

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 03/27/2014
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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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W000000	<p>This visit was for an annual recertification and state licensure survey.</p> <p>Dates of Survey: March 24, 25, 26 and 27, 2014.</p> <p>Provider Number: 15G746 Facility Number: 011664 AIM Number: 200902010</p> <p>Surveyor: Dotty Walton, QIDP</p> <p>The following deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 4/16/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000104	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based on record review and interview for 2 of 2 sampled clients (#1 and #2), and two additional clients (#3 and #4), the</p>	W000104	<p>W104: The governing body must exercise general policy, budget, and operating direction over the facility. Corrective Action:</p>	04/28/2014

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>facility's governing body failed to exercise general policy, budget and operating direction over the facility to ensure clients did not pay for over the counter medications/OTC, medication co-pays, and failed to ensure a shower curtain was provided and the bathroom floors were maintained.</p> <p>Findings include:</p> <p>During observations at the facility on the evening of 3/24/14 from 4:00 PM until 7:10 PM and on 3/25/14 from 6:07 AM until 2:00 PM, clients #1, #2, #3, and #4's living quarters were observed. There was a dark black stain around the bathtub and shower areas in the both client bathrooms. The bathtub/shower combination did not have a shower curtain to protect client privacy or protect from water spillage on the floor for safety.</p> <p>Client financial records (Resident Fund Management Service/RFMS) and Pharmacy Alternatives LLC statements were reviewed with the facility's Business Office Manager on 3/26/14 at 1:03 PM and 1:36 PM.</p> <p>Client #1's RFMS statement indicated the facility had paid "medicine co-pays" in the amount of \$130.04 from his personal</p>		<p>(Specific) The Business Office Manager has been in-serviced on policy and procedure regarding the Facility responsibility to cover costs of over the counter as well as prescription medication co pays. These costs should not be taken out of the consumer accounts but be part of the daily rate. The consumers have been reimbursed for all charges that were taken out of consumer accounts. The Residential Manager has been in-serviced on completing environmental checklist to ensure that the facility is clean, safe and maintained monthly. Residential Manager was also in-serviced on Client Privacy as it pertains to ensuring that clients have privacy in the bathroom by ensuring that a shower curtain is up in the bathtub/shower at all times. How others will be identified:</p> <p>(Systemic) The Program Manager will make routine visits to the home to complete Environmental Inspection. The Program Manager will review RFMS statements monthly to ensure that co-pays are not being taken from consumer funds. The Business Office Manager will ensure that all consumers in the Group Home will not be billed for medication co pays, prescription or over the counter. The Facility will assume responsibility for these costs as part of the daily rate. Maintenance has replaced caulking in both bathrooms at the</p>				

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	<p>funds on 3/20/14. A statement from Pharmacy Alternatives LLC date 2/28/14 indicated client #1 was billed \$130.04 31 to 60 days "o/due (overdue) for over the counter medications and co-payments of prescribed medications."</p> <p>Client #2's RFMS (1/02/13 through 3/20/14) statement indicated the facility had paid "medicine co-pays" in the amount of \$50.76 from his personal funds on 3/20/14. A statement from Pharmacy Alternatives LLC date 2/28/14 indicated client #2 was billed \$14.97, 31 to 60 days "o/due (overdue) for co-payments of prescribed medications." The statement indicated client #2 was billed \$5.79 for Magnesium Citrate (used to prepare for colonoscopy) "OTC (over the counter) not covered."</p> <p>Client #3's RFMS (1/02/13 through 3/20/14) statement indicated the facility had paid "medicine co-pays" in the amount of \$12.00 from his personal funds on 3/20/14. A statement from Pharmacy Alternatives LLC date 2/28/14 indicated client #3 was billed \$3.00, 31 to 60 days "o/due (overdue) for a multi-vitamin."</p> <p>Client #4's RFMS (1/02/13 through 3/20/14) statement indicated the facility had paid "medicine co-pays" in the</p>		<p>home. A shower curtain has been purchased and installed in the shower in the home to ensure that each consumer has privacy when showering. Measures to be put in place: The Business Office Manager has been in-serviced on policy and procedure regarding the Facility responsibility to cover costs of over the counter as well as prescription medication co pays. These costs should not be taken out of the consumer accounts but be part of the daily rate. All consumers have been reimbursed for all charges that were taken out of consumer accounts. The Residential Manager has been in-serviced on completing environmental checklist to ensure that the facility is clean, safe and maintained monthly. Residential Manager was also in-serviced on Client Privacy as it pertains to ensuring that clients have privacy in the bathroom by ensuring that a shower curtain is up in the bathtub/shower at all times.</p> <p>Monitoring of Corrective Action: The Program Manager will make routine visits to the home to complete Environmental Inspection. The Program Manager will review RFMS statements monthly to ensure that co-pays are not being taken from consumer funds. The Business Office Manager will ensure that all consumers in the Group Home will not be billed for medication co</p>				

