

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G723	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/30/2012
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NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP CODE 13009 HORIZON DR MEMPHIS, IN 47143
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W0000	<p>This visit was for the investigation of complaint #IN00113997.</p> <p>Complaint #IN00113997 - Substantiated, Federal/State deficiencies related to the allegation(s) are cited at W102, W104, W122, W149, W153, W154, W193 and W252.</p> <p>Survey Dates: August 14, 15, 16, 20, 21, 27 and 30, 2012</p> <p>Facility Number: 004615 Provider Number: 15G723 AIM Number: 200528230</p> <p>Surveyor: Jo Anna Scott, Medical Surveyor III</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 9/11/12 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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W0102	<p>483.410 GOVERNING BODY AND MANAGEMENT The facility must ensure that specific governing body and management requirements are met.</p> <p>Based on observation, record review and interview, the facility's governing body failed to meet the Condition of Participation: Governing Body for 1 of 3 sampled clients (client A). The governing body failed to exercise operating direction over the facility to ensure the facility implemented its written policy and procedures to prevent neglect of client A.</p> <p>Findings include:</p> <ol style="list-style-type: none"> The governing body failed to meet the Condition of Participation: Client Protections. The governing body failed to exercise general policy and operating direction over the facility to ensure the facility implemented written policy and procedure to prevent neglect of client A in regard to elopement and not providing 1:1 (one on one) supervision. Please see W122. The governing body failed to implement written policy and procedure to prevent neglect of client A in regard to elopement and not providing 1:1 supervision. Please see W104. <p>This federal tag relates to complaint</p>	W0102	<p>W 102: The facility must ensure that specific governing body and management requirements are met.</p> <p>Corrective Action (Specific): The Program Coordinator and staff will be in-serviced on the Abuse/Neglect Policy and Procedure and Client A's Behavior Support Plan and the interventions regarding the 1:1 supervision and elopement/bolting. In addition, Client A has received a waiver and is targeted to move on 10/6/12.</p> <p>How Others Will Be Identified (Systemic): The Operations Manager for Supported Group Living and Program Coordinator will review all individuals Program Plans and ensure that each plan specifically meets the needs of all individuals. All Program Plans will be reviewed at least quarterly to ensure that all plans remain effective.</p> <p>Measures to be put in Place: The Program Coordinator and staff will be in-serviced on the Abuse/Neglect Policy and</p>	09/29/2012	

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	#IN00113997. 9-3-1(a)		<p>Procedure and Client A's Behavior Support Plan and the interventions regarding the 1:1 supervision and elopement/bolting. In addition, Client A has received a waiver and is targeted to move on 10/6/12</p> <p>Monitoring of Corrective Action: The Operations Manager and Program Coordinator will review internal incident reports and ensure that IDT's are held and any programmatic changes occur as indicated and that all staff are in-serviced on those changes.</p> <p>Completion Date: September 29, 2012</p>		

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W0104	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation, record review and interview for 1 of 3 sampled clients (client A), the governing body failed to exercise operating direction over the facility to ensure the facility implemented its written policy and procedures to prevent neglect of client A.</p> <p>Findings include:</p> <ol style="list-style-type: none"> The governing body failed to exercise general policy and operating direction over the facility to ensure the facility implemented written policy and procedure to prevent neglect of client A in regard to the elopement and not providing 1:1 (one on one) supervision. Please see W149. The governing body failed to implement written policy and procedure to ensure staff reported unknown bruises on client A immediately to the administrator in accordance with State law through established procedures. Please see W153. The governing body failed to implement written policy and procedure to ensure unknown bruises found on client A were thoroughly investigated. 	W0104	<p>W104: The governing body must exercise general policy, budget and operating direction over the facility.</p> <p>Corrective Action: (Specific): The Program Coordinator and staff will be in-serviced on the Abuse/Neglect Policy and Procedure and Client A's Behavior Support Plan and the interventions regarding the 1:1 supervision and elopement/bolting. The Program Coordinator and staff will be in-serviced on reporting injuries and bruises of unknown origin and QA will be in-serviced on the completion of thorough investigations regarding injuries and bruises of unknown origin. In addition, Client A has received a waiver and is targeted to move on 10/6/12</p> <p>How Others Will Be Identified: (Systemic): The Operations Manager for Supported Group Living and Program Coordinator will review all individuals Program Plans and ensure that each plan specifically meets the needs of all individuals. All Program Plans will be reviewed at least quarterly to ensure that all plans remain effective.</p> <p>Measures to be Put in Place: The Program Coordinator and</p>	09/29/2012	

