

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G179	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  02/24/2014
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NAME OF PROVIDER OR SUPPLIER  COMMUNITY ALTERNATIVES SW IN	STREET ADDRESS, CITY, STATE, ZIP CODE 8206 BUCKRIDGE TR EVANSVILLE, IN 47715
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W000000	<p>This visit was for an annual fundamental recertification and state licensure survey.</p> <p>Survey Dates: February 4, 5, 7, 11, 12, 13 and 24, 2014</p> <p>Facility Number: 000712 Provider Number: 15G179 AIM Number: 100243090</p> <p>Surveyor: Jo Anna Scott, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 3/10/14 by Ruth Shackelford, QIDP.</p>	W000000		
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 record review and interview for 4 of 4 sampled clients (clients #1, #2, #3 and #4) and 4 additional clients (clients #5, #6, #7 and #8), the facility</p>	W000149	<p><b>W149</b>  - The facility must ensure</p>	03/22/2014

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>failed to implement their Abuse/Neglect/Exploitation Policy in regard to a substantiated allegation of staff to client abuse.</p> <p>Findings include:</p> <p>The facility BDDS (Bureau of Developmental Disabilities Services) incident reports were reviewed on 2/5/14 at 1:00 PM. The BDDS report dated 1/24/14 indicated the following: "It was reported to QA (Quality Assurance) that [staff #7] and [staff #9] have been verbally abusive toward the ladies and that [staff #9] had been sleeping while on her shift. It was also reported that [staff #8] had been putting items on [client #3's] hands to prevent her from biting herself."</p> <p>Review of the Incident Investigation Review dated 2/7/14 was conducted on 2/7/14 at 3:00 PM. The findings substantiated that staff #7 had been verbally inappropriate towards client #3 and was retrained on abuse, neglect, client rights and reporting procedures; staff #8 was terminated for putting hot sauce and soap on client #3's hands and allegations of staff #9 sleeping and verbal abuse were not substantiated for clients #1, #2, #3, #4, #5, #6, #7 and #8.</p>		<p>to follow all policies and procedures to prohibit mistreatment, neglect and abuse of the client.</p> <p>- The facility has a policy on abuse and neglect that remains appropriate.</p> <p>- Staff will be retrained by the Training Director on the following related to ResCare Policy: Abuse &amp; Neglect, Bill of Rights, Grievance Policy, Incident Reporting, Nursing On Call Procedures &amp; Chain of Command.</p> <p>- Residential Manager will be retrained on the following related to ResCare Policy: Abuse &amp; Neglect, Bill of Rights, Grievance Policy, Incident Reporting, Nursing On Call Procedures &amp; Chain of Command.</p> <p>- Program Manager will be retrained by the Training Director on the following related to ResCare Policy: Abuse &amp; Neglect, Bill of Rights, Grievance Policy,</p>				

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	<p>The Abuse/Neglect/Exploitation Policy dated effective 7/18/94 and revised 10/8/12 was reviewed on 2/11/14 at 2:30 PM and indicated "It is an absolute requirement of ResCare CASW (Community Alternatives Southwest) that individuals who live in the home be shown every courtesy and treated with intelligent understanding. Any act, on the part of any employee, which may be construed as mistreatment, verbal, physical or psychological, of individuals receiving group home service is expressly prohibited and will constitute grounds for the immediate dismissal of the offending employee."</p> <p>Interview with administrative staff #3 on 2/11/14 at 10:30 AM indicated the facility had done disciplinary action with the staff that had been involved in the incident.</p> <p>9-3-2(a)</p>		<p>Incident Reporting, Nursing On Call Procedures &amp; Chain of Command.</p> <ul style="list-style-type: none"> <li>- The Residential Manager will be trained on ensuring that the Chain of Command is current and posted in the home and that the Program Manager is notified immediately related to any allegations of Abuse &amp; Neglect.</li> <li>- The Program Manager will be trained on ensuring that the Chain of Command is current and posted in the home and that the Executive Director is notified immediately related to any allegations of Abuse &amp; Neglect.</li> <li>- The Program Manager and Nurses will be trained on notifying ResCare Administration, immediately regarding any allegation of Abuse &amp; Neglect.</li> <li>- Residential Manager will monitor the home daily through observations and reading of the client's</li> </ul>		