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W000149	<p>amount of \$33.41 from his personal funds on 3/20/14 and 25.00 for eyeglasses repair on 3/14/14. A statement from Pharmacy Alternatives LLC date 2/28/14 indicated client #4 was billed \$33.41 for medications "not covered" by his insurance.</p> <p>An interview with the Group Home Manager (GHM) #1 was conducted on 3/26/14 at 2:05 P.M. The GHM stated medicine co-payments were included in the "daily rate" paid to the provider. The interview indicated the GHM was responsible to maintain the petty/pocket cash client home accounts and did not oversee the RFMS accounting.</p> <p>9-3-1(a)</p> <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 2 of 10 incidents reviewed for 1 of 2 sampled clients (#1), and 1 additional client (#4), the facility failed to implement policy and procedures which prohibited neglect/financial exploitation of clients by failing to prevent client #4 from eloping and by failing to keep client</p>	W000149	<p>pays, prescription or over the counter. The Facility will assume responsibility for these costs as part of the daily rate. Maintenance has replaced caulking in both bathrooms at the home. A shower curtain has been purchased and installed in the shower in the home to ensure that each consumer has privacy when showering. Completion date: 04/13/14</p> <p>W149: The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Corrective Action: (Specific) The Behavior Clinician was in-serviced on updating the client Behavior Support Plan to reflect the current treatment that is being given to consumers. The</p>	04/28/2014			

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	<p>#1's personal money safe.</p> <p>Findings include:</p> <p>Review of reportable incidents on 3/24/14 at 2:00 PM and on 3/26/14 at 3:30 PM indicated the following:</p> <p>An investigation dated 10/7/13 by Quality Assurance/QA staff #1 indicated client #1 had \$16.00 missing from his home account. QA #1's "Factual Findings" of the investigation indicated: "After reviewing witness statements and September finance audits, there is \$16.00 missing from [client #1's] account, but no way to determine where the money is." The allegation was "substantiated." Restitution was made by the facility on 10/21/13.</p> <p>A Bureau of Developmental Disabilities Services/BDDS report regarding client #4 dated 12/15/13 indicated client #4 eloped from the facility on 12/14/13 at 10:40 PM.</p> <p>Client #4 was asked by the LPN to elevate his foot instead of having "prn for pain (as needed pain medication)." Staff #4 was supervising client #4 and speaking with the LPN via phone. Client #4 became upset and left the facility; staff #4 lost sight of client #4 due to darkness. Another facility staff found client #4</p>		<p>Residential Manager has been in-serviced on Finances and monitoring of consumer finances in order to ensure that all consumer finances are accurate. All staff including the Residential Manager was in-serviced on Abuse, Neglect and Exploitation Policy as well as all consumer Behavior Support Plans and Individual Support Plans. How others will be identified: (Systemic) The Program Manager will review Behavior Support Plans monthly to ensure that plan correlates with treatment that is given to each consumer. The Program Manager will make random visits to the home at various times at least 3 times a week to ensure staff is aware of the Abuse, Neglect and Exploitation Policy and that they are exhibiting said policy while caring for consumers. The Office Coordinator will review consumer finances monthly to ensure that all consumer account totals are accurate. Measures to be put in place: The Behavior Clinician was in-serviced on updating the client Behavior Support Plan to reflect the current treatment that is being given to consumers. The Residential Manager has been in-serviced on Finances and monitoring of consumer finances in order to ensure that all consumer finances are accurate. All staff including the Residential Manager was in-serviced on Abuse, Neglect and Exploitation</p>		