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	<p>Please see W154.</p> <p>4. The governing body failed to implement written policy and procedure to prevent neglect of client A in regards ensuring staff were sufficiently trained on 1:1 procedures for client A. Please see W193.</p> <p>This federal tag relates to complaint #IN00113997.</p> <p>9-3-1(a)</p>		<p>staff will be in-serviced on the Abuse/Neglect Policy and Procedure and Client A's Behavior Support Plan and the interventions regarding the 1:1 supervision and elopement/bolting. The Program Coordinator and staff will be in-serviced on reporting injuries and bruises of unknown origin and QA will be in-serviced on the completion of thorough investigations regarding injuries and bruises of unknown origin. In addition, Client A has received a waiver and is targeted to move on 10/6/12</p> <p>Monitoring of Corrective Action: The Operations Manager and Program Coordinator will review internal incident reports and ensure that IDT's are held and any programmatic changes occur as indicated and that all staff are in-serviced on those changes</p> <p>Completion Date: September 29, 2012</p>		

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W0122	<p>483.420 CLIENT PROTECTIONS The facility must ensure that specific client protections requirements are met. Based on observation, record review and interview for 1 of 3 sampled clients (Client A), the facility failed to meet Condition of Participation: Client Protections. The facility failed to implement written policy and procedure to prevent neglect of client A in regards to Self Injurious Behavior (SIB), unknown injuries, elopement and providing one on one supervision.</p> <p>Findings include:</p> <ol style="list-style-type: none"> The facility failed to implement written policy and procedure to prevent neglect of client A in regards to SIB (picking). The facility failed to implement written policy and procedure to ensure staff were sufficiently trained on client A's 1:1 procedures. The facility failed to implement written policy and procedure in regard to elopement. Please see W149. The facility failed to immediately report client A's unknown bruises in accordance with state law. Please see W153. The facility failed to thoroughly investigate client A's unknown bruises. 	W0122	<p>W122: The facility must ensure that specific client protections requirements are met</p> <p>Corrective Action- (Specific): The Program Coordinator and staff will be in-serviced on the Abuse/Neglect Policy and Procedure and Client A's Behavior Support Plan and the interventions regarding the 1:1 supervision and Self Injurious Behavior (SIB). The Program Coordinator and staff will be in-serviced on reporting injuries and bruises of unknown origin and QA will be in-serviced on the completion of thorough investigations regarding injuries and bruises of unknown origin. In addition, Client A has received a waiver and is targeted to move on 10/6/12</p> <p>How others will be identified: (Systemic) The Operations Manager for Supported Group Living and Program Coordinator will review all individuals Program Plans and ensure that each plan specifically meets the needs of all individuals. All Program Plans will be reviewed at least quarterly to ensure that all plans remain effective.</p> <p>Measures to be put in place: The Program Coordinator and staff will be in-serviced on the</p>	09/29/2012			

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	<p>Please see W154.</p> <p>This federal tag relates to complaint #IN00113997.</p> <p>9-3-2(a)</p>		<p>Abuse/Neglect Policy and Procedure and Client A's Behavior Support Plan and the interventions regarding the 1:1 supervision and Self Injurious Behavior (SIB). The Program Coordinator and staff will be in-serviced on reporting injuries and bruises of unknown origin and QA will be in-serviced on the completion of thorough investigations regarding injuries and bruises of unknown origin. In addition, Client A has received a waiver and is targeted to move on 10/6/12</p> <p>Monitoring of Corrective Action: The Operations Manager and Program Coordinator will review internal incident reports and ensure that IDT's are held and any programmatic changes occur as indicated and that all staff are in-serviced on those changes.</p> <p>Completion Date: September 29, 2012</p>		

