

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G745	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  03/16/2012
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NAME OF PROVIDER OR SUPPLIER  RES CARE SOUTHEAST INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 16611 SIMA GRAY RD HENRYVILLE, IN 47126
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W0000	<p>This visit was for an annual fundamental recertification and state licensure survey.</p> <p>Dates of survey: March 12, 13, 14, and 16, 2012.</p> <p>Facility Number: 011663 Provider Number: 15G745 AIM Number: 200902020</p> <p>Surveyor: Dotty Walton, Medical Surveyor III</p> <p>These deficiencies reflect state findings in accordance with 460 IAC 9. Quality Review completed 4/16/12 by Ruth Shackelford, Medical Surveyor III.</p>	W0000		

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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W0118	<p>483.410(d)(2)(i) SERVICES PROVIDED WITH OUTSIDE SOURCES</p> <p>The written agreement must contain the responsibilities, functions, objectives, and other terms agreed to by both parties.</p> <p>Based on observation, record review and interview for 2 of 2 sampled clients (#1 and #2), and 2 additional clients (#3 and #4), the facility failed to update the written agreement with the day services provider when the clients transferred to a new provider.</p> <p>Findings include:</p> <p>During observations at the day services on 3/13/12 from 12:05 PM until 2:15 PM facility staff #3 and #4 were working with clients #2, #3, #4 and client A from another facility within the same residential agency. Interview with staff #4 on 3/13/12 at 1:30 PM indicated two residential staff accompanied the clients to the workshop daily and were expected to monitor them, supervise their (clients #1, #2, #3, #4, and client A) meals/snacks and were there to deal with any behavioral problems.</p> <p>Review on 3/14/12 at 4:00 PM of the current agreement with the day services provider currently being used with clients #1, #2, #3, and #4, indicated a 7/23/1992 "Day Program Agreement" and an</p>	W0118	<p><b>W118: The written agreement must contain the responsibilities, functions, objectives, and other terms agreed to by both parties.</b></p> <p><b>Corrective Action: (Specific)</b> The operation will complete and execute a contract that specifically addresses the contractor's responsibilities, functions, objectives, and other terms agreed upon. <b>How others will be identified: (Systemic)</b> Contracts from all other day services/workshops will be updated as needed. <b>Measures to be put in place:</b> The Executive Director will contact the current day services/workshop to arrange an updated contract stating the responsibilities and terms of both parties. <b>Monitoring of Corrective Action:</b> Contracts from all other day services/workshops will be updated as needed.</p>	04/28/2012			

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	<p>"Amendment to Professional Service Agreement" dated 8/18/08 which addressed the rights/responsibilities of the outside service provider in regards to HIPAA/the Health Insurance Portability and Accountability Act of 1996 (health care personal privacy rules). The review indicated no further updating of the provider agreements had been done when clients #1, #2, #3, and #4 had started at the new workshop in February 2012. Review of the Provider Profile on 3/14/12 at 8:00 PM indicated the facility had been opened in the spring of 2008 for adults with extensive support needs (residential facility with supports and services for adults with extensive supervision needs and intense behavioral support needs) and had been officially licensed on 6/29/08. The facility was not in existence at the time of the provider contract being implemented in July of 1992.</p> <p>Interview with staff #4 on 3/13/12 at 1:30 PM indicated client #2 had a behavioral outburst on 3/13/12 at 11:00 AM in regards to how the workshop counted his work product. The interview indicated staff #3 and #4 dealt with the behavior and workshop staff did not assist in monitoring the other clients (clients #3, #4 or A) nor did they assist in implementing client #2's behavior management protocol.</p>						

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	<p>Interview with Program Coordinator/PC staff #2 on 3/13/12 at 3:30 PM indicated the agency had switched from the former day services provider and had attended the current day services/workshop since February 1, 2012. The interview indicated the facility staff attended workshop with the clients and the staff transported and supervised another facility's client (A). The PC had no written plan which delineated how many staff were to continue at the workshop or if there were plans to eventually discontinue facility staff support at the day program.</p> <p>Interview with Program Director/Qualified Development Disabilities Professional #1 on 3/14/12 at 4:15 PM indicated the 1992 and 2008 agreements were the most current contracts with the current day services provider. The interview indicated no evidence of a plan regarding the facility staff continuing accompanying/monitoring the clients at the day service.</p> <p>9-3-1(a)</p>						

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W0120	<p>483.410(d)(3) SERVICES PROVIDED WITH OUTSIDE SOURCES The facility must assure that outside services meet the needs of each client.</p> <p>Based on observation, record review and interview for 2 of 2 sampled clients (#1 and #2), and 2 additional clients (#3 and #4), the residential agency failed to disseminate information and provide training to their day services provider to ensure each day services employee understood their rights and responsibilities pertaining to the Elder Justice Act; which requires specific individuals in applicable long term care facilities to report any reasonable suspicion of crimes committed against a resident of that facility; (pursuant to 6703(B)(3) of The Patient Protection and Affordable Care Act of 2010 according to section 1150B of the Social Security Act.)</p> <p>Findings include:</p> <p>During observations at the day services on 3/13/12 from 12:05 PM until 2:15 PM clients #2, #3, #4 were working with workshop staff #10, #11, and #12 observed to be in the work area. Environmental tours of the facility during the observation times indicated no posted documentation regarding the Elder Justice Act and the staff's rights/responsibilities</p>	W0120	<p><b>W120: The facility must assure that outside services meet the needs of each client</b> <b>Corrective Action: (Specific)</b> The Operations Manager for SGL will meet with the Program Director of the workshop to provide/ensure that all workshop staff are trained on the Abuse, Neglect Policy and Procedure as pertaining to the Elder Justice Act.<b>How others will be identified:</b> All Program Coordinators will ensure that all workshop staff are trained on the Abuse, Neglect Policy and Procedure as pertaining to the Elder Justice Act. <b>Measures to be put in place:</b> The Operations Manager for SGL will meet with the Program Director of the workshop to provide/ensure that all workshop staff is trained on the Abuse, Neglect Policy and Procedure as pertaining to the Elder Justice Act.<b>Monitoring of Corrective Action:</b> All Program Coordinators will ensure that all workshop staff are trained on the Abuse, Neglect Policy and Procedure as pertaining to the Elder Justice Act.</p>	04/28/2012

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	<p>thereof.</p> <p>Interview with Program Coordinator/PC staff #2 on 3/13/12 at 3:30 PM indicated the clients had attended the current day services/workshop since February 1, 2012. Review of training documents on 3/14/12 at 4:00 PM indicated the PC had trained the residential staff regarding the Elder Justice Act on 1/27/12 but there was no evidence the workshop staff had been trained.</p> <p>Interview with workshop staff #11 on 3/13/12 at 1:00 PM indicated no knowledge of the Elder Justice Act and the responsibilities it entailed. Interview with workshop supervisory staff #9 and #10 on 3/16/12 at 2:30 PM indicated the residential agency had not provided training with the day services agency</p> <p>Interview with PD/QDDP (Program Director/Qualified Development Disabilities Professional) #1 on 3/14/12 at 4:15 PM indicated no evidence the former QDDP had trained the the workshop staff in regards to the Elder Justice Act.</p> <p>9-3-1(a)</p>			
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