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	<p>walking along the state highway which was near the facility. Client #4 has a history of elopement having left the facility on 5/29-30/13 at midnight (12:00 AM) during staff shift change.</p> <p>The "Abuse/Neglect/Exploitation Policy and Procedure" component of the agency's Operational Policy and Procedure Manual (revised 07/02/2012) was reviewed on March 26, 2014 at 2:05 PM. The review indicated the agency prohibited neglect of clients/exploitation. The definitions of exploitation and neglect were, in part, as follows: "E. Abuse-Exploitation Definition: 1. An act that deprives an individual of real or personal property by fraudulent or illegal means." "F. Neglect--Program Implementation/Intervention Definition: 1. Failure to provide goods and/or services necessary for the individual to avoid physical harm."</p> <p>Agency administrative staff #1 was interviewed on March 26, 2014 at 3:00 PM. The interview indicated the facility prohibited neglect/exploitation of clients.</p> <p>9-3-2(a)</p>		<p>Policy as well as all consumer Behavior Support Plans and Individual Support Plans. Monitoring of Corrective Action: The Program Manager will review Behavior Support Plans monthly to ensure that plan correlates with treatment that is given to each consumer. The Program Manager will make random visits at varying times at least 3 times a week to the home to ensure that all staff is aware of the Abuse, Neglect and Exploitation Policy and that they are exhibiting said policy while caring for consumers. The Office Coordinator will review consumer finances monthly to ensure that all consumer account totals are accurate. Completion date: 04/28/14</p>		

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W000225	<p>483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must include, as applicable, vocational skills. Based on observation, record review and interview for 2 of 2 sampled clients (#1 and #2), the facility failed to ensure an indepth assessment of functional vocational skills was completed.</p> <p>Findings include:</p> <p>Clients #1 and #2 were observed at the group home on 3/25/14 from 6:07 AM until 2:00 PM. At 8:30 AM, clients #3 and #4 were accompanied by staff and taken to a local workshop; clients #1 and #2 did not go to the workshop or any other outside day program.</p> <p>Observations were conducted at the workshop on 3/26/14 at 11:00 AM. Clients #1 and #2 were not in attendance.</p> <p>Client #1's record was reviewed on 3/25/14 at 1:17 PM. His 2/14</p>	W000225	<p>W225: The comprehensive functional assessments must include, as applicable, vocational skills. Corrective Action: (Specific) Residential Manager has been in-serviced on securing Day Program services for all new admissions and all consumers within 30 days of their arrival in ResCare services as well as proper completion of Vocational Assessments. Assessments were completed for client #1 and #2. Clients #1 and #2 started attending Day Services on 4/30/14. There were no other clients affected. How others will be identified: (Systemic) The Program Manager will follow up on all new admissions to ensure Day Program services and Pre-Vocational Assessments have been secured and completed within 30 days of admission. Measures to be put in place: Residential Manager has been in-serviced on securing</p>	04/28/2014

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	<p>CFA/Comprehensive Functional Assessment/Pre-Vocational component was reviewed on 3/26/14 at 12:53 PM. There was no indepth assessment of functional vocational skills.</p> <p>Client #2's record was reviewed on 3/25/14 at 10:00 AM. His 6/13 CFA/Pre-Vocational component was reviewed on 3/26/14 at 12:53 PM. There was no indepth assessment of functional vocational skills.</p> <p>Workshop supervisory staff (WS) #1 and #2 were interviewed on 3/26/14 at 11:30 AM. WS staff #1 and #2 were asked if they had done a vocational assessment of clients #1 and #2's vocational abilities. WS staff #1 stated a trial of coming to the workshop for "30 days" was the practice to best ascertain a client's needs and strengths. The interview indicated a team meeting occurred on 4/29/13 with residential facility staff Behavioral Clinician #2 and former Program Manager #2. The team meeting (reviewed 3/26/14 at 11:38 AM) indicated client #1 would start on 5/6/13 and attend the workshop on a limited basis as tolerated. Client #2 was to start coming to workshop on 4/30/13. The interview indicated clients #1 and #2 had not attended the workshop/day program so a vocational assessment</p>		<p>Day Program services for all new admissions and all consumers within 30 days of their arrival in ResCare services as well as proper completion of Vocational Assessments. Assessments were completed for client #1 and #2. Clients #1 and #2 started attending Day Services on 4/30/14. There were no other clients affected. Monitoring of Corrective Action: The Program Manager will follow up on all new admissions to ensure Day Program services and Pre-Vocational Assessments have been secured and completed within 30 days of admission. Completion date: 04/28/14</p>				