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W0149	<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, record review and interview for 1 of 3 sampled clients (client A), the facility failed to implement its policy and procedure in regard to the client's behavior plan being followed to ensure Client A had 1 on 1 staffing during all waking hours. The facility failed to follow its policy and procedures to ensure measures were taken to prevent elopement. The facility failed to ensure the daily skin assessments included any bruises. The facility failed to provide supervision so client A could not enter a peer's room without permission. The facility failed to report and investigate unknown bruises found on client A.</p> <p>Findings include:</p> <p>1. During the observation period on 8/14/12 from 3:30 PM to 6:00 PM at the group home, on examining the exterior of the home the window screen on client A's bedroom window was found pushed out on the right corner. The bedroom was on the first floor and the area under the window was free of any shrubs or bushes.</p> <p>Interview with staff #2, Home Manager (HM), on 8/14/12 at 3:45 PM indicated</p>	W0149	<p>W 149: The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p>Corrective Action: (Specific): The Program Coordinator and staff will be in-serviced on the Abuse/Neglect Policy and Procedure and Client A's Behavior Support Plan and the interventions regarding the 1:1 supervision and elopement/bolting. The Program Coordinator and staff will be in-serviced on reporting injuries and bruises of unknown origin and QA will be in-serviced on the completion of thorough investigations regarding injuries and bruises of unknown origin. The Program Coordinator and staff will be in-serviced on the documentation of any bruising noted during skin assessments on the skin assessment form. The Program Coordinator and staff will be in-serviced on appropriate and timely documentation of behaviors on the A-B-C data sheet. Client A's bedroom window has had an additional alarm placed on the outside of the window and the window screen has been repaired. Client C keeps his bedroom door locked and the</p>	09/29/2012	

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	<p>client A had pushed the window screen out when he tried to get out of the window one night. Staff #2, HM, indicated client A knew how to turn the alarm off that was on his window and was able to push the screen half way out before staff caught him while doing their 15 minute checks. Staff #2, HM, indicated the window had not been repaired and a new alarm had not been put on the window. Staff #2, HM, indicated she was not sure of the exact date of the incident.</p> <p>The behavior data record sheets for the month of August, 2012 were reviewed on 8/20/12 at 1:30 PM. The behavior data sheets did not include the incident that caused the screen damage or client A's ability to turn the alarm off. The incident reports were reviewed on 8/14/12 at 11:30 AM and again on 8/21/12 at 1:20 PM. There was no documentation of the property damage and attempted elopement.</p> <p>The Interdisciplinary Team (IDT) notes were reviewed 8/29/12 at 8:00 AM. The note dated 8/8/12 indicated the team had met and discussed the increased behaviors of client A and the fact that he was able to remove batteries on the window alarm and try to get out. The team agreed to add another alarm to the outside of the</p>		<p>keys with him at all times when he is out of his room. In addition, Client A has received a waiver and is targeted to move on 10/6/12</p> <p>How others will be identified: (Systemic): The Operations Manager for Supported Group Living and Program Coordinator will review all individuals Program Plans and ensure that each plan specifically meets the needs of all individuals. All Program Plans will be reviewed at least quarterly to ensure that all plans remain effective. .</p> <p>Measures to be put in place: The Program Coordinator and staff will be in-serviced on the Abuse/Neglect Policy and Procedure and Client A's Behavior Support Plan and the interventions regarding the 1:1 supervision and elopement/bolting. The Program Coordinator and staff will be in-serviced on reporting injuries and bruises of unknown origin and QA will be in-serviced on the completion of thorough investigations regarding injuries and bruises of unknown origin. The Program Coordinator and staff will be in-serviced on the documentation of any bruising noted during skin assessments on the skin assessment form. The Program Coordinator and staff will be in-serviced on appropriate and timely documentation of behaviors on the A-B-C data sheet. Client A's</p>				

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	<p>window. The guardians were in agreement with the decision. As of 8/14/12, the window had not been repaired and the alarm had not been added.</p> <p>2. The Bureau of Developmental Disability Services (BDDS) incident reports were reviewed on 8/14/12 at 11:30 AM. The BDDS report dated 8/4/12 indicated "It was reported to QA (Quality Assurance) that [client A's] 1 on 1 (staff) left him to go outside and [client A] walked into the office and ate some chicken wings that a staff member had on the counter. When staff noticed that [client A] had eaten the chicken wings and did not find any bones, they took him to Urgent Care to be checked out." The Incident Investigation Review dated 8/6/12 indicated the following: "On the evening of 8-3-2012, staff [staff #6] was [client A's] 1 on 1. [Client A] was in his room at his desk and [staff #6] yelled for staff [staff #4], to keep watch over [client A] while she took a break. [Staff #6] reported that she did not physically wait for [staff #4] to come into [client A's] room and take the place of her. [Staff #4] reported that she did not hear [staff #6] ask her to watch [client A]. [Staff #4] was cooking dinner for the other consumers at the time." The Incident Investigation Review indicated client A</p>		<p>bedroom window has had an additional alarm placed on the outside of the window and the window screen has been repaired. Client C keeps his bedroom door locked and the keys with him at all times when he is out of his room. In addition, Client A has received a waiver and is targeted to move on 10/6/12</p> <p>Monitoring of Corrective Action: The Operations Manager of Supervised Group Living, Program Coordinator, and Nurse will review all related Program Plans to ensure the plans remain relevant and are updated to reflect changes as needed. The Program Coordinator and the Nurse will review the skin assessment sheets to ensure that any bruising is documented appropriately. The Operations Manager of Supervised Group Living will complete periodic and random environmental inspection checklists to ensure that the window remains in good condition and the window alarms are in place and in good working order.</p> <p>Completion Date: September 29, 2012</p>				

