

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 04/08/2013
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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
W000000	<p>This visit was for an extended (Client Protections) recertification and state licensure survey.</p> <p>Dates of Survey: 3/26, 3/27, 3/28 and 4/8/13</p> <p>Provider Number: 15G746 Facility Number: 011664 AIM Number: 200902010</p> <p>Surveyor: Paula Chika, Medical Surveyor III-Team Leader</p> <p>The following deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed April 19, 2013 by Dotty Walton, Medical Surveyor III.</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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W000104	<p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on interview and record review for 1 additional client (#3), the governing body failed to exercise general policy, budget and operation direction over the facility to ensure the facility replaced a client's missing Ipad (iPad) (computer).</p> <p>Findings include:</p> <p>The facility's reportable incident reports, facility's incident reports and/or investigations (from 3/12 to 3/13) were reviewed on 3/26/13 at 1:35 PM. The facility's 5/2/12 reportable incident report indicated "Staff reported that [client #3's] Ipad is missing. Staff have thoroughly checked the house and they are unable to locate it. QA (Quality Assurance) to investigate."</p> <p>The facility's 5/29/12 follow-up report indicated "...QA conducted a thorough investigation regarding the missing Ipad. How the Ipad went missing and where it may be could not be determined. ResCare replaced [client #3's] Ipad."</p> <p>The facility's 5/9/12 incident Investigation Review indicated on 4/27/12 client #3's Ipad was reported missing. The</p>	W000104	<p>W104: Governing Body</p> <p>The governing body must exercise general policy, budget and operating direction over the facility.</p> <p>Corrective Action: (Specific): The Residential Manager, direct care staff and Quality Assurance department will be in-serviced on the Abuse, Neglect and Exploitation Policy and Procedure and the Incident reporting guidelines. The Quality Assurance department will be retrained on the guidelines for completing investigations. Client's IPAD was replaced.</p> <p>How Others Will Be Identified: (Systemic): The Residential Manager, direct care staff and Quality Assurance department will be in-serviced on the Abuse, Neglect and Exploitation Policy and Procedure and the Incident reporting guidelines. The Quality Assurance department will be retrained on the guidelines for completing investigations.</p> <p>Measures to be Put in Place: The Residential Manager, direct care staff and the Quality Assurance department will be in-serviced on the Abuse, Neglect and Exploitation Policy and Procedure and the Incident reporting guidelines. The Quality Assurance department will be</p>	05/08/2013			

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	<p>investigation indicated the police were notified on 4/27/12 and the police indicated an investigation would be started. The facility's 5/9/12 investigation indicated "...It is the operation's policy that all police investigations are to be completed prior to initiation of an internal investigation. It is the conclusion of the investigation committee that [client #3] has misplaced the iPad and QA is not able to find out the location of the iPad or how it went missing." The facility's 5/9/12 investigation indicated "It is the recommendations of the investigation committee that ResCare replace the iPad...In addition, the iPad will accounted for each and the new iPad will have a tracking Application installed (sic)."</p> <p>Interview with staff #6 on 3/27/13 at 6:40 AM indicated client #3 no longer had an iPad. Staff #6 indicated client #3 used the iPad to communicate to others but he broke the iPad by throwing it.</p> <p>Interview with the OM (Operations Manager) on 3/28/13 at 10:40 AM indicated they thought client #3's iPad was destroyed by the client as the client did not currently have an iPad. When shown the investigation, the OM indicated she could see how it appeared confusing. The OM did not provide any additional information and/or proof client</p>		<p>retrained on the guidelines for completing investigations. All incident reports will be completed when an incident occurs and the QA department will be responsible for monitoring incident reports and completing investigations per policy.</p> <p>Monitoring of Corrective Action: The Executive Director reviews all investigations to ensure that all allegations of abuse, neglect (which includes clients missing personal property) are thoroughly investigated.</p> <p>Completion Date: May 8, 2013</p>				

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	#3's iPad was replaced. 9-3-1(a)				

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W000125	<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 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 (#1 and #2), and for 2 additional clients (#3 and #4), the facility failed to allow clients to have access to snacks used for the clients' lunches.</p> <p>Findings include:</p> <p>During the 3/27/13 observation period between 5:50 AM and 9:05 AM, at the group home, client #2 went to the office area to ask staff for peanut butter crackers to put in his lunch. The Program Coordinator retrieved 2 packs of crackers from a locked cabinet in the office and handed them to the client. Client #2 carried the crackers back to the kitchen and put the crackers in his lunch box.</p> <p>Client #2's record was reviewed on 3/27/13 at 2:15 PM. Client #2's 5/14/12 Individual Support Plan (ISP) and/or 5/8/12 Behavior Action Plan (BAP) did not indicate the client had a need to have food and/or snacks locked. Client #2's 5/14/12 ISP and/or 5/8/12 BAP indicated</p>	W000125	<p>W125: Protection of Clients Rights The facility must ensure the rights of all clients. Therefore the facility must allow and encourage individual clients to exercise their rights as client of the facility and as citizens of the United States including the right to file complaints and the right to due process Corrective Action: (Specific): The Residential Manager (RM) and all direct care staff will be retrained on Client Rights and Responsibilities and the ResCare Abuse, Neglect and Exploitation policy. Clients shall have access to all personal possessions unless there is HRC approval in place for the client in order to restrict access to items from the client in order to ensure the welfare of the client. Staff will be re-trained on clients individual dining plans and clients will be prompted to follow diet plans throughout the day. The IDT will meet to determine if each individual client should have restrictions to any personal possessions and if so then obtain HRC approval for restrictions.</p> <p>How Others Will Be Identified: (Systemic): The Residential</p>	05/08/2013			

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	<p>the facility's Human Rights Committee (HRC) had not reviewed the facility's restrictive practice of locking snacks/food.</p> <p>Client #1's record was reviewed on 3/27/13 at 4:10 PM. Client #1's 1/25/13 ISP and/or 9/19/12 Behavior Support Plan (BSP) did not indicate the client had a need to have food and/or snacks locked. Client #1's 1/25/13 ISP and/or 9/19/12 BSP indicated the facility's HRC had not reviewed the facility's restrictive practice of locking snacks/food.</p> <p>Interview with the staff #6 on 3/27/13 at 8:50 AM indicated he did not know why the snacks were locked. Staff #6 indicated clients did not have keys to the cabinet.</p> <p>Interview with the Operations Manager (OM) on 3/28/13 at 10:40 AM indicated the snacks were locked at the group home. The OM indicated clients #1, #2, #3 and #4 did not have access to the snacks unless they asked staff. The OM stated "Some are locked due to portion control and no concentrated sweet diets."</p> <p>9-3-2(a)</p>		<p>Manager (RM) and all direct care staff will be retrained on Client Rights and Responsibilities and the ResCare Abuse, Neglect and Exploitation policy. Clients shall have access to all personal possessions unless there is HRC approval in place for the client in order to restrict access to items from the client in order to ensure the welfare of the client.</p> <p>Measures to be Put in Place: The Residential Manager will complete monthly observations to ensure that clients have access to personal belongings. The RM will review the HRC approved rights restrictions for each individual client to ensure that rights are as least restrictive as possible. The RM will participate in quarterly HRC meetings to review each clients individual restrictive measures. Monitoring of Corrective Action: The Residential Manager will complete monthly observations to ensure that clients have access to personal belongings. The RM will review the HRC approved rights restrictions for each individual client to ensure that rights are as least restrictive as possible. The RM will participate in quarterly HRC meetings to review each clients individual restrictive measures. The QMRP will monitor on a monthly basis to ensure that clients have access to personal items, HRC documentation and IDT's will be reviewed to ensure that there are</p>				

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			plans in place to remove restriction of rights as client meets criteria. Completion Date: May 8, 2013		

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W000126	<p>483.420(a)(4) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow individual clients to manage their financial affairs and teach them to do so to the extent of their capabilities.</p> <p>Based on observation, interview and record review for 1 of 2 sampled clients (#2) and for 1 additional client (#4), the facility failed to encourage each client to carry their own money on a community outing.</p> <p>Findings include:</p> <p>During the 3/26/13 observation period between 4:30 PM and 6:40 PM, at the group home, clients #1, #2 and #4 went to a park and to a restaurant in the community on an outing. When the clients arrived at the restaurant, staff #2 and #7 asked the clients to sit at the back of the restaurant. Staff #2 then took clients #2 and #4 up to order their food one at a time while staff #7 stayed with the other clients. Clients #2 and #4 were not allowed to carry money on them as staff #2 had the clients' money and handed it to the clients to hand to the cashier. Although staff #2 asked the clients if they had enough money to pay the cashier, the staff did not allow/teach the clients to carry their own money and/or gift card. Once the clients paid for</p>	W000126	<p>W126: Protection of Clients Rights The facility must ensure the rights of all clients. Therefore the facility must allow individual clients to manage their financial affairs and teach them to do so to the extent of their capabilities.</p> <p>Corrective Action: (Specific): The Residential Manager (RM) and all direct care staff will be retrained on (1) Client Rights and Responsibilities, (2) the ResCare Abuse, Neglect and Exploitation policy, (3) Client's individual ISP's including financial goal and (4) Active Treatment, including teaching clients to maintain their own money. Clients shall have access to all personal possessions unless there is HRC approval in place for the client in order to restrict access to items from the client in order to ensure the welfare of the client. A financial assessment will be completed for each client and the IDT will meet to determine if each individual client should have restrictions to any personal possessions and if so then obtain HRC approval for restrictions.</p> <p>How Others Will Be Identified: (Systemic): The Residential Manager (RM) and all direct care</p>	05/08/2013			