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W000289	<p>could not be completed.</p> <p>An interview with the Group Home Manager (GHM) #1 was conducted on 3/26/14 at 2:05 P.M. The GHM indicated clients #1 and #2 did not attend outside day programs.</p> <p>9-3-4(a)</p> <p>483.450(b)(4) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR</p> <p>The use of systematic interventions to manage inappropriate client behavior must be incorporated into the client's individual program plan, in accordance with §483.440(c)(4) and (5) of this subpart.</p> <p>Based on observation, interview and record review for 1 of 2 sampled clients (#1), the facility failed to ensure the client's issues with soiling clothing were addressed in his BSP/Behavior Support Plan.</p> <p>Findings include:</p> <p>During observations at the facility on March 25, 2014 from 6:10 AM until 2:00 PM the client's daily routine was observed. Staff #6 was supervising client</p>	W000289	<p>W289: Management of inappropriate Client behavior Corrective Action: (Specific) The Behavior Clinician was in-serviced on updating the client Behavior Support Plan to reflect the current treatment that is being given to consumers. All client Behavior Support Plans were reviewed and Client #1 BSP has been updated to include personal clothing storage in the unlocked linen closet. Client #2 BSP has been updated to reflect and include the Depo provera injections. No other clients were</p>	04/28/2014

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	<p>#1 during the observations. Client #1, at 10:09 AM, was standing in the living area near a linen closet. Staff #6 asked using gestures and also verbally what client #1 wanted. Staff #6 went to the linen closet and obtained a shirt for client #1, it was determined he wanted clean pants and he went to the restroom as staff #6 gave assistance as needed. Client #1's personal clothing was stored in the unlocked linen closet adjacent to the bathroom area, not in his bedroom.</p> <p>Client #1's record was reviewed on 3/25/14 at 1:17 PM. His ISP/Individual Support Plan dated 2/1/14, and Behavioral Support Plan/BSP dated 9/9/13 did not address having his personal clothing in a linen closet instead of his bedroom.</p> <p>An interview with the Group Home Manager (GHM) #1 was conducted on 3/26/14 at 2:05 P.M. The GHM indicated client #1 had the behavior of soiling his clean clothing and keeping clothes out of his bedroom closet was a way of addressing this behavior.</p> <p>9-3-5(a)</p>		<p>affected. All staff have been inserviced on updated plans.</p> <p>How others will be identified: (Systemic) All clients BSP were reviewed and no other clients were affected. The Program Manager will review Behavior Support Plans monthly to ensure that all plans include target behaviors, reactive and preventative strategies to address and control behaviors as well as medications prescribed to control behaviors.</p> <p>Measures to be put in place: The Behavior Clinician was in-serviced on updating the client Behavior Support Plan to reflect the current treatment that is being given to consumers. All client Behavior Support Plans were reviewed and Client #1 BSP has been updated to include personal clothing storage in the unlocked linen closet. Client #2 BSP has been updated to reflect and include the Depo provera injections. No other clients were affected. All staff have been inserviced on updated plans.</p> <p>Monitoring of Corrective Action: All clients BSP were reviewed and no other clients were affected. The Program Manager will review Behavior Support Plans monthly to ensure that all plans include target behaviors, reactive and preventative strategies to address and control behaviors as well as medications prescribed to control behaviors.</p>		