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	<p>has a diagnosis of Prader Willi Syndrome (a condition where one wants to eat constantly) and needs to be watched because he will try and sneak food out of the kitchen.</p> <p>Interview with staff #1, Program Coordinator (PC), on 8/15/12 at 2:00 PM indicated another home had barbecued chicken wings and had brought some of them to the home for the staff. Staff #1, PC, indicated there were 4 or 5 wings on the plate and they were left in the office area on a paper plate. Staff #1, PC, stated the office was not locked and the door was "probably" left open.</p> <p>Interview with client A's guardian on 8/20/12 at 8:00 PM indicated she had requested the facility keep all food contained and the drinks and food that were in the office that belonged to the staff needed to be locked. The guardian indicated it was impossible for client A to leave food alone if it was left out in the open and it was also a health hazard for client A since he ate the chicken and the bones.</p> <p>3. The BDDS report reviewed on 8/21/12 at 1:30 PM indicated on 8/13/12 client A was at the gym when he told female staff that he had to use the restroom. The report indicated the staff had attempted to</p>						

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	<p>redirect client A to the restroom that did not have an exterior door leading outside. The report indicated client A refused and went into the restroom with the exterior door. The staff member waited outside the restroom for him to finish but he did not come out. The report indicated a male coming out of the restroom told staff someone had gone out the back door. The staff went to the front desk and asked for assistance in locating client A. They were unable to locate client A. The police were called and a patrol officer located client A about 5 miles from the gym.</p> <p>The Behavior Support Plan (BSP) dated 7/24/12 for client A was reviewed on 8/14/12 at 3:00 PM and indicated client A had target behaviors of the following:</p> <p>"Verbal Disruption: shouting, screaming, intense crying, cursing towards others and that has the potential to disrupt the immediate environment.</p> <p>Verbal Threats: any verbal statements or physical gestures to indicate he will engage in physical aggression or other target behaviors.</p> <p>Bolting: any time he leaves the house/workshop or other designated area where staff are present, includes but not limited to doors, windows etc.</p> <p>Food Foraging: Seeking out, obtaining and/or consuming food items that are not a part of his prescribed diet.</p>			

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	<p>Thefts: any time he has items in his possession that do not belong to him (this does not include food items).</p> <p>Skin Picking: scratching areas of his body and breaking the skin to the point that it bleeds, this includes opening existing sores.</p> <p>Physical Aggression: any time he makes contact with staff or peers and there is the potential for the contact to cause injury or redness eg. kicking, biting, spitting on others.</p> <p>Property Disruption: throwing and breaking objects that has the potential to damage the item, e.g. punching walls, throwing items.</p> <p>Non-compliance: any time he does not engage in a programmatic activity within three (3) verbal prompts spaced at least 5 minutes apart.</p> <p>Suicide Statements: any time he makes a statement that he wants to kill himself or a statement that contains a plan for him to kill himself."</p> <p>The BSP indicated client A would have 1:1 staffing during all waking hours and 1:1 staff was defined as being as close as needed to effectively intervene and within approximately 5 feet to maintain his privacy. During sleep hours the staff is to check on client A every 15 minutes.</p> <p>Interview with staff #2, Home Manager</p>						