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	<p>their food, the change was returned to staff #2. Client #1 did not have any money as staff #7 purchased the client's food/meal with staff's money.</p> <p>Client #2's record was reviewed on 3/27/13 at 2:15 PM. Client #2's 5/14/12 Individual Support Plan indicated the client had an objective to pay for a purchase.</p> <p>Interview with the Operations Manager (OM) on 3/28/13 at 10:40 AM indicated clients #2 and #4 should have been allowed to carry their own money on the community outing.</p> <p>9-3-2(a)</p>		<p>staff will be retrained on (1) Client Rights and Responsibilities, (2) the ResCare Abuse, Neglect and Exploitation policy, (3) Client's individual ISP's including financial goal and (4) Active Treatment, including teaching clients to maintain their own money. Clients shall have access to all personal possessions unless there is HRC approval in place for the client in order to restrict access to items from the client in order to ensure the welfare of the client. A financial assessment will be completed for each client and the IDT will meet to determine if each individual client should have restrictions to any personal possessions and if so then obtain HRC approval for restrictions.</p> <p>Measures to be Put in Place: A financial assessment will be completed for each client and the IDT will meet to determine if each individual client should have restrictions to any personal possessions and if so then obtain HRC approval for restrictions. The Residential Manager will complete monthly observations to ensure that clients have access to personal belongings and staff are teaching clients financial management skills according to the client's ISP. The RM will review the HRC approved rights restrictions for each individual client to ensure that rights are as least restrictive as possible. The RM will participate in quarterly</p>		

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			<p>HRC meetings to review each client's individual restrictive measures.</p> <p>Monitoring of Corrective Action: The Residential Manager will complete monthly observations to ensure that clients have access to personal belongings. The RM will review the HRC approved rights restrictions for each individual client to ensure that rights are as least restrictive as possible. The RM will participate in quarterly HRC meetings to review each clients individual restrictive measures. The QMRP will monitor on a monthly basis to ensure that clients have access to personal items, HRC documentation and IDT's will be reviewed to ensure that there are plans in place to remove restriction of rights as client meets criteria.</p> <p>Completion Date: May 8, 2013</p>	

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W000136	<p>483.420(a)(11) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the opportunity to participate in social, religious, and community group activities.</p> <p>Based on interview and record review for 1 of 2 sampled clients (#1), the facility failed to allow/encourage the client to attend a church of his choice.</p> <p>Findings include:</p> <p>Interview with client #1 on 3/27/13 at 7:07 AM indicated client #1 used to go to church prior to coming to the group home. Client #1 indicated he would like to attend an African American Baptist Church as before. Client #1 indicated he had not been to church since he was admitted to the group home in 9/25/12.</p> <p>Client #1's record was reviewed on 3/27/13 at 4:10 PM. Client #1's 5/14/12 Individual Support Plan (ISP) did not indicate the client attended church.</p> <p>Interview with staff #3 on 3/27/13 at 6:00 AM indicated no clients attended church at the group home. Staff #3 indicated no clients had indicated they wanted to attend church.</p> <p>Interview with the Operations Manager</p>	W000136	<p>W136: Protection of Clients Rights The facility must ensure the rights of all clients. Therefore the facility must ensure that clients have the opportunity to participate in social, religious and community group activities.</p> <p>Corrective Action: (Specific): The Residential Manager (RM) and all direct care staff will be retrained on (1) Client Rights and Responsibilities, (2) the ResCare Abuse, Neglect and Exploitation policy, (3) Client's individual ISP's including community access goal and (4) Active Treatment, including teaching clients to express their wants in regards to participating in social, religious and community group activities. Team met with client to review religious and community access wants. Client is currently being assisted with finding a church that he would like to attend.</p> <p>How Others Will Be Identified: (Systemic): The Residential Manager (RM) and all direct care staff will be retrained on (1) Client Rights and Responsibilities, (2) the ResCare Abuse, Neglect and Exploitation policy, (3) Client's individual ISP's including community access goal and (4)</p>	05/08/2013			

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	(OM) on 3/28/13 at 10:40 AM indicated clients are encouraged to go to church if they would like to. The OM was not aware client #1 wanted to attend church. 9-3-2(a)		Active Treatment, including teaching clients to express their wants in regards to participating in social, religious and community group activities. Each client's IDT will meet to complete community access assessments for the client and engage the client in a conversation to see what additional activities client would like to participate in, in the community. On an ongoing basis the site will have a monthly house meeting where clients will be prompted to express what community activities they would like to participate in and the RM will ensure that these are added to client's activity schedule. Measures to be Put in Place: Each client's IDT will meet to complete community access assessments for the client and engage the client in a conversation to see what additional activities client would like to participate in, in the community. On an ongoing basis the site will have a monthly house meeting where clients will be prompted to express what community activities they would like to participate in and the RM will ensure that these are added to client's activity schedule. The Residential Manager will complete monthly observations to ensure that clients have access to preferred community activities. On an ongoing basis the site will have a monthly house meeting		

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			<p>where clients will be prompted to express what community activities they would like to participate in and the RM will ensure that these are added to client's activity schedule.</p> <p>Monitoring of Corrective Action: The Residential Manager will complete monthly observations to ensure that clients have access to preferred community activities. On an ongoing basis the site will have a monthly house meeting where clients will be prompted to express what community activities they would like to participate in and the RM will ensure that these are added to client's activity schedule. Through the review of client interviews, observation forms and monthly house meeting minutes the QMRP will monitor on a monthly basis to ensure that clients have access to preferred community activities.</p> <p>Completion Date: May 8, 2013</p>		

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W000137	<p>483.420(a)(12) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing.</p> <p>Based on observation, interview and record review for 2 of 2 sampled clients (#1 and #2) and for 2 additional clients (#3 and #4), the facility failed to ensure the clients had access to their personal hygiene supplies/kits.</p> <p>Findings include:</p> <p>During the 3/27/13 observation period between 5:50 AM and 9:05 AM, at the group home, the Program Coordinator (PC) assisted client #4 to shower. Once client #4's shower was done, client #4's hygiene supply kit was taken to the staff's office and placed into a cabinet with a pad lock and locked inside.</p> <p>Interview with staff #6 on 3/27/13 at 8:50 AM indicated clients #1, #2, #3 and #4's personal hygiene kits were locked. Staff #6 indicated the clients' hygiene kits were kept in a locked cabinet in the office. When asked why, staff #6 stated "Due to behaviors of clients." Staff #6 indicated clients #1, #2, #3 and #4 did not have keys to the locked cabinet.</p>	W000137	<p>W137: Protection of Clients Rights The facility must ensure the rights of all clients. Therefore the facility must ensure that clients have the rights to retain and use appropriate personal possessions and clothing.</p> <p>Corrective Action: (Specific): The Residential Manager (RM) and all direct care staff will be retrained on (1) Client Rights and Responsibilities, (2) the ResCare Abuse, Neglect and Exploitation policy, (3) Client's individual ISP's including personal hygiene goal and (4) Active Treatment, including teaching clients to maintain their own their own hygiene items. Clients shall have access to all personal possessions unless there is HRC approval in place for the client in order to restrict access to items from the client in order to ensure the welfare of the client. The IDT will meet to determine if each individual client should have restrictions to any personal possessions and if so then obtain HRC approval for restrictions.</p> <p>How Others Will Be Identified: (Systemic): The Residential Manager (RM) and all direct care staff will be retrained on Client</p>	05/08/2013			

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 04/08/2013
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	<p>Client #2's record was reviewed on 3/27/13 at 2:15 PM. Client #2's 5/14/12 Individual Support Plan (ISP) did not indicate the client had a need to have his personal hygiene supplies/kits locked. Client #2's ISP and/or 5/8/12 Behavior Action Plan indicated the facility's Human Rights Committee (HRC) had not reviewed the facility's restrictive practice.</p> <p>Client #1's record was reviewed on 3/27/13 at 4:10 PM. Client #1's 1/25/13 ISP did not indicate the client had a need to have his personal hygiene supplies/kits locked. Client #1's ISP and/or 9/19/12 Behavior Support Plan indicated the facility's HRC had not reviewed the facility's restrictive practice.</p> <p>Interview with The Operations Manager (OM) on 3/28/13 at 10:40 AM stated, "We basically lock them up to have for showers to know they are taking showers and not leaving in the bathrooms (sic)." The OM indicated client #1, #2, #3 and #4's ISPs did not indicate the clients had a need to have their hygiene supplies/kits locked. The OM indicated the facility's HRC had not reviewed the restrictive practice.</p> <p>9-3-2(a)</p>		<p>Rights and Responsibilities and the ResCare Abuse, Neglect and Exploitation policy. Clients shall have access to all personal possessions unless there is HRC approval in place for the client in order to restrict access to items from the client in order to ensure the welfare of the client.</p> <p>Measures to be Put in Place: The Residential Manager will complete monthly observations to ensure that clients have access to personal belongings. The RM will review the HRC approved rights restrictions for each individual client to ensure that rights are as least restrictive as possible. The RM will participate in quarterly HRC meetings to review each clients individual restrictive measures.</p> <p>Monitoring of Corrective Action: The Residential Manager will complete monthly observations to ensure that clients have access to personal belongings. The RM will review the HRC approved rights restrictions for each individual client to ensure that rights are as least restrictive as possible. The RM will participate in quarterly HRC meetings to review each clients individual restrictive measures. The QMRP will monitor on a monthly basis to ensure that clients have access to personal items, HRC documentation and IDT's will be reviewed to ensure that there are plans in place to remove</p>	

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 04/08/2013
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			restriction of rights as client meets criteria. Completion Date: May 8, 2013	

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 04/08/2013	
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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, interview and record review for 2 of 2 sampled client (#2) and for 2 additional client (#3 and #4), the facility failed to implement its policy and procedures to prevent exploitation/mistreatment of clients in regard to stolen TVs. The facility failed to implement its policy and procedures to conduct thorough investigations in regard to client to client aggression/abuse, elopement incidents, a missing I-Pad and in regard to a staff to client allegation of abuse for clients #1, #2, #3 and #4. The facility failed to implement its policy and procedures to report all allegations of neglect and/or abuse to Bureau of Developmental Disabilities Services (BDDS) and/or to other state officials for clients #1, #2 and #4.</p> <p>Findings include:</p> <p>1. The facility's reportable incident reports, facility's incident reports and/or investigations (from 3/12 to 3/13) were reviewed on 3/26/13 at 1:35 PM. The facility's 3/13/13 incident report indicated "Staff was cleaning the office and was moving stuff around. Staff TV boxes felt light and realized there were no TVs in</p>	W000149	<p>W 149: Staff Treatment of Clients The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Corrective Action: (Specific): The Residential Manager and direct care staff will be in-serviced on the Abuse, Neglect and Exploitation Policy and Procedure; Incident Reporting and completing financial audits. The Quality Assurance department will be retrained on the Abuse, Neglect, and Exploitation policy, reporting incidents to BDDS per policy and completing through investigations per policy. The monies that the clients paid for cable (service which was not used) has been repaid to them. The televisions which the client's paid for have been replaced. How others will be identified: (Systemic): The Residential Manager will review all individuals financial records and ensure that clients are paying only for services that they are receiving and not for services they are not receiving and not for services for which is the financial responsibility of ResCare. The Residential Manager will ensure</p>	05/08/2013			

