

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G749	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  04/06/2015
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NAME OF PROVIDER OR SUPPLIER  RES CARE SOUTHEAST INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 16613 SIMA GRAY RD HENRYVILLE, IN 47126
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W 000  Bldg. 00	<p>This visit was for an investigation of complaint #IN00169197.</p> <p>Complaint #IN00169197: Substantiated, Federal/state deficiencies related to the allegations are cited at W149 and W154.</p> <p>Dates of survey: April 1, 2, and 6, 2015.</p> <p>Facility Number: 011595 Provider Number: 15G749 AIM Number: 200905630</p> <p>These federal deficiencies reflect findings in accordance with 460 IAC 9.</p>	W 000		
W 149  Bldg. 00	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview for 1 of 2 allegations of staff abuse/neglect of clients reviewed, the facility failed for 1 of 2 sampled clients (A), to implement policy and procedures which prohibited neglect of clients and failed to ensure</p>	W 149	<p><b>W 149 483.420(d)(1) STAFF TREATMENT OF CLIENTS</b></p> <p>The facility must develop and</p>	05/06/2015

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>investigations were thorough and complete.</p> <p>Findings include:</p> <p>Review of reportable incidents, BDDS reports (Bureau of Developmental Disabilities Services) and investigations on 4/1/15 at 12:30 PM and on 4/2/15 at 3:50 PM indicated the following:</p> <p>A BDDS report dated 3/8/15 indicated on 3/7/15 at 5:30 PM "While [client A] was on 1:1 (supervised by staff one to one ratio) he swallowed a wash cloth. [Client A] has a diagnosis of PICA (ingesting inedibles). [Client A] was transported to the ER (emergency room) for evaluation. The attending physician completed a Scope (sic) and removed the wash cloth." The BDDS report indicated client A had been discharged from the ER and the 1:1 staff had been placed on administrative leave pending an investigation. The facility's investigation into the incident dated 3/9-14/15 by former clinical supervisor/CS staff #1 indicated client A ripped a wash cloth in half and swallowed it (half of the wash cloth). Client A is 1:1 and the staff assigned were to be within five feet of him to ensure his "health and safety." The investigation indicated staff #13 was the assigned 1:1 at the time of the incident.</p>		<p>implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p><b>Corrective Action: (Specific):</b> The Clinical Supervisor will be in-serviced on the completion of thorough investigations and including the specific information on what was unsubstantiated and/or substantiated. All staff will be in-serviced on Client A's BSP to ensure they understand the definition of 1:1 and remaining within 5 feet of Client A to prevent further occurrence of ingesting items.</p> <p><b>How others will be identified: (Systemic):</b> The Program Manager will review all investigations prior to submission to the ED for review to ensure that all investigations have been thoroughly investigated and include specific information on what was unsubstantiated and/or substantiated. The Clinical Supervisor will complete observations at the home at least weekly to ensure that all staff has been thoroughly trained on each individuals BSP and are following the BSP's as written.</p> <p><b>Measures to be put in place:</b> The Clinical Supervisor will be in-serviced on the completion of thorough investigations and including the specific information on what was unsubstantiated</p>	

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	<p>The investigation indicated client A reported to staff #12 he had swallowed part of a washcloth and staff #12 called the LPN who gave him instructions. The investigation's scope component contained two questions: 1."Did staff follow the BSP (Behavior Support Plan)? 2. Could the PICA incident be prevented?"</p> <p>The factual findings component of the investigation indicated: "[Client A] is a 1:1 consumer, and per his BSP, staff are to be within 5 feet of him at all times. [Staff #13] has been called and text messages sent to him numerous times with no replies or call backs." The conclusion was: "The allegation has been determined substantiated." The investigation did not have an interview with staff #13 because staff #13 did not respond to any calls or message from CS #1. The investigation did not indicate exactly what had been substantiated; was the BSP followed or could the PICA have been prevented.</p> <p>Review (4/1/15 11:00 AM) of client A's BSP dated 2/12/15 indicated client A had the targeted behavior of ingesting inedible items/objects. The BSP indicated client A swallowed items as a means of obtaining attention from medical staff or as a means of gaining specific medical</p>		<p>and/or substantiated. All staff will be in-serviced on Client A's BSP to ensure they understand the definition of 1:1 and remaining within 5 feet of Client A to prevent further occurrence of ingesting items.</p> <p><b>Monitoring of Corrective Action:</b> The Program Manager will review all investigations prior to submission to the ED for review to ensure that all investigations have been thoroughly investigated and include specific information on what was unsubstantiated and/or substantiated. The Clinical Supervisor will complete observations at the home at least weekly to ensure that all staff have been thoroughly trained on each individuals BSP and are following the BSP's as written.</p>	

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	<p>attention. The behavior could also be to gain attention from interdisciplinary team members or to get the attention via the subsequent team meeting and interventions caused by the behavior. A 1:1 staff was to be within 5 feet of client A and have his mouth in view so if the client attempted to swallow something, it could be prevented/removed by the staff.</p> <p>Interview with Administrative staff (AD) #1 on 4/2/15 at 4:00 PM indicated CS #1 and AD #1 had discussed the investigation and determined staff #13 had neglected to implement the BSP to prevent the ingestion of the wash cloth. Client A had a well documented history of PICA and staff were to be vigilant with him. Client A had self reported to staff #12 and a piece of wash cloth had been removed during the procedure at the ER. The interview indicated CS #1 should have added more information to the investigation to clarify the episode.</p> <p>The "Abuse/Neglect/Exploitation Policy and Procedure" component of the agency's 08/01/07 Operational Policy and Procedure Manual (revised 01/09/2015) was reviewed on 4/02/2015 at 4:19 PM. The review indicated the agency prohibited staff neglect of clients. The policy indicated all allegations would be investigated and addressed. The</p>			