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	<p>(HM) on 8/21/12 at 3:00 PM indicated the staff was female and was uncomfortable going into the restroom after client A. The HM indicated the staff knew the restroom had an exit door to the outside that client A had eloped from in the past.</p> <p>The investigation dated 8/15/12 indicated the investigation committee concluded that the staff member followed the individual's behavior support plan and there was no evidence of neglect.</p> <p>Interview with client A on 8/21/12 at 2:00 PM indicated he was angry at the staff because she wouldn't let him do weights. Client A indicated he didn't know where he was going other than to get away from staff. Client A indicated he knew he could go out the exit door in the restroom.</p> <p>4. The BDDS report dated 8/15/12, reviewed on 8/21/12 at 1:30 PM, indicated an incident time as 7:00 PM. The incident report indicated the following: "[Client A] was asleep on the couch and [client B] came into the room and grabbed [client A's] finger and bit it. Staff intervened and placed [client B] in YSIS (Your safe I'm safe) and verbally redirected [client A] to leave the room to ensure the consumer's safety. When [client A] got up he fell and hit his head.</p>						

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	<p>Upon assessment, there was a small cut on [client A's] finger from the bite and a laceration on the back of his head from the fall that was bleeding. 911 was called and [client A] was sent to the ER (Emergency Room) via ambulance for treatment." The report indicated client A received 5 staples to the laceration on the back of his head.</p> <p>Interview with staff #2, HM, on 8/21/12 at 1:30 PM indicated client A had been agitated all evening and client B did pull the covers off client A at 7:00 PM when he was laying on the sofa. Staff #2, HM, indicated the incident of client B biting client A's finger happened around 12:30 AM and client A was in his room when client B ran in and bit client A's finger. Staff #2, HM, indicated client A fainted when he saw the blood on his finger and that was how he injured his head. Staff #2, HM, indicated it was not unusual for client B to become agitated with another peer when they were doing something he didn't like and client A had been arguing with staff all evening.</p> <p>The Interdisciplinary Team Meeting (IDT) notes dated 8/19/12 indicated while staff was implementing the 15 minute checks on client A they noticed him picking his wound on his head he had received on 8/15/12. The IDT indicated</p>			

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	<p>client A was able to get two of his staples out and was sent to the emergency room.</p> <p>5. Review of the BDDS report on 8/21/12 at 1:30 PM dated 8/18/12 with incident time as 11:30 PM indicated the following:</p> <p>"[Client A] was having behaviors and attempting to take snacks and candy bars from his roommates. During the behaviors, staff placed [client A] in YSIS and would not allow [client A] to keep his roommates snacks. [Client A] got upset and bolted from the house. He was not out of line of sight from staff. Staff calmed [client A] down and he returned to the home, calmed down and went to bed. Staff initiated 15 minute checks."</p> <p>During the observation period on 8/14/12 from 3:30 PM to 6:00 PM, the five clients living in the group home (clients A, B, C, D and E) each have their own bedroom. It was noted client A's bedroom was at one end of the hall with a laundry room, large bathroom, client B's bedroom and then client C's bedroom was at the other end of the hall.</p> <p>Interview with staff #2, HM, on 8/21/12 indicated client C was away from the home and client A went into his room, found client C's keys to the closet client C keeps snacks in and tried to stuff his</p>			

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	<p>mouth with the snacks. Staff #2, HM, indicated client C kept a supply of candy and snacks to sell to others and always had the key with him when he was in the home. Staff #2, HM, indicated client C had gone home and had left his keys in his room. Staff #2, HM, indicated client A was angry because the staff took the items from him and bolted from the home. Staff #2, HM, indicated a staff from the other home in the area was able to get him to come into their home and got him to calm down to where he was willing to go back to his home. Staff #2, HM, indicated client A did have 15 minute checks when he was asleep, but he was able to get down the hall, find the keys, unlock the door and get the candy without staff seeing him.</p> <p>6. Review of the Antecedent-Behavior-Consequence (ABC) reports of client A was conducted on 8/21/12 at 2:00 PM. The report did not document the "Bolting" from the local gym on 8/13/12. There were no behaviors listed for client A for 8/13/12. The incident of client A stealing the candy bars on 8/18/12 was not documented. The internal incident report dated 8/19/12 with time of incident as 12:30 AM was reviewed on 8/21/12 at 2:00 PM. The incident report indicated client A was picking and then became physically</p>			

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	<p>aggressive and YSIS was done. There was no documentation for the picking. There was no documentation for 8/19/12.</p> <p>Interview Staff #2, HM, on 8/21/12 at 3:00 PM indicated staff must have forgotten to document the incidents.</p> <p>The facility's policy and procedures were reviewed on 8/21/12 at 1:00 PM. The facility's 8/1/07 with revised date of 7/2/12 policy entitled Abuse/Neglect/Exploitation Policy and Procedure indicated Neglect was defined as "...1. Failure to provide goods and services necessary to for the Individual to avoid physical harm. 2. Failure to provide the support necessary to an individual's psychological and social well being. 3. Failure to meet the basic need requirements such as food, shelter, clothing and to provide a safe environment...."</p> <p>This federal tag relates to complaint #IN00113997.</p> <p>9-3-2(a)</p>			