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	<p>boxes. Staff don't know what happened to TVs. The TVs were purchased last summer 2012 to be put up. TV size is 22 inches and they were LED and brand was Westinghouse." The 3/13/13 incident report indicated "Consumers involved" were clients #2 and #4. The facility's 3/13/13 reportable incident report indicated the PC (Program Coordinator) filled out the report. The facility's incident report and/or review of the facility's reportable incident reports indicated the facility did not report the allegation of abuse/exploitation of client #2 and #4's TVs to BDDS and/or other state officials. The facility's reportable incident reports and/or investigations indicated the facility did not conduct an investigation in regard to the missing TVs.</p> <p>During the 3/27/13 observation period at the group home between 5:50 AM and 9:05 AM, and the 3/28/13 observation period between 9:50 AM and 10:00 AM at the group home, client #4 did not have a TV set in his bedroom. Client #2 had an old model TV set which had dust on the top and face of the TV.</p> <p>Interview with staff #4 on 3/27/13 at 6:51 AM indicated client #3 was the only client in the group home who had a TV. Staff #4 stated client #2 "had a TV but the</p>		<p>that on a monthly basis that all financial records are reviewed for each individual client.</p> <p>Measures to be put in place: The Residential Manager and direct care staff will be in-serviced on the Abuse, Neglect and Exploitation Policy and Procedure; Incident Reporting and completing financial audits. The Quality Assurance department will be retrained on the Abuse, Neglect, and Exploitation policy, reporting incidents to BDDS per policy and completing through investigations per policy. The Residential Manager will review all individuals financial records and ensure that clients are paying only for services that they are receiving and not for services they are not receiving and not for services for which is the financial responsibility of ResCare.</p> <p>Monitoring of Corrective Action: The Residential Manager will ensure that on a monthly basis that all financial records are reviewed for each individual client. The Operations Manager will conduct site observations to ensure that financial audits are being completed and are accurate.</p> <p>Completion Date: May 8, 2013</p>				

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 04/08/2013
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	<p>TV did not work."</p> <p>Client #2's financial records were reviewed on 3/27/13 at 12 noon. Client #2's Resident Fund Management Service (RFMS) Statement from 4/1/12 to 3/31/13 indicated on 7/25/12 client #2 withdrew \$400.00 for TV, clothes and Mattress. Client #2's 8/6/12 receipt indicated client #2 purchased a 22 inch LED Westinghouse TV on 8/6/12 for \$171.19. Client #2's RFMS statement indicated the facility withdrew \$6.42/monthly from client #2's account to pay for cable on 4/11/12, 5/9/12, 8/6/12, 9/12/12, 10/11/12, 11/13/12, 12/18/12, 1/17/13 and on 2/12/13 during which time the client did not have a TV/working TV to view cable/broadcast networks.</p> <p>Client #4's financial records were reviewed on 3/27/13 at 12 noon. Client #4's RFMS Statement indicated client #4 withdrew \$300.00 for clothes and a TV on 7/25/12. Client #4's 8/1/12 receipt indicated client #4 purchased a 22 inch LED Westinghouse TV on 8/1/13 for 171.19. Client #4's RFMS statement indicated client #4 had been paying for \$6.42 a month for cable to a TV he did not have on 8/6/12, 11/13/12, 12/18/12, 1/17/13 and on 2/12/12.</p> <p>Interview with administrative staff #3 on</p>			

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	<p>3/27/13 at 11:50 AM indicated clients #2 and #4 paid \$6.42 a month for cable in their bedrooms. Administrative staff #3 indicated she was not aware clients #2 and #4 did not have a working TV and/or a TV in their bedrooms. Administrative staff #3 indicated she thought client #4 had a TV in the past.</p> <p>Interview with The Operations Manager (OM) on 3/28/13 at 10:40 AM indicated she was aware of the 3/13/13 incident report. The OM indicated the facility had not reported the missing/theft of TVs and/or initiated an investigation into client #2 and #4's TVs as the OM thought Res-Care had purchased the TVs for the clients' bedrooms. The OM indicated the facility would start an investigation into the 3/13/13 incident on 3/28/13. The OM indicated she thought clients #2 and #4 had TVs in their bedrooms and cable. The OM did not know why the TVs, purchased in 8/12, were in the office and not in the clients' bedrooms as of 3/13. The OM indicated the facility should not have been charging the clients for cable when they did not have a TV and/or a working TV to watch/view. The OM indicated the facility would need to reimburse clients #2 and #4 for the amount they paid for cable TV and the purchase of TVs in 8/12.</p>			

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 04/08/2013
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	<p>The facility's policy and procedures were reviewed on 3/26/13 at 1:25 PM. The facility's 7/2/12 revised policy entitled Abuse/Neglect/Exploitation Policy and Procedure indicated "...All allegations or occurrences of abuse, neglect and/or exploitation shall be reported and thoroughly investigated. Community Alternatives South East prohibits abuse, neglect and/or exploitation...." The 7/2/12 policy indicated exploitation was defined as "...1. An act that deprives an individual of real or personal property by fraudulent or illegal means...."</p> <p>2. The facility's policy and procedures were reviewed on 3/26/13 1:25 PM. The facility's 7/2/12 revised policy entitled Abuse/Neglect/Exploitation Policy and Procedure indicated "...All allegations or occurrences of abuse, neglect and/or exploitation shall be reported and thoroughly investigated. The policy indicated "...3. The QA (Quality Assurance) Director will report the suspected abuse, neglect and/or exploitation within 24 hours to the appropriate contacts, which may include:</p> <p>A. Local Law Enforcement Authority (as applicable) B. Adult or Child Protective Services (as applicable)...</p> <p>F. Bureau of Developmental Disabilities Services (BDDS) (as applicable)</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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	<p>G. Division of Disability, Aging and Rehabilitative Services (DDARS) (as applicable)</p> <p>4. The QA Director will assign an investigative team and a thorough investigation will be completed...."</p> <p>The facility failed to report all allegations in regard to missing TVs and a client having possession of a bottle of sleeping pills, some of which he allegedly took, to DDARS/BDDS per 460 IAC 9-3-1 (b) (5) and to Adult Protective Services per IC 12-10-3 for clients #1, #2 and #4. Please see W153.</p> <p>The facility failed to conduct a thorough investigation in regard to client to client abuse/aggression, elopement incidents, missing TVs, a missing I-Pad, and in regard to an allegation of staff to client abuse for clients #1, #2, #3 and #4. Please see W154.</p> <p>9-3-2(a)</p>			

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 04/08/2013	
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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W000153	<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 observation, interview and record review for 3 of 10 allegations of neglect and abuse reviewed, the facility failed to report all allegations in regard to missing TVs and a client having possession of a bottle of sleeping pills, some of which he allegedly took, to the Division of Disability, Aging and Rehabilitative Services (DDARS)/BDDS (Bureau of Developmental Disabilities Services) per 460 IAC 9-3-1 (b) (5) and to Adult Protective Services (APS) per IC 12-10-3 for clients #1, #2 and #4.</p> <p>Findings include:</p> <p>1. The facility's reportable incident reports, facility's incident reports and/or investigations (from 3/12 to 3/13) were reviewed on 3/26/13 at 1:35 PM. The facility's 3/13/13 incident report indicated "Staff was cleaning the office and was moving stuff around. Staff (sic) TV boxes felt light and realized there were no TVs in boxes. Staff don't know what happened to TVs. The TVs were purchased last summer 2012 to be put up.</p>	W000153	<p>W153 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 stabilized procedures. Corrective Action: (Specific): The Residential Manager and direct care staff will be in-serviced on the Abuse, Neglect and Exploitation Policy and Procedure; Incident Reporting , active treatment and each client's individual ISP including their cleaning goal. The Quality Assurance department will be retrained on the Abuse, Neglect, and Exploitation policy, reporting incidents to external agencies per policy, and completing through investigations per policy. The televisions which the client's paid for have been replaced. How others will be identified: (Systemic): The Residential Manager and direct care staff will be in-serviced on the Abuse, Neglect and Exploitation Policy and Procedure; Incident Reporting , active treatment and</p>	05/08/2013			

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 04/08/2013	
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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	<p>TV size is 22 inches and they were LED and brand was Westinghouse." The 3/13/13 incident report indicated "Consumers involved" were clients #2 and #4. The facility's 3/13/13 reportable incident report indicated the PC (Program Coordinator) filled out the report. The facility's incident report and/or review of the facility's reportable incident reports indicated the facility did not report the allegation of abuse/exploitation of client #2 and #4's missing TVs to BDDS and/or other state officials.</p> <p>During the 3/27/13 observation period at the group home between 5:50 AM and 9:05 AM, and the 3/28/13 observation period between 9:50 AM and 10:00 AM at the group home, client #4 did not have a TV set in his bedroom. Client #2 had an old model TV set which had dust on the top and face of the TV.</p> <p>Interview with staff #4 on 3/27/13 at 6:51 AM indicated client #3 was the only client in the group home who had a TV. Staff #4 indicated client #2 had a TV but the TV did not work.</p> <p>Client #2's financial records were reviewed on 3/27/13 at 12 noon. Client #2's Resident Fund Management Service (RFMS) Statement from 4/1/12 to 3/31/13 indicated on 7/25/12 client #2 withdrew</p>		<p>each client's individual ISP including their cleaning goal. The Quality Assurance department will be retrained on the Abuse, Neglect, and Exploitation policy, reporting incidents to external agencies per policy, and completing through investigations per policy.</p> <p>Measures to be put in place: The Residential Manager and direct care staff will be in-serviced on the Abuse, Neglect and Exploitation Policy and Procedure; Incident Reporting , active treatment and each client's individual ISP including their cleaning goal. The Residential Manager will create specific active treatment schedules for the clients. The Quality Assurance department will be retrained on the Abuse, Neglect, and Exploitation policy, reporting incidents to external agencies per policy, and completing through investigations per policy.</p> <p>Monitoring of Corrective Action: The Operations manager will complete monthly site observations to ensure that staff are implementing active treatment and each client's individual ISP goals. The Executive Director reviews all investigations to ensure that all allegations of abuse, neglect (which includes clients missing personal property and medication concerns) are thoroughly investigated.</p> <p>Completion Date: May 8, 2013</p>				

