least five times weekly and observe at least one meal daily to ensure that all client dining plans, physician's ordered diets; menu and training objectives are being followed. In addition, the Residential Manager will ensure that staff is following the meal time task schedule for all clients in the home and that all clients in the home are involved in mealtime tasks. The QIDP will be at the home at least twice weekly and observe at least one meal at each visit to ensure that all client dining plans, physician's ordered diets, menu and training objectives are being followed and that all clients are involved in mealtime tasks according to the schedule. The nurse will visit the home at least weekly and observe one meal at the visit to ensure that all client dining plans, physician ordered diets; menu and mealtime training objectives are being followed.</p>	

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