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W0153	<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, record review and interview for 1 of 3 sampled clients (client A), the facility failed to report unknown injuries (bruises on right and left arms) to the administrator in accordance with state law.</p> <p>Findings include:</p> <p>During the observation period on 8/20/12 from 3:30 PM to 6:15 PM at the group home, client A was sitting on couch and showed bruises that were on his left and right arms. The right arm had 2 cm (centimeter) x 6 cm area on lower inside arm, and a 1 cm diameter area at elbow. The left arm had a 1 cm diameter on the inside upper left arm. The right arm also had a 2 cm diameter area on the back upper right arm and a 3 cm x 1.5 cm on the back lower right arm.</p> <p>Review of the Skin Assessment sheets on 8/21/12 at 2:00 PM for August 1 through August 21, 2012 did not document bruises until 8/19/12. Review of the Antecedent-Behavior-Consequence</p>	W0153	<p>W 153: 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. Corrective Action: (Specific): The Program Coordinator and staff will be in-serviced on reporting injuries and bruises of unknown origin and QA will be in-serviced on the completion of thorough investigations regarding injuries and bruises of unknown origin. The Program Coordinator and staff will be in-serviced on the documentation of any bruising noted during skin assessments on the skin assessment form. The Program Coordinator and staff will be in-serviced on appropriate and timely documentation of behaviors on the A-B-C data sheet. In addition, Client A has received a waiver and is targeted to move on 10/6/12 How others will be identified: (Systemic): All allegations of abuse neglect and exploitation and unknown injuries will be reported to the Director of</p>	09/29/2012			

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	<p>(ABC) sheets for 8/1/12 through 8/21/12 indicated YSIS (You're Safe I'm Safe restraint) was used on 8/3/12 and 8/21/12. There was no other documentation.</p> <p>Interview with staff #3, Licensed Practical Nurse (LPN) on 8/21/12 at 3:00 PM indicated the skin assessment had been used to document wounds for client A. Staff #3, LPN, indicated the staff had not been trained to document bruises.</p> <p>Interview with staff #2, Home Manager (HM), on 8/21/12 at 3:00 PM indicated they had used Your Safe I'm Safe physical restraints on client A because of the increased behavior and the bruises may have come from the use of YSIS. Staff #2, Home Manager indicated the bruises had not been reported.</p> <p>This federal tag relates to complaint #IN00113997.</p> <p>9-3-2(a)</p>		<p>Quality Assurance. The Director of Quality Assurance will ensure that all allegations of abuse, neglect and exploitation are investigated, and the results of the investigation reported to the Executive Director or designee within 5 work days of the alleged incident. Measures to be put in place: The Program Coordinator and staff will be in-serviced on reporting injuries and bruises of unknown origin and QA will be in-serviced on the completion of thorough investigations regarding injuries and bruises of unknown origin. The Program Coordinator and staff will be in-serviced on the documentation of any bruising noted during skin assessments on the skin assessment form. The Program Coordinator and staff will be in-serviced on appropriate and timely documentation of behaviors on the A-B-C data sheet. In addition, Client A has received a waiver and is targeted to move on 10/6/12 Monitoring of Corrective Action: The Executive Director or designee reviews all investigations to ensure that all allegations of abuse (including Client to Client abuse), neglect and exploitation and injuries of unknown origin are thoroughly investigated and that a Client to Client investigation/ Investigation of an Injury of Unknown Origin, was completed within 5 days of the alleged incident. The Program Coordinator and the</p>		

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			Nurse will review the skin assessment sheets to ensure that any bruising is documented appropriately. Completion date: September 29, 2012		