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W 154 Bldg. 00	<p>definition of neglect was as follows:</p> <p>"F. Neglect--Program Implementation/Intervention Definition: 1. Failure to provide goods and/or services necessary for the individual to avoid physical harm. 2. Intentional failure to implement a support plan, inappropriate application intervention, etc. which may result in jeopardy without qualified person notification/review."</p> <p>This federal tag relates to complaint #IN00169197.</p> <p>9-3-2(a)</p> <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 record review and interview for 1 of 2 allegations of staff abuse/neglect of clients reviewed, the facility failed for 1 of 2 sampled clients (A), to complete a thorough investigation of an episode of staff neglect (client's PICA/ingesting a wash cloth).</p>	W 154	<p><b>W154 483.420(d)(3) STAFF TREATMENT OF CLIENTS:</b></p> <p>The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p><b>Corrective Action: (Specific):</b> All Staff will be in-serviced on the</p>	05/06/2015

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	<p>Findings include:</p> <p>Review of reportable incidents, BDDS reports (Bureau of Developmental Disabilities Services) and investigations on 4/1/15 at 12:30 PM and on 4/2/15 at 3:50 PM indicated the following:</p> <p>A BDDS report dated 3/8/15 indicated on 3/7/15 at 5:30 PM "While [client A] was on 1:1 (supervised by staff one to one ratio) he swallowed a wash cloth. [Client A] has a diagnosis of PICA (ingesting inedibles). [Client A] was transported to the ER (emergency room) for evaluation. The attending physician completed a Scope (sic) and removed the wash cloth." The BDDS report indicated client A had been discharged from the ER and the 1:1 staff had been placed on administrative leave pending an investigation. The facility's investigation into the incident dated 3/9-14/15 by former clinical supervisor/CS staff #1 indicated client A ripped a wash cloth in half and swallowed it (half of the wash cloth). Client A is 1:1 and the staff assigned were to be within five feet of him to ensure his "health and safety." The investigation indicated staff #13 was the assigned 1:1 at the time of the incident. The investigation indicated client A reported to staff #12 he had swallowed part of a washcloth and staff #12 called</p>				<p>Abuse Neglect and Exploitation Policy and Procedure. The Clinical Supervisor will be in-serviced on the completion of thorough investigations for all allegations of Abuse/Neglect and Exploitation as well as those incidents that have the potential for abuse neglect and exploitation and injuries of unknown origin.</p> <p><b>How others will be identified:</b> <b>(Systemic):</b> The Program Manager will review incidents weekly to ensure that all allegations of Abuse/Neglect and Exploitation as well as those incidents that have the potential for abuse neglect and exploitation and injuries of unknown origin are thoroughly investigated.</p> <p><b>Measures to be put in place:</b> All Staff will be in-serviced on the Abuse Neglect and Exploitation Policy and Procedure. The Clinical Supervisor will be in-serviced on the completion of thorough investigations for all allegations of Abuse/Neglect and Exploitation as well as those incidents that have the potential for abuse neglect and exploitation and injuries of unknown origin.</p> <p><b>Monitoring of Corrective Action:</b> The Program Manager will review incidents weekly to ensure that all allegations of Abuse/Neglect and Exploitation as well as those incidents that have the potential for abuse</p>		

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	<p>the LPN who gave him instructions. The investigation's scope component contained two questions: 1."Did staff follow the BSP (Behavior Support Plan)? 2. Could the PICA incident be prevented?"</p> <p>The factual findings component of the investigation indicated: "[Client A] is a 1:1 consumer, and per his BSP, staff are to be within 5 feet of him at all times. [Staff #13] has been called and text messages sent to him numerous times with no replies or call backs." The conclusion was: "The allegation has been determined substantiated." The investigation did not have an interview with staff #13 because staff #13 did not respond to any calls or message from CS #1. The investigation did not indicate exactly what had been substantiated; was the BSP followed or could the PICA have been prevented.</p> <p>Review (4/1/15 11:00 AM) of client A's BSP dated 2/12/15 indicated client A had the targeted behavior of ingesting inedible items/objects. The BSP indicated client A swallowed items as a means of obtaining attention from medical staff or as a means of gaining specific medical attention. The behavior could also be to gain attention from interdisciplinary team members or to get the attention via the</p>		neglect and exploitation and injuries of unknown origin are thoroughly investigated.		

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	<p>subsequent team meeting and interventions caused by the behavior. A 1:1 staff was to be within 5 feet of client A and have his mouth in view so if the client attempted to swallow something, it could be prevented/removed by the staff.</p> <p>Interview with Administrative staff (AD) #1 on 4/2/15 at 4:00 PM indicated CS #1 and AD #1 had discussed the investigation and determined staff #13 had neglected to implement the BSP to prevent the ingestion of the wash cloth. Client A had a well documented history of PICA and staff were to be vigilant with him. Client A had self reported to staff #12 and a piece of wash cloth had been removed during the procedure at the ER. The interview indicated CS #1 was instructed to add more information to the investigation, he should have; but did not.</p> <p>This federal tag relates to complaint #IN00169197.</p> <p>9-3-2(a)</p>				