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 04/08/2013	
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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	<p>\$400.00 for TV, clothes and Mattress. Client #2's 8/6/12 receipt indicated client #2 purchased a 22 inch LED Westinghouse TV on 8/6/12 for \$171.19.</p> <p>Client #4's financial records were reviewed on 3/27/13 at 12 noon. Client #4's RFMS Statement indicated client #4 withdrew \$300.00 for clothes and a TV on 7/25/12. Client #4's 8/1/12 receipt indicated client #4 purchased a 22 inch LED Westinghouse TV on 8/1/13 for 171.19.</p> <p>Interview with administrative staff #3 on 3/27/13 at 11:50 AM indicated she was not aware clients #2 and #4 did not have a working TV and/or a TV in their bedroom. Administrative staff #3 indicated she thought client #4 had a TV in the past.</p> <p>Interview with The Operations Manager (OM) on 3/28/13 at 10:40 AM indicated she was aware of the 3/13/13 incident report. The OM indicated the facility had not reported the theft and/or initiated an investigation into the theft of client #2 and #4's TVs as the OM thought Res-Care had purchased the TVs for the clients' bedrooms.</p> <p>2. The facility's reportable incident reports, facility's incident reports and/or</p>						

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 04/08/2013
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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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	<p>investigations (from 3/12 to 3/13) were reviewed on 3/26/13 at 1:35 PM. The facility's 12/10/12 incident report indicated "[Staff #3] reported to [Operation Manager] that consumer [client #1] had a bottle of Melatonin (sleeping) pills. [OM] spoke with [client #1]. [Client #1] reported that he had taken 8 Melatonin pills. Nurse notified. Pharmacy was contacted regarding the pills (Melatonin) [client #1] took. He will experience sleepiness but no other side effects. Staff will continue to monitor."</p> <p>The facility's reportable incident reports did not indicate the facility reported the allegation of possible neglect to state officials.</p> <p>Interview with the OM on 3/28/13 at 10:40 AM indicated the 12/10/12 incident involving client #1 was not reported to BDDS.</p> <p>9-3-2(a)</p>			

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 04/08/2013
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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W000154	<p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on observation, interview and record review for 10 of 10 allegations of neglect and/or abuse reviewed, the facility failed to conduct thorough investigations in regard to client to client abuse/aggression, elopement incidents, missing TVs, a missing I-Pad, and in regard to an allegation of staff to client abuse for clients #1, #2, #3 and #4.</p> <p>Findings include:</p> <p>1. The facility's reportable incident reports, facility's incident reports and/or investigations (from 3/12 to 3/13) were reviewed on 3/26/13 at 1:35 PM. The facility's 2/13/13 reportable incident report indicated "It was reported to QA (Quality Assurance) that a staff member used an inappropriate YSIS (You're Safe I'm Safe) maneuver with [client #4]. The staff in question has been placed on administrative leave pending a QA investigation."</p> <p>The facility's 2/13/13 incident report indicated "[Staff #2] was playing around with [client #4]. [Staff #4] reported to PC (Program Coordinator) that [client #1] said that [staff #2] had pushed client</p>	W000154	<p>W154 Staff Treatment of Client The facility must have evidence that all alleged violations are thoroughly investigated</p> <p>Corrective Action: (Specific) The Quality Assurance Team will be retrained that all allegations of abuse, neglect (which includes medication issues and client's missing property) and/or injuries of unknown origin are thoroughly investigated. Client's individual BSP's have been updated to include that staff will not "horseplay" with client. The residential manager and direct care staff have been retrained on each individual client's BSP.</p> <p>How others will be identified: All allegations of abuse, neglect (which includes medication issues client's missing property) and/or injuries of unknown origin are thoroughly investigated.</p> <p>Measures to be put in place: The Quality Assurance Team will be retrained that all allegations of abuse, neglect (which includes medication issues and client's missing property) and/or injuries of unknown origin are thoroughly investigated. Client's individual BSP's have been updated to include that staff will not</p>	05/08/2013	

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	<p>[client #4]."</p> <p>The facility's 3/7/13 follow-up report indicated "...QA conducted an investigation and the abuse was unsubstantiated. No disciplinary measures were taken with staff. QA found that [client #4] tends to walk with his head down and accidentally walked into a staff member causing himself to bump from the staff member into the med cabinet door. Nothing occurred prior to the incident."</p> <p>Review of the facility's undated investigation indicated client #4 had a bruise on his abdomen. The facility's undated investigation indicated the perpetrator's (staff #2) witness statement indicated only the staff who worked that day were interviewed and their witness statements were included. The facility's undated investigation indicated other staff had been interviewed but there were no witness statements. The facility's undated investigation did not indicate all staff, who worked in the group home, were interviewed in regard to abuse in the group home and/or the use of inappropriate restraint techniques being used. The facility's undated investigation did not indicate or include when client #2 was restrained to see if the client could have been injured as alleged. The</p>		<p>"horseplay" with client. The residential manager and direct care staff have been retrained on each individual client's BSP.</p> <p>Monitoring of Corrective Action: The Executive Director reviews all investigations to ensure that all allegations of abuse, neglect (which includes medication issues and client's missing property) and/or injuries of unknown origin are thoroughly investigated.</p> <p>Completion Date: May 8, 2013</p>		

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	<p>facility's undated investigation and/or incident report did not give a description/measurement of client #4's bruise.</p> <p>Interview with the OM (Operation Manager) and QA staff #2 on 3/28/13 at 10:40 AM indicated client #4 had a bruise on his abdomen from walking into a door knob when the client accidentally walked into staff. The OM indicated QA staff #2 indicated other facility staff, who worked with the client, were interviewed but could not offer any information in regard to the incident as they did not work at the time of the incident. QA staff #2 indicated the other staff were not interviewed in regard to inappropriate restraint techniques used by staff and/or abuse of clients.</p> <p>2. The facility's reportable incident reports, facility's incident reports and/or investigations (from 3/12 to 3/13) were reviewed on 3/26/13 at 1:35 PM. The facility's 3/13/13 incident report indicated "Staff was cleaning the office and was moving stuff around. Staff (sic) TV boxes felt light and realized there were no TVs in boxes. Staff don't know what happened to TVs. The TVs were purchased last summer 2012 to be put up. TV size is 22 inches and they were LED and brand was Westinghouse." The</p>			

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	<p>3/13/13 incident report indicated "Consumers involved" were clients #2 and #4. The facility's 3/13/13 reportable incident report indicated the PC (Program Coordinator) filled out the report. The facility's reportable incident reports and/or investigations indicated the facility did not conduct an investigation in regard to the missing TVs.</p> <p>During the 3/27/13 observation period at the group home between 5:50 AM and 9:05 AM, and the 3/28/13 observation period between 9:50 AM and 10:00 AM at the group home, client #4 did not have a TV set in his bedroom. Client #2 had an old model TV set which had dust on the top and face of the TV.</p> <p>Interview with staff #4 on 3/27/13 at 6:51 AM indicated client #3 was the only client in the group home who had a TV. Staff #4 stated "[Client #2] had a TV but the TV did not work".</p> <p>Client #2's financial records were reviewed on 3/27/13 at 12 noon. Client #2's Resident Fund Management Service (RFMS) Statement from 4/1/12 to 3/31/13 indicated on 7/25/12 client #2 withdrew \$400.00 for TV, clothes and Mattress. Client #2's 8/6/12 receipt indicated client #2 purchased a 22 inch LED Westinghouse TV on 8/6/12 for \$171.19.</p>						

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	<p>Client #4's financial records were reviewed on 3/27/13 at 12 noon. Client #4's RFMS Statement indicated client #4 withdrew \$300.00 for clothes and a TV on 7/25/12. Client #4's 8/1/12 receipt indicated client #4 purchased a 22 inch LED Westinghouse TV on 8/1/13 for 171.19.</p> <p>Interview with administrative staff #3 on 3/27/13 at 11:50 AM indicated she was not aware clients #2 and #4 did not have a working TV and/or a TV in their bedrooms. Administrative staff #3 indicated she thought client #4 had a TV in the past.</p> <p>Interview with The Operations Manager (OM) on 3/28/13 at 10:40 AM indicated she was aware of the 3/13/13 incident report. The OM indicated the facility had not reported the missing TVs/theft and/or initiated an investigation into client #2 and #4's missing TVs as the OM thought Res-Care had purchased the TVs for the clients' bedrooms. The OM indicated the facility would start an investigation into the 3/13/13 incident on 3/28/13. The OM did not know why the TVs, purchased in 8/12, were in the office and not in the clients' bedrooms as of 3/13.</p> <p>3. The facility's reportable incident</p>						

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	<p>reports, facility's incident reports and/or investigations (from 3/12 to 3/13) were reviewed on 3/26/13 at 1:35 PM. The facility's 12/10/12 incident report indicated "[Staff #3] reported to [Operation Manager] that consumer [client #1] had a bottle of Melatonin (sleeping) pills. [OM] spoke with [client #1]. [Client #1] reported that he had taken 8 Melatonin pills. Nurse notified. Pharmacy was contacted regarding the pills (Melatonin) [client #1] took. He will experience sleepiness but no other side effects. Staff will continue to monitor." The facility's reportable incident reports did not indicate the facility conducted an investigation in regard to the possible allegation of neglect.</p> <p>Interview with the OM on 3/28/13 at 10:40 AM indicated the facility did conduct an investigation as the psychiatrist interviewed the client. The OM indicated it was determined the client did not consume the Melatonin. The OM indicated it was not determined how long or how the client had a bottle of the Melatonin. The OM did not provide documentation/evidence of an investigation.</p> <p>4. The facility's reportable incident reports, facility's incident reports and/or investigations (from 3/12 to 3/13) were</p>			