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W0154	<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, record review and interview for 1 of 3 sampled clients (client A), the facility failed to thoroughly investigate bruises of unknown origin on client A's arms.</p> <p>Findings include:</p> <p>During the observation period on 8/20/12 from 3:30 PM to 6:15 PM at the group home, client A was asleep on the couch. When he woke up at 4:20 PM, he showed a bruise on his right arm that was 2 cm (centimeter) x 6 cm. There was a smaller bruise (2 cm diameter) above this and another on his left arm (1 cm diameter). Client A indicated he had received the bruises Saturday night when staff had done the Your Safe I'm Safe (YSIS) restraint.</p> <p>Interview with staff #2, Home Manager (HM), on 8/20/12 at 4:30 PM indicated a YSIS restraint occurred on Saturday night (August 18) because client A was aggressive. Staff #2, HM, indicated an investigation of the bruises had not been completed to find the origin of the bruises.</p>	W0154	<p>W 154 The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Corrective Action: (Specific) The Program Coordinator and staff will be in-serviced on reporting injuries and bruises of unknown origin and QA will be in-serviced on the completion of thorough investigations regarding injuries and bruises of unknown origin. The Program Coordinator and staff will be in-serviced on the documentation of any bruising noted during skin assessments on the skin assessment form. In addition, Client A has received a waiver and is targeted to move on 10/6/12</p> <p>How others will be identified: (Systemic): All allegations of abuse neglect and exploitation and injuries of unknown origin will be reported to the Director of Quality Assurance. The Director of Quality Assurance will ensure that all allegations of abuse, neglect and exploitation and injuries of unknown origin are investigated, and the results of the investigation reported to the Executive Director or designee within 5 work days of the alleged</p>	09/29/2012	

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	This federal tag relates to complaint #IN00113997. 9-3-2(a)		incident. Measures to be put in place: The Program Coordinator and staff will be in-serviced on reporting injuries and bruises of unknown origin and QA will be in-serviced on the completion of thorough investigations regarding injuries and bruises of unknown origin. The Program Coordinator and staff will be in-serviced on the documentation of any bruising noted during skin assessments on the skin assessment form. In addition, Client A has received a waiver and is targeted to move on 10/6/12 Monitoring of Corrective Action: The Executive Director or designee reviews all investigations to ensure that all allegations of abuse (including Client to Client abuse), neglect and exploitation and injuries of unknown origin are thoroughly investigated and that a Client to Client investigation/Investigation of Unknown Origin was completed within 5 days of the alleged incident. Completion date: September 29, 2012		

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W0193	<p>483.430(e)(3) STAFF TRAINING PROGRAM Staff must be able to demonstrate the skills and techniques necessary to administer interventions to manage the inappropriate behavior of clients.</p> <p>Based on record review and interview for 1 of 3 sampled clients (client A), the facility failed to ensure the 1 on 1 staff was sufficiently trained to implement client A's 1:1 supervision.</p> <p>Findings include:</p> <p>The Bureau of Developmental Disability Services (BDDS) incident reports were reviewed on 8/14/12 at 11:30 AM. The BDDS report dated 8/4/12 indicated "It was reported to QA (Quality Assurance) that [client A's] 1 on 1 (staff) left him to go outside and [client A] walked into the office and ate some chicken wings that a staff member had on the counter. When staff noticed that [client A] had eaten the chicken wings and did not find any bones, they took him to Urgent Care to be checked out." The Incident Investigation Review dated 8/6/12 indicated the following: "On the evening of 8-3-2012, staff [staff #6] was [client A's] 1 on 1 (staff). [Client A] was in his room at his desk and [staff #6] yelled for staff [staff #4], to keep watch over [client A] while she took a break. [Staff #6] reported that she did not physically wait for [staff #4]</p>			W0193	<p>W 193: Staff must be able to demonstrate the skills and techniques necessary to administer interventions to manage the inappropriate behaviors of clients.</p> <p>Corrective Action: (Specific): The Program Coordinator and staff will be in-serviced on the Abuse/Neglect Policy and Procedure as well as Client A's Behavior Support Plan and the interventions regarding the 1:1 supervision. In addition, Client A has received a waiver and is targeted to move on 10/06/12.</p> <p>How others will be identified: (Systemic): The Program Coordinator and staff will be in-serviced on the Behavior Support Plan for Client A as well as all other client's in the home.</p> <p>Measures to be put in place: The Program Coordinator and staff will be in-serviced on the Abuse/Neglect Policy and Procedure as well as Client A's Behavior Support Plan and the interventions regarding the 1:1 supervision. In addition, Client A has received a waiver and is targeted to move on 10/06/12.</p>		09/29/2012