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			<p>individual chronos to ensure that proper reporting procedures are followed in any incident of alleged abuse and/or neglect.</p> <p>- Program Manager will monitor the home two times weekly through observations and reading of the client's individual chronos to ensure that proper reporting procedures are followed in any incident of alleged abuse and/or neglect.</p> <p>- The facility has a policy regarding client rights which remains appropriate, as well as, a policy regarding grievance procedures which remains appropriate; these policies will be reviewed with all clients in the home.</p> <p>Persons Responsible: Staff, Residential Manager, Program Director, Director of Training, &amp; Executive Director.</p>		

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W000156	<p>483.420(d)(4) STAFF TREATMENT OF CLIENTS The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law within five working days of the incident. Based on record review and interview for 1 of 5 BDDS (Bureau of Developmental Disabilities Services) reports requiring an investigation involving 4 of 4 sample clients (clients #1, #2, #3 and #4) and 4 additional clients (clients #5, #6, #7 and #8), the facility failed to complete the investigation and report the results to the administrator within 5 working days.</p> <p>Findings include:</p> <p>The BDDS reports were reviewed on 2/5/14 at 1:00 PM. The BDDS report dated 1/24/14 indicated there was an allegation of staff #7 being verbally inappropriate with clients #3 and #8, staff #8 putting hot sauce and soap on client #3's hands to keep her from biting her hands, and staff #9 sleeping and being verbally abusive with clients #1, #2, #3, #4, #5, #6, #7 and #8.</p> <p>Review of the Incident Investigation Review dated 2/7/14 was conducted on 2/7/14 at 3:00 PM. The investigation was completed on 2/7/14. The findings</p>	W000156	<p><b>W156</b></p> <p>-The results of all investigations must be reported to the administrator or designated representative or other officials in accordance with State law within five working days of the incidents.</p> <p>-The Quality Assurance Department will be retrained on ensuring that all allegations of abuse, neglect, or mistreatments of clients are investigated and submitted to the Executive Director within 5 business days from the date the allegation was made.</p> <p>-The Executive Director shall ensure through review of incidents to assure proper documentation and review occurs within five business days. Any issues shall be dealt with through ResCare policy and</p>	03/22/2014

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W000436	<p>substantiated that staff #7 had been verbally inappropriate towards client #3 and was retrained on abuse, neglect, client rights and reporting procedures; staff #8 was terminated for putting hot sauce and soap on client #3's hands and staff #9's allegations of sleeping and verbal abuse were not substantiated for clients #1, #2, #3, #4, #5, #6, #7 and #8.</p> <p>Interview with administrative staff #3 on 2/11/14 at 10:30 AM indicated he knew the investigation was late but it was difficult to get all the information together and required interviewing the clients two separate times.</p> <p>9-3-2(a)</p> <p>483.470(g)(2) SPACE AND EQUIPMENT The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. Based on observation, record review,</p>	W000436	<p>procedure.</p> <p>Persons Responsible: Quality Assurance Department &amp; Executive Director.</p>	03/22/2014			

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	<p>and interview for 1 of 4 sampled clients (client #2), the facility failed to ensure client #2 was taught to wear her glasses.</p> <p>Findings include:</p> <p>During the observation period on 2/11/14 from 3:35 PM to 7:00 PM client #2 was not observed to be wearing eyeglasses.</p> <p>During the observation period on 2/12/14 from 5:40 AM to 6:50 AM, client #2 left for her day program without wearing glasses.</p> <p>The record review for client #2 was conducted on 2/12/14 at 1:12 PM. The vision assessment indicated client #2 received a new prescription for spectacles for full time use on 10/10/13.</p> <p>Interview with administrative staff #2 on 2/13/14 at 11:00 AM stated "[Client #2] should have been wearing her glasses."</p> <p>9-3-7(a)</p>		<p>-The facility must furnish, maintain in good repair, and teach clients to use and make informed choices about the use of dentures, eyeglasses, hearing, and other communication aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>-An IDT will be completed with all clients to review their goals in regards to use of adaptive equipment and ensure that they remain appropriate.</p> <p>-All staff will be retrained on any updates made to the client's goals for use of adaptive equipment...</p> <p>-Specifically for client #2 an IDT will be held to review client #2 goals. A goal will be put into place for client #2 to wear their prescription eye glasses.</p> <p>-Residential Manger will monitor through daily observations to ensure that</p>		