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	<p>reviewed on 3/26/13 at 1:35 PM. The facility's 5/2/13 reportable incident report indicated "Staff reported that [client #3's] Ipad (iPad) is missing. Staff have thoroughly checked the house and they are unable to locate it. QA to investigate."</p> <p>The facility's 5/29/12 follow-up report indicated "...QA conducted a thorough investigation regarding the missing iPad. How the iPad went missing and where it may be could not be determined. ResCare replaced [client #3's] iPad."</p> <p>The facility's 5/9/12 incident Investigation Review indicated on 4/27/12 client #3's iPad was reported missing. The investigation indicated the police were notified on 4/27/12 and the police indicated an investigation would be started. The facility's 5/9/12 investigation indicated "...It is the operation's policy that all police investigations are to be completed prior to initiation of an internal investigation. It is the conclusion of the investigation committee that [client #3] has misplaced the iPad and QA is not able to find out the location of the iPad or how it went missing." The facility's investigation indicated client #3's iPad was last seen on 4/19/12 on the entertainment center charging. A staff indicated they handed client #3 the iPad</p>			

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	<p>on 4/19/12 to use and the client used it for 5 minutes and laid it back down on the entertainment center. The facility's investigation did not indicate the results/conclusion of the police investigation. The facility's investigation did not indicate the client broke and/or destroyed the iPad. The facility's 5/9/12 investigation indicated "It is the recommendation of the investigation committee that ResCare replace the iPad and all staff be retrained on reporting missing items immediately to the Program Coordinator. In addition, the iPad will be accounted for each shift and the new iPad will have the Tracking Application installed (sic)."</p> <p>Interview with staff #6 on 3/27/13 at 6:40 AM indicated client #3 no longer had an iPad. Staff #6 indicated client #3 used the iPad to communicate to others but he broke the iPad by throwing it.</p> <p>Interview with the OM on 3/28/13 at 10:40 AM indicated they thought client #3's iPad was destroyed by the client. When shown the investigation, the OM indicated she could see how it appeared confusing. The OM did not know if client #3 had destroyed the iPad since it was replaced, if the client had destroyed the iPad and staff thought it was missing, or it was actually missing. The OM</p>			

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	<p>and/or QA department did not provide any additional information of a police report/investigation, and/or provide any additional documentation of a thorough investigation in regard to the missing iPad.</p> <p>5. The facility's reportable incident reports, facility's incident reports and/or investigations (from 3/12 to 3/13) were reviewed on 3/26/13 at 1:35 PM. The facility's reportable incident reports and/or investigations indicated the following:</p> <p>-8/9/12 "While one staff was bathing a consumer and another staff was administering medications [client #4] walked out the side door to the neighbors (sic) house. When staff noticed that he was gone they walked outside and saw him next door and walked him back to the house. [Client #4] was only gone about five minutes and sustained no injuries while he was gone...."</p> <p>The 8/9/12 reportable incident report nor the 12/11/12 follow-up report indicated any additional information and/or documentation of an investigation in regard to possible neglect.</p> <p>-10/8/12 "Staff were dealing with behaviors that two other house mates were having. Another staff went to check</p>			

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	<p>on [client #4] and realized he was not in the bathroom anymore. Staff went outside to look for him and found him not far from the house in the grass on the side of highway [name of highway] between Sima Gray Rd (road), and [name of another road]. He was picked up by the van and had no apparent injuries. He was taken to the ER (emergency room) for evaluation as a precautionary measure. The physician in the ER assessed [client #4]. No injuries noted...Staff has implemented head tracking to monitor him...."</p> <p>The facility's 12/12/12 follow-up report indicated "The staffing ratios at the home were followed appropriately and [client #4] is not a 1:1 (one on one staffing- one staff to one client) or line of sight supervision level...." The follow-up report indicated the weather was nice outside and client #4 was dressed appropriately. A second 12/12/12 follow-up report indicated client #4 was gone for 5 minutes. The 10/8/12 reportable incident report and/or 12/12/12 follow-up reports did not indicate any additional information and/or documentation of an investigation.</p> <p>Interview with the OM and QA staff #2 on 3/28/13 at 10:40 AM indicated client #4 had a behavior plan for elopement.</p>						

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	<p>The OM and QA staff #2 indicated client #4 did not get out of staffs' sight during the 10/8/12 incident. When shown the 10/8/12 reportable incident report, the OM and QA staff indicated it appeared client #4 was out of staff's sight. The OM and QA staff #2 did not provide any additional information and/or investigations in regard to the above mentioned elopement incidents for possible neglect.</p> <p>6. The facility's reportable incident reports, facility's incident reports and/or investigations (from 3/12 to 3/13) were reviewed on 3/26/13 at 1:35 PM. The facility's reportable incident reports and/or facility incident reports indicated the following client to client incidents:</p> <p>-1/13/13 "Upon arriving home after an outing, [client #2] became upset and scratched [client #1] on his left elbow. Staff immediately redirected [client #2] to his room and checked [client #1] for injuries; none were found."</p> <p>-12/8/12 "[Client #3] got upset with another consumer in the van and hit [client #4], (sic) staff (sic) pulled over the van and redirected [client #3] and checked [client #4] for injuries; none were found. Staff counseled [client #3] on appropriate interactions with</p>			

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	<p>housemates...."</p> <p>-9/8/12 "[Client #4] got upset because another consumer was having a behavior and when [client #2] came up to talk to him he hit [client #2] in the nose. Staff redirected [client #4] to his room and checked [client #2] for injuries; staff decided to take [client #2] to [name of medical facility] for observation...."</p> <p>-8/1/12 "Another consumer was having a behavior in the house which upset [client #3] and he hit [client #2] on the head and on the back. Staff redirected [client #3] and checked [client #2] for injuries; he stated that his head hurt and staff took him to ER for observation...The ER physician assessed [client #2] stated that he was fine and to give him Tylenol for pain...."</p> <p>Interview with the OM and QA staff #2 on 3/28/13 at 10:40 AM indicated the Program Coordinator conducted the investigations in regard to client to client aggression/abuse. The OM indicated the PC then turned the investigation/documentation into the QA staff to review. QA staff #2 indicated she would check to see if any additional documentation was turned in. QA staff #2 did not provide any additional information/investigations in regard to the</p>				

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W000189	<p>483.430(e)(1) STAFF TRAINING PROGRAM The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently.</p> <p>Based on interview and record review for 1 additional client (#3), the facility failed to ensure all staff, who worked with clients, were trained in regard to reporting missing items immediately/timely.</p> <p>Findings include:</p> <p>1. The facility's reportable incident reports, facility's incident reports and/or investigations (from 3/12 to 3/13) were reviewed on 3/26/13 at 1:35 PM. The facility's 5/2/12 reportable incident report indicated "Staff reported that [client #3's] Ipad (iPad) is missing. Staff have thoroughly checked the house and they are unable to locate it. QA to investigate."</p> <p>The facility's 5/29/12 follow-up report indicated "...QA conducted a thorough investigation regarding the missing IPad. How the IPad went missing and where it may be could not be determined. ResCare replaced [client #3's] IPad."</p> <p>The facility's 5/9/12 incident Investigation Review indicated on 4/27/12 client #3's</p>	W000189	<p>W189 The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently and competently.</p> <p>Corrective Action: (Specific) The Residential Manager, direct care staff will be in-serviced on the Abuse, Neglect and Exploitation Policy and Procedure and the Incident reporting guidelines, including reporting missing client items immediately to the Quality Assurance department.</p> <p>How others will be identified: (Systemic) The Residential Manager, direct care staff will be in-serviced on the Abuse, Neglect and Exploitation Policy and Procedure and the Incident reporting guidelines, including reporting missing client items immediately to the Quality Assurance department.</p> <p>Measures to be put in place: The Residential Manager, direct care staff will be in-serviced on the Abuse, Neglect and Exploitation Policy and Procedure and the Incident reporting</p>	05/08/2013			

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 04/08/2013	
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	<p>IPad was reported missing. The facility's investigation indicated client #3's Ipad was last seen on 4/19/12 on the entertainment center charging. A staff indicated they handed client #3 the Ipad on 4/19/12 to use and the client used it for 5 minutes and laid it back down on the entertainment center. The facility's 5/9/12 investigation indicated "It is the recommendations of the investigation committee that...all staff be retrained on reporting missing items immediately to the Program Coordinator...."</p> <p>Interview with the OM/Operations Manager on 3/28/13 at 10:40 AM indicated facility staff were retrained at a staff meeting. The OM did not provide documentation staff had been retrained in regard to reporting missing items timely.</p> <p>9-3-3(a)</p>		<p>guidelines, including reporting missing client items immediately to the Quality Assurance department. The direct care staff will be trained on a monthly basis (at every staff meeting) the incident reporting guidelines.</p> <p>Monitoring of Corrective Action: The operations manager will monitor during monthly observation site visits to ensure that staff training is current and all staff have been trained on incident reporting guidelines.</p> <p>Completion Date: May 8, 2013</p>				

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W000209	<p>483.440(c)(2) INDIVIDUAL PROGRAM PLAN Participation by the client, his or her parent (if the client is a minor), or the client's legal guardian is required unless the participation is unobtainable or inappropriate. Based on interview and record review for 2 of 2 sampled clients (#1 and #2), the facility failed to ensure the clients and/or their guardians participated in Interdisciplinary Team (IDT) meetings.</p> <p>Findings include:</p> <p>1. Client #2's record was reviewed on 3/27/13 at 2:15 PM. Client #2's 5/14/12 Individual Support Plan (ISP) indicated client #2 was his own guardian.</p> <p>Client #2's record indicated the following IDT notes:</p> <p>-3/15/13 "The team met to review the incident from 3-14-13. [Client #2] was sitting in living room listening to music. He had been doing so for a while. Staff asked [client #2] if other housemates could use the TV to watch a movie. [Client #2] refused, and then began hitting the walls with TV remote, and then began self injurious behavior on himself with the TV remote. Staff implemented 1 man YSIS (You're Safe, I'm Safe) to ensure his safety until he calmed down. The team agreed the BAP</p>	W000209	<p>W209 Participation by the client, his or her parent (if the client is a minor) or the client's legal guardian is required unless participation is unobtainable or inappropriate.</p> <p>Corrective Action: (Specific) The Residential Manager will be retrained on participation requirements for IDT meetings. The Residential Manager will ensure that all clients and/or legal guardians are invited to IDT meetings and participate if they choose to do so. For meetings that the legal guardian can not attend in person, then they will attend via conference call and a copy of the IDT will be mailed to the guardian in order to be signed. How others will be identified: (Systemic) The Residential Manager will be retrained on participation requirements for IDT meetings. The Residential Manager will ensure that all clients and/or legal guardians are invited to IDT meetings and participate if they choose to do so.</p> <p>Measures to be put in place: The Residential Manager will be retrained on participation</p>	05/08/2013