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	<p>to come into [client A's] room and take the place of her. [Staff #4] reported that she did not hear [staff #6] ask her to watch [client A]. [Staff #4] was cooking dinner for the other consumers at the time." The Incident Investigation Review indicated client A has a diagnosis of Prader Willi Syndrome (A condition where one wants to eat constantly.) and needs to be watched because he will try and sneak food out of the kitchen.</p> <p>Interview with staff #1, Program Coordinator (PC), on 8/15/12 at 2:00 PM indicated another home had barbecued chicken wings and had brought some to the home for the staff. Staff #1, PC, indicated there were 4 or 5 wings on the plate and they were left in the office area on a paper plate. Staff #1, PC, stated the office was not locked and the door was "probably" left open. Staff #1, PC, indicated the 1 on 1 staff should not have left client A until the other staff had come into the area and acknowledged she would take over on the 1 on 1 staffing.</p> <p>Interview with staff #2, Home Manager (HM), on 8/15/12 at 2:00 PM indicated all the staff had been trained on client A's Behavior Support Plan (BSP) on 8/3/12.</p> <p>This federal tag relates to complaint #IN00113997.</p>		<p>Monitoring of Corrective Action: The Operations Manager will complete random observations at the home to ensure that all client's Behavior Support Plans are being implemented as written.</p> <p>Completion date: September 29, 2012</p>	

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	9-3-3(a)			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G723	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 08/30/2012
NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN			STREET ADDRESS, CITY, STATE, ZIP CODE 13009 HORIZON DR MEMPHIS, IN 47143		
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W0252	<p>483.440(e)(1) PROGRAM DOCUMENTATION Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms. Based on record review and interview for 1 of 3 sampled clients (client A), the facility failed to ensure staff documented all behaviors for client A from 8/13/12 to 8/18/12.</p> <p>Findings include:</p> <p>The Bureau of Developmental Disabilities Services (BDDS) reports reviewed on 8/21/12 at 1:30 PM indicated on 8/13/12 client A was at the gym when he told female staff that he had to use the restroom. The report indicated the staff had attempted to redirect client A to the restroom that did not have an exterior door leading outside. The report indicated client A refused and went into the restroom with the exterior door. The staff member waited outside the restroom for him to finish but he did not come out. The report indicated client A had gone out the exterior door and staff could not locate him. The police were called and returned client A to the gym after 35 minutes.</p> <p>Review of the Interdisciplinary Team Meeting (IDT) notes dated 8/19/12 on</p>	W0252	<p>W 252: Data relative to the accomplishment of the criteria specified in client individual program plan objectives must be documented in measureable terms.</p> <p>Corrective Action: (Specific): The Program Coordinator and staff will be in-serviced on the Abuse/Neglect Policy and Procedure and Client A's Behavior Support Plan and the interventions regarding the 1:1 supervision and elopement/bolting as well as accurate and timely documentation of all behaviors on the corresponding A-B-C data sheet. In addition, Client A has received a waiver and is targeted to move on 10/6/12.</p> <p>How others will be identified: (Systemic): The Program Coordinator and staff will be trained on the Behavior Support Plan and accompanying ABC sheet for Client A as well as all other client's in the home.</p> <p>Measures to be put in place: The Program Coordinator and staff will be in-serviced on the Abuse/Neglect Policy and Procedure and Client A's</p>	09/29/2012	

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	<p>8/29/12 at 8:00 AM indicated client A had bolted out of the home on 8/18/12. The IDT indicated client A had gone to another group home in the area. The program coordinator went to the other home and was able to get client A to return to his home. Review of the Antecedent-Behavior-Consequence (ABC) sheet did not show any documentation for 8/18/12. The ABC sheet had documentation for 8/16, 8/17, 8/19 and 8/21.</p> <p>Interview with staff #2, Home Manager (HM) on 8/21/12 at 4:00 PM indicated the staff should have documented the incidents on the ABC sheet. Staff #2, HM, indicated the ABC Behavior Sheet was supposed to be filled out after each episode.</p> <p>This federal tag relates to complaint #IN00113997.</p> <p>9-3-4(a)</p>		<p>Behavior Support Plan and the interventions regarding the 1:1 supervision and elopement/bolting as well as accurate and timely documentation of all behaviors on the corresponding A-B-C data sheet. In addition, Client A has received a waiver and is targeted to move on 10/6/12.</p> <p>Monitoring of Corrective Action: The Operations Manager will complete random observations at the home to ensure that all client's Behavior Support Plan's are implemented as written and review documentation to ensure that all behaviors are documented timely and accurately.</p> <p>Completion date: September 29, 2012</p>		