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W000312	<p>483.450(e)(2) DRUG USAGE Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. Based on record review and interview for 1 of 2 sampled clients who used drugs for inappropriate behavior, (#2), the facility failed to ensure the use of the behavior drug (Depo-Provera) was included in the client's plans.</p> <p>Findings include:</p> <p>Client #2's record was reviewed on 3/25/14 at 10:00 AM. His 3/14 MAR (medication administration record) indicated a generic form of Depo-Provera 150 ml (milliliter) injection weekly every Tuesday was prescribed for "uncontrollable sexual desires." Client #2's record review indicated a BSP/behavior support program dated 2/25/14; the BSP did not contain the Depo-Provera as a behavioral medication.</p> <p>An interview with the Behavioral</p>	W000312	<p>Completion date: 04/28/14</p> <p>W312: Drug Usage Corrective Action: (Specific) The Behavior Clinician was in-serviced on updating the client Behavior Support Plan to reflect the current treatment that is being given to consumers. All client Behavior Support Plans were reviewed and Client #1 BSP has been updated to include personal clothing storage in the unlocked linen closet. Client #2 BSP has been updated to reflect and include the Depo provera injections. No other clients were affected. All staff have been inserviced on updated plans.</p> <p>How others will be identified: (Systemic) All clients BSP were reviewed and no other clients were affected. The Program Manager will review Behavior Support Plans monthly to ensure that all plans include target behaviors, reactive and preventative strategies to address and control behaviors as well as medications prescribed to control behaviors. Measures to be put</p>	04/28/2014
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W000418	<p>Clinician (BC #10) on 3/26/14 at 1:15 P.M. indicated a former colleague had failed to include the Depo Provera injections in client #2's treatment plans/BSP and this would be remedied.</p> <p>9-3-5(a)</p> <p>483.470(b)(4)(ii) CLIENT BEDROOMS The facility must provide each client with a clean, comfortable mattress. Based on observation and interview for 1 of 2 sampled clients (#1), the facility failed to provide the client a mattress which was in good repair.</p> <p>Findings include: During observations at the facility on the</p>	W000418	<p>in place: The Behavior Clinician was in-serviced on updating the client Behavior Support Plan to reflect the current treatment that is being given to consumers. All client Behavior Support Plans were reviewed and Client #1 BSP has been updated to include personal clothing storage in the unlocked linen closet. Client #2 BSP has been updated to reflect and include the Depo provera injections. No other clients were affected. All staff have been inserviced on updated plans.</p> <p>Monitoring of Corrective Action: All clients BSP were reviewed and no other clients were affected. The Program Manager will review Behavior Support Plans monthly to ensure that all plans include target behaviors, reactive and preventative strategies to address and control behaviors as well as medications prescribed to control behaviors. Completion date: 04/28/14</p> <p>W418: Client Bedrooms Corrective Action: (Specific) The Residential Manager has been in-serviced on completing environmental checklist to ensure that the facility is clean, safe and maintained monthly. A new mattress has been purchased to replace the old one for identified Client #1.</p>	04/28/2014

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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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W000426	<p>evening of 3/24/14 from 4:00 PM until 7:10 PM and on 3/25/14 from 6:07 AM until 2:00 PM, clients #1, #2, #3, and #4's living quarters were observed. Client #1's bedroom contained a large bed which visibly had indentations in the mattress.</p> <p>An interview with the Group Home Manager (GHM)#1 was conducted on 3/26/14 at 2:05 P.M. The GHM indicated client #1 would lay in a particular section of his bed and there were indentations where he lay. The interview indicated the client's mother was going to provide a new mattress.</p> <p>9-3-7(a)</p> <p>483.470(d)(3) CLIENT BATHROOMS The facility must, in areas of the facility where clients who have not been trained to regulate water temperature are exposed to hot water, ensure that the temperature of the water does not exceed 110 degrees Fahrenheit. Based on observation, record review and interview for 2 of 2 sampled clients (#1 and #2), the facility failed to ensure water temperatures were kept at a temperature which did not exceed 110 degrees Fahrenheit for clients who could not regulate water temperatures.</p>			W000426	<p>How others will be identified: (Systemic) The Program Manager will make routine visits to the home to complete Environmental Inspections at least weekly and ensure that all client mattresses are clean and comfortable. Measures to be put in place: The Residential Manager has been in-serviced on completing environmental checklist to ensure that the facility is clean, safe and maintained monthly. A new mattress has been purchased to replace the old one for identified Client #1. Monitoring of Corrective Action: The Program Manager will make routine visits to the home to complete Environmental Inspections at least weekly and ensure that all client mattresses are clean and comfortable. Completion date: 04/28/14</p> <p>W426: Client Bathrooms Corrective Action: (Specific) The water temperature was turned down on the hot water heater by the plumber. The Residential Manager has been inserviced on immediate notification to the maintenance department for any water</p>		04/28/2014