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	<p>(Behavior Action Plan) was followed accordingly and no changes need to be made." The 3/15/13 IDT note did not indicate client #2 was present/participated in the IDT meeting.</p> <p>-1/28/13 IDT meeting notes indicated the client's IDT met to review 2 separate incidents which occurred on 1/23/13 and on 1/24/13. The IDT notes did not indicate client #2 was present for the 1/28/13 IDT meetings regarding when client #2 became aggressive with staff and required restraints.</p> <p>-1/14/13 "[Client #2] went out into the community with another housemate and staff. Then they returned home. After [client #2] came home, he scratched another client on his elbow while client was changing TV channel. No visible marks were made. Staff attempted redirection at which time he became physically aggressive towards staff. Staff then implemented 1-man YSIS, The team agreed the BAP was followed accordingly and no changes need to be made." The 1/14/13 IDT note did not indicate client #2 was present/participated in the IDT meeting.</p> <p>Interview with the Operations Manager (OM) on 3/28/13 at 10:40 AM indicated clients and/or their guardians should</p>		<p>requirements for IDT meetings. The Residential Manager will ensure that all clients and/or legal guardians are invited to IDT meetings and participate if they choose to do so. For meetings that the legal guardian can not attend in person, then they will attend via conference call and a copy of the IDT will be mailed to the guardian in order to be signed.</p> <p>Monitoring of Corrective Action: The operations manager will attend IDT meetings or review IDT meetings notes to ensure that all clients and/or legal guardians are invited to IDT meetings and participate if they choose to do so and have signed the IDT forms.</p> <p>Completion Date: May 8, 2013</p>		

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	<p>participate in IDT meetings involving the clients.</p> <p>2. Client #1's record was reviewed on 3/27/13 at 4:10 PM. Client #1's 1/25/13 (ISP) indicated client had a legally appointed paid guardian.</p> <p>Client #1's record indicated the following IDT meeting notes:</p> <p>-3/11/13 "The team met to review the incident on 3-9-13. Staff had redirected [client #1] was digging through the butt can (sic), because he was trying to light a cigar that he found. Staff then called the PC (Program Coordinator) to see if he could talk to [client #1]. [Client #1] refused to talk to PC, and then became physically aggressive towards staff. Staff implemented 2 man YSIS until he calmed down. Then [client #1] got up and ran towards the kitchen, staff followed, and then [client #1] acted like he was going to run outside, but instead turned and became physically aggressive towards staff. Staff then implemented 2 man YSIS, and (sic) which time [client #1] bit a staff on the forearm...." The 3/11/13 IDT note did not indicate client #1 and/or the client's paid guardian were present/participated in the IDT meeting.</p> <p>-1/14/13 "The team met to review</p>			

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	<p>incident on 1-13-13. [Client #1] had went out into the community with staff and another housemate. After coming home, housemate scratched [client #1] on elbow because he was changing TV channel. No visible marks. The guardian was notified and bill of rights and grievance policies were signed. The team agreed that the BAP (Behavior Action Plan) was followed accordingly and no changes need to be made." The 1/14/13 IDT note did not indicate client #1 and/or his paid guardian were present/participated in the IDT meeting.</p> <p>Interview with the Operations Manager (OM) on 3/28/13 at 10:40 AM indicated clients and/or their guardians should participate in IDT meetings involving the clients. The OM indicated client #1's guardian did not always want client #1 to be present at the meetings. The OM indicated client #1's IDT notes did not indicate the client's guardian made such a request, as the client's guardian was also not present in person and/or by phone.</p> <p>9-3-4(a)</p>			

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W000210	<p>483.440(c)(3) INDIVIDUAL PROGRAM PLAN Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission.</p> <p>Based on interview and record review for 1 of 2 sampled clients (#1), the client's interdisciplinary team failed to obtain initial assessments (audiological, vision and sensorimotor skills) of the client within 30 days of the client's admission to the group home.</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 3/7/13 at 4:10 PM. Client #1's 1/25/13 Individual Support Plan (ISP) indicated client #1 was admitted to the group home on 9/25/12. Client #1's 1/25/13 ISP and/or record indicated client #1's did not have a visual examination and/or sensorimotor skills assessment within 30 days of the client's admittance to the group home.</p> <p>Interview with the Operations Manager (OM) and LPN #1 at 10:40 AM indicated client #1 was a new admission to the group home. LPN #1 indicated client #1 did not have a visual examination and/or sensorimotor skills assessments completed as they still needed to be done.</p>	W000210	<p>W210 Within 30 days after admission, the IDT must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission.</p> <p>Corrective Action: (Specific): The Residential Manager and the Nurse will be retrained that accurate assessments, such as visual, dental, hearing, speech and/or sensor motor skills are obtained within 30 days of admission. Client now has assessments scheduled to be completed.</p> <p>How others will be identified: (Systemic) All Residential Managers and nurses are trained that accurate assessments that are needed within 30 days of admission are obtained.</p> <p>Measures to be put in place: The RM and the Nurse will be retrained that accurate assessments, such as visual, dental, hearing, speech and/or sensor motor skills are obtained within 30 days of admission.</p> <p>Monitoring of Corrective</p>	05/08/2013

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	LPN #1 indicated client #1 above mentioned assessments were in the process of being scheduled and/or had been scheduled. 9-3-4(a)		Action: The Director of Nursing and the Operations Manager for SGL will monitor the RM and the Nurse to ensure that all assessments needed within 30 days of admission are obtained. Completion Date: May 8, 2013		

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 04/08/2013
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W000227	<p>483.440(c)(4) INDIVIDUAL PROGRAM PLAN The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. Based on observation, interview and record review for 2 of 2 sampled clients (#1 and #2), the clients' Individual Support Plans failed to address the clients' identified needs in regard to refusals and to address/include specific objectives for a client to work on during the day while not in a day program.</p> <p>Findings include:</p> <p>1. During the 3/27/13 observation period between 5:50 AM and 9:05 AM, at the group home, client #1 did not attend a day program. Client #1 remained in bed at the group home when client #2 left for the workshop.</p> <p>During a brief observation on 3/28/13 between 9:50 AM and 10 AM, at the group home, client #1 was in his bedroom in bed.</p> <p>Client #1's record was reviewed on 3/27/13 at 4:10 PM. Client #1's 1/25/13 Individual Support Plan (ISP) indicated client A was admitted to the group home on 9/25/12. Client #2's undated Active</p>	W000227	<p>W227 The individual program plan stated the specific objectives necessary to meet the client's needs as identified by the comprehensive assessment required.</p> <p>Corrective Action: (Specific): The Residential Manager will be retrained to ensure that annual assessments are completed for each individual client and ISP goals specifically address each client's individual needs. The Residential Manager will create specific activity schedules for each client. The ISP's and BSP's will be updated to reflect client's individual needs for refusals. All direct care staff will be trained on each individual client's ISP and BSP.</p> <p>How others will be identified: (Systemic) The RM will ensure that there are current comprehensive assessments in place for each client and that ISP goals specifically address each client's individual needs. The Residential Manager will create specific activity schedules for each client. The ISP's and BSP's will be updated to reflect client's</p>	05/08/2013
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	<p>Treatment Schedule indicated the following:</p> <p>"From 9am-3pm daily: work on communication, household management-, practice pedestrian safety skills, go on a recreational outing-such as eating at [name of restaurant] or another local restaurant, going to the local flea market, seeing a movie, and walking in the park, practice money identification. During times of leisure will watch tv, go outside and write in his journal, view magazines or other activity of his choice. Team is currently scheduling an intake meeting with [name of day program] so that [client #1] can attend the workshop."</p> <p>Client #1's 1/25/13 ISP and/or undated active treatment schedule did not include specific training objectives which were to be implemented between 9:00 AM and 3:00 PM to ensure active treatment/programming with client #1 during the day.</p> <p>Interview with staff #3 on 3/27/13 at 6:00 AM indicated client #1 did not attend a day program but was to start soon. Staff #3 stated client #1 "Does not require a lot." Staff #1 indicated he was not sure what the client did during the day as client #1 would sleep a lot.</p>		<p>individual needs for refusals, should the client have need for this.</p> <p>Measures to be put in place: The RM will ensure that there are current comprehensive assessments in place for each client and that ISP goals specifically address each client's individual needs. The Residential Manager will create specific activity schedules for each client. The ISP's and BSP's will be updated to reflect client's individual needs for refusals, should the client have need for this. The Residential Manager will complete a monthly review of each individual client's progress towards goals outlined on ISP and BSP.</p> <p>Monitoring of Corrective Action: All Program Plans including: Health Management and Risk Plans, ISPs, BSP's, medication administration record, will be reviewed by the Operations Manager of SGL to ensure all elements of a client's identified needs are appropriately addressed.</p> <p>Completion Date: May 8, 2013</p>				

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	<p>Interview with Operations Manager (OM) on 3/28/13 at 10:40 AM indicated client #1 had obtained his identification card to send in to the day program. The OM stated client #1 was to work on "Programming skills. Not a lot for him to do." The OM indicated client #1 was to visit the workshop during the day as well. The OM indicated client #1's ISP did not include specific objectives the client was to work on during the day other than what the active treatment schedule indicated.</p> <p>2. Interview with staff #6 on 3/27/13 at 6:45 AM indicated client #1 would probably refuse to use/apply his prescribed lotion for his feet.</p> <p>During the 3/27/13 observation period between 5:50 AM and 9:05 AM, at the group home, client #1 came to the medication room for his morning medications. Staff #6 indicated client #1 had been refusing to use the lotion as the client would indicate the lotion made his feet itch. Staff #6 asked client #1 if he was going to use the lotion for his feet, and client #1 indicated he would. When client #1 removed his socks, client #1's feet were dry. Dead skin was coming off the bottom of the client's feet. Client #1's feet had an ash colored appearance on the sides and top. Staff #6 indicated client #1's feet had an odor and held his breath</p>			