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W000474	<p>483.480(b)(2)(iii) MEAL SERVICES Food must be served in a form consistent with the developmental level of the client. Based on observation, record review and interview for 1 of 4 sampled clients (client #4), the facility failed to ensure the client's diet order was followed.</p> <p>Findings include:</p> <p>During the observation period on 2/11/14 from 3:35 PM to 7:00 PM, client #4 sat down to dinner at 4:55 PM. Dinner consisted of fish sticks, lettuce salad, lima beans, carrots, mixed vegetables, milk and flavored water drinks. Client #4 did not have the fish</p>	W000474	<p>all client's goals are being implemented appropriately.</p> <p>Program Manager will monitor through weekly observations to ensure that all client's goals are being implemented appropriately.</p> <p>- The facility has a policy regarding client rights which remains appropriate, as well as, a policy regarding grievance procedures which remains appropriate; these policies will be reviewed with all clients in the home.</p> <p><b>W474</b></p> <p>- The facility must assure that each eats in a manner consistent with his or her developmental level.</p> <p>-An IDT meeting will be held to review all client's diets to ensure that they remain appropriate. All staff will be retrained on any changes made to the diets.</p>	03/22/2014			

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W009999	sticks cut into bite size pieces.  The record review for client #4 was conducted on 2/12/14 at 3:05 PM. The Dietary Assessment dated 1/24/14 indicated client #4 had Dysphagia III and was to have no citrus foods, no raw fruit or vegetables, no dry crunchy foods, all food was to be cut into bite size pieces and to eat soft canned fruit.  Interview with administrative staff #3 on 2/12/14 at 3:30 PM indicated the fish sticks should have been cut into bite size pieces.  9-3-8(a)  State Findings  The following Community Residential Facilities for Persons with Developmental Disabilities Rule was not met.  460 IAC 9-3-2 Resident Protections	W009999	-All staff will be retrained on all clients ISPs, BSPs, High Risk Plans, & Diets.  -Specifically for clients #4 all staff will be retrained on her diet.  -Residential Manager will monitor through daily observations to ensure that all client's diets are being implemented appropriately.  -Program Manager will monitor through monthly observations to ensure that all client's diets are being implemented appropriately.  Persons Responsible: Staff, Residential Manager, Program Manager & Executive Director.  W9999  - The following Community Residential Facilities for Persons with Development Disabilities Rule was not met by the facility.  - All members of the HR	03/22/2014	

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	<p>(c) The residential provider shall demonstrate that its employment practices assure that no staff person would be employed where there is: (3) conviction of a crime substantially related to a dependent population or any violent crime. The provider shall obtain, as a minimum, a bureau of motor vehicles record, a criminal history check as authorized in IC 5-2-5-5[IC 5-2-5 was repealed by P.L.2-2003, SECTION 102, effective July 1, 2003. See IC 10-13-3-27.], and three (3) references. Mere verification of employment dates by previous employers shall not constitute a reference in compliance with this section.</p> <p>This State Rule is not met as evidenced by:</p> <p>Based on record review and interview for 1 of 3 staff (staff #5) personnel files, the facility failed to ensure three references were obtained prior to employment.</p> <p>Findings include:</p> <p>The personnel files were reviewed on 2/5/14 at 2:12 PM. Review of 3 staff records indicated staff #5 had not provided three references prior to coming to work. The record indicated</p>		<p>Department will be retrained on ensuring that facility obtains all required references prior to employment of any employee.</p> <p>- The HR Department will review all staff's files to ensure that all are in accordance with both company and state protocol.</p> <p>- The HR Department will monitor through weekly observations of all new employees files to ensure that all required reference checks are completed prior to the employee starting their employment with ResCare.</p> <p>Persons Responsible: Training Director, Human Resources Coordinator, Human Resources Manager, &amp; Executive Director.</p>				

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	<p>staff #5 had two references.</p> <p>Interview with Staff #6, administrator, on 2/7/14 at 10:00 AM indicated he knew there were supposed to be three references and had missed getting a third reference for staff #5.</p> <p>9-3-2(c)(3)</p>			