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	<p>Findings include:</p> <p>During observations at the facility on the evening of 3/24/14 from 4:00 PM until 7:10 PM and on 3/25/14 from 6:07 AM until 2:00 PM, clients #1, #2, #3, and #4's living quarters were observed. At 5:00 PM on 3/24/14, an environmental tour which included taking water temperatures was done with Home Manager/HM #1. Bathroom #1 (bathroom with tub) had a reading of 116.6 degrees F (Fahrenheit). The bathroom with the accessible shower had a reading of 115.3 degree F.</p> <p>Interview with HM #1 on 3/24/14 at 5:15 PM indicated the facility's water was kept at 110 degrees for client safety. The interview indicated the higher temperatures could be due to water heater repairs which occurred on 3/24/14. The interview indicated clients #1 and #2 required staff assistance to mix water to a safe temperature for bathing/handwashing.</p> <p>Clients #1, #2, #3, and #4's Water Regulation Assessments were reviewed on 3/26/14 at 12:53 PM. Client #1's undated assessment indicated he was not independent in mixing water to a safe temperature. Client #2's undated assessment indicated he was not</p>		<p>temperature exceeding 110 degrees F so it can be corrected immediately. Water temperature will be monitored daily and before client showers to ensure water temperatures don't exceed 110 degrees F. How others will be identified: (Systemic) The Program Manager will make routine visits to the home to complete Environmental Inspections, review water temperatures and ensure that water temperatures do not exceed 110 degrees F. The Residential Manager will ensure that all water temperatures will be monitored daily and before all client showers. Measures to be put in place: The water temperature was turned down on the hot water heater by the plumber. The Residential Manager has been inserviced on immediate notification to the maintenance department for any water temperature exceeding 110 degrees F so it can be corrected immediately. Water temperature will be monitored daily and before client showers to ensure water temperatures don't exceed 110 degrees F. Monitoring of Corrective Action: The Program Manager will make routine visits to the home to complete Environmental Inspections, review water temperatures and ensure that water temperatures do not exceed 110 degrees F. The Residential Manager will</p>				

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W009999	<p>independent in mixing water to a safe temperature.</p> <p>9-3-7(a)</p> <p>State Findings:</p> <p>The following Community Residential Facilities for Persons with Developmental Disabilities rule was not met:</p> <p>460 IAC 9-3-4 Active Treatment Services.</p> <p>(b) The provider shall obtain day services for each resident which: (1) meet the criteria and certification requirements established by the division of aging and rehabilitative services for all day service providers; (2) meet the resident's active treatment needs set forth in the resident's individual program plan as determined by the interdisciplinary team conference with preference for services in the least restrictive environment.</p> <p>This state rule was not met as evidenced</p>	W009999	<p>ensure that all water temperatures will be monitored daily and before all client showers. Completion date: 04/28/14</p> <p>W9999: Final Observations Corrective Action: (Specific) Residential Manager has been in-serviced on securing Day Program services for all new admissions and all consumers within 30 days of their arrival in ResCare services as well as proper completion of Vocational Assessments.</p> <p>How others will be identified: (Systemic) The Program Manager will follow up on all new admissions to ensure Day Program services and Pre-Vocational Assessments have been secured and completed within 30 days of admission.</p> <p>Measures to be put in place: Residential Manager has been in-serviced on securing Day Program services for all new admissions and all consumers within 30 days of their arrival in ResCare services as well as proper completion of Vocational Assessments.</p>	04/28/2014			

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	<p>by:</p> <p>Based on observation, record review and interview, the facility failed to meet the active treatment needs pertaining to day services programming for 2 of 2 sampled clients (#1 and #2).</p> <p>Findings include:</p> <p>Clients #1 and #2 were observed at the group home on 3/25/14 from 6:07 AM until 2:00 PM. At 8:30 AM, clients #3 and #4 were accompanied by staff to a local workshop; clients #1 and #2 did not go to the workshop or any other outside day program. No alternative day service was observed to be provided.</p> <p>Observations were conducted at the workshop on 3/26/14 at 11:00 AM. Clients #1 and #2 were not in attendance. Workshop supervisory staff (WS) #1 and #2 were interviewed on 3/26/14 at 11:30 AM. The interview indicated a team meeting occurred on 4/29/13 with residential facility staff Behavioral Clinician #2 and former Program Manager #2. The team meeting (reviewed 3/26/14 at 11:38 AM) indicated client #1 would start on 5/6/13 and attend the workshop on a limited basis as tolerated. Client #2 was to start coming to workshop on 4/30/13. WS staff #1</p>		<p>Monitoring of Corrective Action: The Program Manager will follow up on all new admissions to ensure Day Program services and Pre-Vocational Assessments have been secured and completed within 30 days of admission.</p> <p>Completion date: 04/28/14</p>				

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	<p>indicated the facility had not followed the team meeting's recommendations.</p> <p>An interview with the Group Home Manager (GHM) #1 was conducted on 3/26/14 at 2:05 P.M. The GHM indicated clients #1 and #2 did not attend outside day programs.</p> <p>9-3-4(b)(1)(2)</p>			