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	<p>to apply the Ammonium Lactate (dry feet) 12 percent lotion.</p> <p>Client #1's 3/13 Medication Administration Record (MAR) was reviewed on 3/7/13 at 8:40 AM. Client #1's 3/13 MAR indicated client #1 refused Ammonium Lactate (generic for LacHydrin) lotion was to be applied two times a day. The 3/13 MAR indicated client #1 had refused the lotion at 7 AM 20 times thus far and at 8 PM 13 times.</p> <p>Client #1's record was reviewed on 3/27/13 at 4:10 PM. Client #1's 2/21/13 Doctor's Orders and Progress Notes indicated client #1's feet were both "dry-scaly...." Client #1's 2/21/13 doctor's note indicated the doctor ordered LacHydrin lotion for client #1's feet to be applied two times daily.</p> <p>Client #1's 1/25/13 ISP did not indicate the client had an objective which addressed the client's refusals to use the lotion for the client's dry feet.</p> <p>Interview with the Operation Manager (OM) indicated she was aware client #1 was refusing to use the lotion. The OM indicated the client's interdisciplinary team had not addressed the client's refusals.</p>			

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	<p>3. During the 3/27/13 observation period between 5:50 AM and 9:05 AM, at the group home, client #2 refused to come get his medications. After a few minutes, client #2 came to the office area and took his medications.</p> <p>Client #3's record was reviewed on 3/27/13 at 2:15 PM. Client #2's 2/13 MAR indicated client #2 had an order to be weighed daily. The 2/13 MAR indicated client #2 refused to be weighed on 2/5, 2/9, 2/10, 2/15, 2/17, 2/26, 2/27 and 2/28/13. Client #2's 2/13 MAR indicated the client refused "all Required AM Meds" at 7:00 AM on 2/5, 2/9 and 2/10/13. Client #2's 2/13 MAR indicated client #2 refused his prescribed Ensure (weight gain supplement) on 2/10, 2/19, 2/26 (3 different scheduled times), 2/27 (2 scheduled times) and on 2/28/13 (2 scheduled times). The 2/13 MAR also indicated client #2 refused to use his prescribed toothpaste "PRVDNT" (Prevident), at 7 AM, on 2/15, 2/16, 2/17, 2/22, 2/26, 2/27 and 2/28/13.</p> <p>Client #2's 1/13 MAR indicated client #2 refused his AM exercises on 1/11, 1/12, 1/25 and 1/26/13.</p> <p>Client #2's 5/14/12 ISP and/or 5/8/12 Behavior Action Plan (BAP) indicated client had a target behavior of</p>			

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 04/08/2013
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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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	<p>non-compliance. The non compliance was defined as "...refusing tasks (i.e. daily living skills; ISP goals; going to work; getting out of bed), meals or requests to do tasks." Client #2's 5/14/12 ISP did not indicate the client had a specific training objective in place which addressed the client's refusals for medications/treatments.</p> <p>Interview with the OM on 3/28/13 at 10:40 AM indicated client #2's ISP and/or behavior plan did not address client #2's medication/treatment refusals.</p> <p>9-3-4(a)</p>			

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 04/08/2013	
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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W000331	<p>483.460(c) NURSING SERVICES</p> <p>The facility must provide clients with nursing services in accordance with their needs. Based on observation, interview and record review for 1 of 2 sampled clients (#2) and for 1 additional client (#4), the facility's nursing services failed to obtain a diet order for a client and/or failed to ensure an order was obtained/changed for weekly weights when the physician had ordered daily weights.</p> <p>Findings include:</p> <p>1. During the 3/26/13 observation period between 4:30 PM and 6:40 PM, at the group home, client #4 ate 2 cheeseburgers, medium sized order of potatoes and a small drink at a restaurant in the community. Client #4's food was not modified in any way. Client #4 was prompted to sit up, take a drink before his next bite and to slow down while he was eating.</p> <p>The facility's reportable incident reports and/or investigations were reviewed on 3/26/13 at 1:35 PM. The facility's 3/24/13 reportable incident report indicated "[Client #4] was eating chicken and rice during meal and refused staffs prompts to slow down and take a drink between bites and got choked. Staff performed the Heimlich maneuver on</p>	W000331	<p>W331: Nursing Services</p> <p>The facility must provide clients with nursing services in accordance with their needs.</p> <p>Corrective Action- (Specific): The site nurse will be retrained that all individual client's physician's orders, nutritional assessments, and medication administration record contain the correct client information and all information matches in order to provide continuity of care for each individual client. The site nurse and RM will complete medical record reviews to ensure that all individual client's physician's orders, nutritional assessments, and medication administration records contain coinciding information and is an accurate reflection of the clients current medical needs.</p> <p>How others will be identified: (Systemic): The site nurse will be retrained that all individual client's physician's orders, nutritional assessments, and medication administration record contain the correct client information and all information matches in order to provide continuity of care for each individual client. The site nurse and RM will complete medical record reviews to ensure that all individual client's physician's</p>	05/08/2013			

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 04/08/2013	
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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	<p>[client #4] and was able to get the food out...." The reportable incident report indicated client #4 was sent out to the emergency room to be checked.</p> <p>Interview with staff #4 on 3/27/13 at 6:51 AM stated client #4 "Eats too fast." Staff #4 indicated client #4's food was to be cut into bite size pieces.</p> <p>Client #4's record was reviewed on 3/27/13 at 5:12 PM. Client #4's 3/13 physician's orders indicated client #4 did not have a diet order.</p> <p>Client #4's 1/20/13 Dining Plan indicated the client's food texture was of "Regular consistency." The 1/2/13 dining plan indicated client #4 was to have thin liquids and no concentrated sweets.</p> <p>Client #4's 7/11/12 Consultant Dietician Visit sheet indicated client #4 had "No diet order on MD (medical doctor) order sheet. Rec. (recommend) Reg (regular) NCS (no concentrated sweets), Portion Control. Enc. (encourage) exercise. Encourage No salt at the table."</p> <p>Interview with LPN #1 on 3/28/13 at 10:40 AM indicated client #4's meat and/or food did not need to be cut up and/or into bite size pieces. When asked if client #4 had a doctor's order in regard</p>		<p>orders, nutritional assessments, and medication administration records contain coinciding information and is an accurate reflection of the client's current medical needs.</p> <p>Measures to be put in place: The Program Manager of Supervised Group Living, Residential Manager and Nurse will complete medical record reviews to ensure that all individual client's physician's orders, nutritional assessments, and medication administration records contain coinciding information and is an accurate reflection of the client's current medical needs and all program plans are updated to reflect changes.</p> <p>Monitoring of Corrective Action: The Program Manager of Supervised Group Living, Residential Manager and Nurse will complete medical record reviews to ensure that all individual client's physician's orders, nutritional assessments, and medication administration records contain coinciding information and is an accurate reflection of the client's current medical needs and all program plans are updated to reflect changes.</p> <p>Completion Date: May 8, 2013</p>				

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 04/08/2013
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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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	<p>to the client's diet, LPN #1 could not locate an order. LPN #1 stated "It must have fell through the cracks." LPN #1 indicated client #4's diet should be on the client's physician orders. LPN #1 indicated client #4 was going to have a swallow study done.</p> <p>2. During the 3/27/13 observation period between 5:50 AM and 9:05 AM, at the group home, staff #6 weighed client #2 when he came to the office area for his morning medications. Client #2 weighed 129.2 pounds. Interview with staff #3 on 3/27/13 at 6:00 AM stated client #2 had lost weight and was "at his target weight." Staff #3 indicated client #2 was to be weighed every Saturday. Staff #3 indicated if client #2's weight was more a 5 pound gain or loss, the staff would need to contact the nurse.</p> <p>Client #2's record was reviewed on 3/27/13 at 2:15 PM. Client #2's 3/2013 physician's orders indicated "Weight every morning."</p> <p>Client #4's 2/12 Medication Administration Record (MAR) indicated "morning" was crossed out on the client's MAR to be weighed every morning to every "week" (written in).</p> <p>Client #4's 5/14/12 risk plan for ideal</p>			

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 04/08/2013	
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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	<p>body weight indicated client #2 was under his ideal body weight.</p> <p>Client #4's 2/14/13 dietician's note indicated client #4's "Wt (weight) stable since 11/12. Now only 2 # (pounds) (below) IBWR (ideal body weight range)...Cont (continue) POC (plan of care) to see stable wts and labs."</p> <p>Interview with the Operations Manager (OM) and LPN #1 on 3/28/13 at 10:40 AM indicated client #2 had lost weight in the past year. LPN #1 indicated they had been trying to get the client's weight back up. LPN #1 indicated client #2 had been gaining weight and was close to his ideal body weight. The OM indicated client #2's 3/13 physician's order indicated the client was to be weighed daily. LPN #1 indicated client #2 was weighed daily but she changed it to weekly as a nursing measure as the client had been gaining weight. When asked if client #2's physician's order had been changed to weekly, LPN #1 indicated she would need to get the physician's order changed.</p> <p>9-3-6(a)</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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W000460	<p>483.480(a)(1) FOOD AND NUTRITION SERVICES Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p> <p>Based on observation, interview and record review for 1 of 2 sampled clients (#2), the facility failed to ensure the client's diet was followed as ordered on a community outing.</p> <p>Findings include:</p> <p>During the 3/26/13 observation period between 4:30 PM and 6:40 PM, at the group home, clients #1, #2 and #4 went to a park and to a restaurant in the community on an outing. Staff #2 ordered 2 cheeseburgers, medium sized order of potatoes and a small drink for client #2. Client #2 ate his cheeseburgers whole. The client's food was not modified in any way.</p> <p>Client #2's record was reviewed on 3/27/13 at 2:15 PM. Client #2's 3/1/13 physician's orders indicated client #2 received a regular diet with meats cut up.</p> <p>Client #2's 11/7/12 Dining Plan indicated "[Client #2] has a history of choking. He has a history of eating too fast, not chewing his food and stuffing his mouth too full...."</p>	W000460	<p>W460 Food and Nutrition Services Each client must receive a nourishing well balanced diet, including modified and specially-prescribed diets.</p> <p>Corrective Action- (Specific): The Nurse will be retrained to ensure that Dining plans are consistent with doctor's orders and updated as necessary. The Residential Manager and all direct care staff will be retrained on each client's individual dining plans.</p> <p>How others will be identified: (Systemic): All Residential Managers and all direct care staff will be trained on each client's individual dining plans for the clients they serve.</p> <p>Measures to be put in place: The Residential Manager and all direct care staff will be retrained on each client's individual dining plans. The Residential Manager will complete monthly meal observations for direct care staff to ensure that staff are following each client's individual dining plans.</p> <p>Monitoring of Corrective Action: The Operations</p>	05/08/2013			

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 04/08/2013
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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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	<p>Client #2's 11/7/12 Dysphagia risk plan indicated client #2 had Dysphagia due to "mild CP (Cerebral Palsy)." The 11/7/12 risk plan indicated "...1. Staff will administer meals according to physician ordered diet..."</p> <p>Interview with the Operations Manager (OM) and LPN #1 on 3/28/13 at 10:40 AM indicated client #2 was on a regular diet with meats to be cut up. When asked if client #2's cheeseburgers should have been cut up, LPN #1 stated "Yes."</p> <p>9-3-8(a)</p>		<p>Manager for SGL will complete monthly site observations to ensure that staff are following each client's individual dining plans. The Director of Nursing will review dining plans periodically to ensure that they follow client specific doctor orders.</p> <p>Completion Date: May 8, 2013</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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W000488	<p>483.480(d)(4) DINING AREAS AND SERVICE The facility must assure that each client eats in a manner consistent with his or her developmental level.</p> <p>Based on observation, interview and record review for 2 of 2 sampled clients (#1 and #2) and for 2 additional clients (#3 and #4), the facility failed to encourage clients to be as independent as possible when in a restaurant in the community and/or to encourage clients to assist in all aspects of their meals to the extent of their abilities.</p> <p>Findings include:</p> <p>During the 3/26/13 observation period between 4:30 PM and 6:40 PM, at the group home, clients #1, #2 and #4 went to a park and to a restaurant in the community on an outing. When the clients arrived at the restaurant, staff #2 and #7 asked the clients to sit at the back of the restaurant. Staff #2 then took clients #2 and #4 up to order their food one at a time while staff #7 stayed with the other clients. Staff #2 ordered 2 cheeseburgers, medium sized order of potatoes and a small drink for each client. Staff did not ask the clients if they wanted something else on the menu and/or ask the client what size drink they wanted. Staff #2 assisted the clients to get self service soft drinks. Clients #2 and #4</p>	W000488	<p>W488 The facility must assure that each client eat in a manner that is consistent with his or her developmental level.</p> <p>Corrective Action: (Specific) All staff will be retrained that all clients will prepare the meals to their developmental level.</p> <p>How others will be identified: The Program Coordinators in each home will monitor the preparation of the meals to ensure that all clients participate in meal prep according to their developmental level.</p> <p>Measures to be put in place: All staff will be retrained that all clients will prepare the meals to their developmental level.</p> <p>Monitoring of Corrective Action: The Residential Managers in each home will monitor the preparation of the meals to ensure that all clients participate in meal prep according to their developmental level.</p> <p>Completion Date: May 8, 2013</p>	05/08/2013			

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 04/08/2013
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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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	<p>carried their trays of food to the table. When clients #1, #2, #3 and #4 were eating with staff, the staff realized the clients did not have any napkins, Staff #7 went to get napkins. Staff did not encourage and/or ask clients #1, #2, #3 and #4 to get their own napkins. Staff #2 and #7, who ate with the clients, had a large drink with their meals. Client #4 asked for more drink, staff told the client he had his soft drink, but he could get some water.</p> <p>During the 3/27/13 observation period between 5:50 AM and 9:05 AM, at the group home, client #1 independently made toast in a toaster. A bowl with instant oatmeal sat on the counter. Staff #6 asked client #1 if he (client #1) wanted to make his oatmeal or if the client wanted staff #6 to make the oatmeal. Client #1 told staff #6 he could make the oatmeal. Staff #6 did not encourage the client to make his own oatmeal as the client had independently made his toast and poured his juice. At 8:06 AM when client #2 was making his lunch for work, staff #6 retrieved a ham package from the refrigerator as client #2 stood in the kitchen, staff #6 retrieved 2 slices of bread and placed 2 ham slices on the sandwich. Staff #6 then got barbeque sauce out of the refrigerator, placed a small amount of the barbeque sauce on</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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	<p>client #2's sandwich and placed the sandwich into a sandwich bag without encouraging the client to make his own sandwich. The client retrieved a supplement drink and 2 packages peanut butter crackers to place in his lunch.</p> <p>Client #2's record was reviewed on 3/27/13 at 2:15 PM. Client #2's 4/14/12 Individual Support Plan (ISP) indicated client #2 had an objective to identify 1 ingredient in meal being prepared.</p> <p>Interview with The Operations Manager (OP) on 3/27/13 at 10:40 AM indicated clients #2 and #4 could have refills of pop/soft drinks as the clients had a small cup and were on a community outing. The OM indicated clients should be involved in all aspects of cooking their food/making lunches.</p> <p>9-3-8(a)</p>			

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 04/08/2013	
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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W009999	<p>STATE FINDINGS:</p> <p>The following Community Residential Facilities for Persons with Developmental Disabilities Rule was not met.</p> <p>1. 460 IAC 9-3-1 Governing Body (b) The residential provider shall report the following circumstances to the division by telephone no later than the first business day followed by written summaries as requested by the division:</p> <p>"Incidents to be reported to BQIS (Bureau of Quality Improvement Services) include any event or occurrence characterized by risk or uncertainty resulting in or having the potential to result in significant harm or injury to an individual including but not limited to:</p> <p>19. Use of any physical or manual restraint regardless of:</p> <p>a. planning; b. human rights committee approval; c. informed consent."</p> <p>THE STATE RULE WAS NOT MET AS EVIDENCED BY:</p> <p>Based on record review and interview for 1 of 2 sampled clients (#2) and for 1 additional client (#3), the facility failed to report all restraints/intervention techniques.</p> <p>Findings include:</p> <p>The facility's reportable incident reports, internal</p>	W009999	<p>W9999 Final Observations Corrective Action: (Specific): The Quality Assurance department will be in-serviced on the Abuse, Neglect and Exploitation Policy and Procedure and the Incident reporting guidelines. The Quality Assurance department will be retrained on the guidelines for completing investigations. All incident reports will be completed when an incident occurs and the QA department will be responsible for monitoring incident reports and completing investigations per policy.How Others Will Be Identified: (Systemic): The Quality Assurance department will be in-serviced on the Abuse, Neglect and Exploitation Policy and Procedure and the Incident reporting guidelines. The Quality Assurance department will be retrained on the guidelines for completing investigations. All incident reports will be completed when an incident occurs and the QA department will be responsible for monitoring incident reports and completing investigations per policy.Measures to be Put in Place: The Quality Assurance department will be in-serviced on the Abuse, Neglect and Exploitation Policy and Procedure and the Incident reporting guidelines. The Quality</p>	05/08/2013			

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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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	<p>incident reports and/or investigations were reviewed on 3/26/13 at 1:35 PM. The facility's internal incident reports indicated the following:</p> <p>-3/14/13 "[Client #2] was asked to switch the TV from DVD to TV so that others may watch TV. [Client #2] began spitting and hitting himself. When staff asked him to stop, he struck two staff members. YSIS (You're Safe, I'm Safe-physical intervention technique) was implemented and he was kept in YSIS long enough for him to calm down...."</p> <p>-3/12/13 "After a bath [client #3] became physically aggressive toward (sic). After staff verbally prompted [client #3] with clean clothes. After [client #2] became physically aggressive, staff then implemented YSIS."</p> <p>-3/11/13 "...[Client #3] already verbally aggressive during shower. he (sic) got out and was drying off when he became physically aggressive toward staff. Staff implemented YSIS in the bathroom and escorted [client #3] to his bedroom. While in his bedroom staff had released [client #3] as soon as he was released he became physically aggressive toward staff again (sic). Staff implemented YSIS for the safety of [client #3] and others."</p> <p>-2/22/13 "[Client #3] was sitting at dining room table being verbally disruptive towards other housemates. Staff attempted verbal redirection. [Client #3] became upset and threw a cup down and broke it near another consumer. Staff then implemented YSIS to ensure safety of other consumers."</p> <p>-1/15/13 "[Client #3] was fixing the kitchen table trying to position it perfectly. [Client #3] became physically aggressive towards the kitchen table to</p>		<p>Assurance department will be retrained on the guidelines for completing investigations. All incident reports will be completed when an incident occurs and the QA department will be responsible for monitoring incident reports and completing investigations per policy.</p> <p>Monitoring of Corrective Action: The Executive Director reviews all investigations to ensure that all allegations of abuse, neglect and exploitation are thoroughly investigated.</p> <p>Completion Date: May 8, 2013</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>do property damage. Staff verbally redirected [client #3]. [Client #3] became physically aggressive towards staff. 2-Man YSIS was administered."</p> <p>-1/12/13 "[Client #3] became verbally aggressive towards consumers and staff. [Client #3] was verbally redirected by staff. [Client #3] went to his room. [Client #3] began property destruction towards the window above his bed. Staff verbally redirected [client #3]. [Client #3] became physically aggressive towards staff. Staff blocked and verbally redirected [client #3]. [Client #3] continued his physical aggression towards staff. 1-Man YSIS was administered."</p> <p>-1/7/13 "[Client #3] came into the kitchen with dishes. he (sic) then became loud & (and) disruptive. Staff asked [client #3] what was wrong and he began smashing cups & plates. Staff got him into bedroom and performed YSIS until [client #3] calmed down."</p> <p>-1/4/13 "...[Client #3] became physically aggressive towards staff. Staff blocked & verbally redirected. After [client #3] became aggressive again, 2- Man YSIS was administered."</p> <p>-1/1/13 "[Client #3] became agitated because a housemate moved a chair to watch TV. [Client #3] became upset because chair was out of place. Staff stepped in between housemate and [client #3]. While housemate was watching trucks go by in dining room, [client #3] then became physically towards staff (sic). Staff implemented verbal redirection, 2-man YSIS."</p> <p>The facility's reportable incidents reports from 3/12 to 3/13 indicated the facility did not report the above mentioned restraint techniques/interventions to BQIS and/or to the</p>			

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	<p>Bureau of Developmental Disabilities Services (BDDS).</p> <p>Interview with the Operations Manager (OM) and Quality Assurance (QA) staff #2 on 3/28/13 at 10:40 AM indicated YSIS/restraint techniques were to be reported to (Bureau of Developmental Disabilities Services) BDDS/BQIS. The OM and/or QA staff #2 did not provide any additional documentation the above mentioned incidents involving YSIS techniques were reported to the state officials.</p> <p>9-3-1(b)</p>			