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 07/05/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RES CARE SOUTHEAST INDIANA	16609 SIMA GRAY RD HENRYVILLE, IN 47126

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W000000	This visit was for an investigation of Complaint #IN00130607. Complaint #IN00130607: Substantiated, federal/state deficiencies related to the allegations are cited at W149, W186 and W460. Dates of Survey: June 25, 26, 27, July 3 and 5, 2013 Provider Number: 15G746 Facility Number: 011664 AIM Number: 200902010 Surveyor: Dotty Walton, QIDP The following deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 7/19/13 by Ruth Shackelford, QIDP.	W000000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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W000149	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 16 incidents reviewed for 2 of 2 sampled clients (A and B), the facility failed to implement policy and procedures which prohibited neglect of clients by allowing client B to elope and by giving client A medications belonging to client B. Findings include: Review of reportable incidents on 6/25/13 at 1:40 PM indicated the following: On 4/29/13 at 9:00 PM, staff #13 had pre-poured clients A and B's medications. Staff #13 took the two medication cups of pills to client A's bedroom and gave him both cups of medications (unknown types/dosages). Client A received his medications and client B's medications as well. An investigation was done and it was determined staff #13 had violated the medication policy of pre-pouring medications without the client being in the medication room and referring to the Medication Administrative Record/MAR for the correct prescriptions. An investigation regarding client B dated	W000149	**W149:** The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. **Corrective Action: (Specific):** All staff will be in-serviced on the abuse neglect policy and procedure, client B's behavior support plan as well as all other client's behavior support plans, medication administration policies and procedures and the staffing schedules have been changed to reflect the following shifts; 6a-2p, 2p-10p and 10p-6a. **How others will be identified: (Systemic):** The Program Manager will conduct random site visits to ensure that staff is aware of the agency's abuse neglect policy and procedure and are reporting all allegations of abuse, neglect and mistreatment immediately and that staffing ratios are within the guidelines for ESN homes. In addition, the home nurse will complete random medication administration observations to ensure that staff are passing medications in accordance with state and federal guidelines as well as agency policy and procedure. **Measures to be put in place:** All staff will be in-serviced on the	08/04/2013

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	5/30/13 indicated client B eloped from the facility during the change of shift on 5/29-30/13 at midnight (12:00 AM). On 5/30/13 at 12:00 AM, staff #4 and #14 arrived for work. They relieved staff #7 and #15. The investigation review indicated staff #7 indicated he heard a door shut as he left the facility and staff #15 indicated client B was standing in the living room at 12:00 AM on 5/30/13 as she left the facility. Staff #4 indicated he clocked in at 11:53 PM on 5/29/13 and he did routine bed checks. When staff #4 came to client B's bedroom, he was missing. After a search inside and outside the facility, staff #7, #8 and #14 drove around and searched the area near the facility. Staff #8 found client B at a nearby business on a hill near the facility and returned client B at 1:30 AM on 5/30/13. The investigation determined client B left the facility during staff shift change unnoticed by staff. The "Abuse/Neglect/Exploitation Policy and Procedure" component of the agency's Operational Policy and Procedure Manual (revised 07/02/2012) was reviewed on June 26, 2013 at 2:05 PM. The review indicated the agency prohibited neglect of clients. The definitions of neglect were as follows: "F. Neglect--Program Implementation/Intervention		abuse neglect policy and procedure, client B's behavior support plan as well as all other client's behavior support plans, medication administration policies and procedures and the staffing schedules have been changed to reflect the following shifts; 6a-2p, 2p-10p and 10p-6a. **Monitoring of Corrective Action:** The Program Manager will conduct random site visits to ensure that staff is aware of the agency's abuse neglect policy and procedure and are reporting all allegations of abuse, neglect and mistreatment immediately and that staffing ratios are within the guidelines for ESN homes. In addition, the home nurse will complete random medication administration observations to ensure that staff are passing medications in accordance with state and federal guidelines as well as agency policy and procedure. **Completion date: 08/04/13**	

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	Definition: 1. Failure to provide goods and/or services necessary for the individual to avoid physical harm. G. Neglect--Medical 2. Failure to provide necessary medical attention, proper nutritional support or administering medications as prescribed." Agency administrative staff #19 was interviewed on June 25, 2013 at 3:45 PM. The interview indicated the facility prohibited neglect of clients. The interview indicated staff #13 failed to follow medical protocols when he administered client A his medications along with client B's medications also. Confidential interview indicated client B was not adequately supervised and he had eloped from the facility on 5/29/13 at 11:30 PM and did not return until 1:30 AM on 5/30/13. This federal tag relates to complaint #IN00130607. 9-3-2(a)			

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W000186	483.430(d)(1-2) DIRECT CARE STAFF The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans. Direct care staff are defined as the present on-duty staff calculated over all shifts in a 24-hour period for each defined residential living unit. Based on observation and interview for 2 of 2 sampled clients (A and B) and 2 additional clients (C and D), the facility failed to provide sufficient staff during clients' waking hours to supervise them according to their needs. Findings include: Observations were conducted at the facility on 6/25/13 from 5:35 AM until 6:00 AM, and 6:37 AM until 7:30 AM. Staff #3 and #4 were observed to work with clients A, B, C, and D and assisted them with dressing, breakfast, and medication administration. Staff #3 was cooking the breakfast meal of fried rice at 5:35 AM. Staff #3 supervised the kitchen area as staff #4 did the medication administration at 6:45 AM. At 6:59 AM staff #4 came into the office area to do the "buddy check" of client D's medications prior to them being administered by staff #3. Both staff were in the facility's office at that time and client A was left	W000186	**W186:** The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans. **Corrective Action: (Specific):** Staffing schedules have been revised to change direct care shifts to 6a-2p, 2p-10p and 10p-6a and a Residential Manager supervisor has been hired to assist in overseeing the homes. **How others will be identified: (Systemic)** The Program Manager will conduct random site visits to ensure that staffing ratios are in place according to the Reimbursement Guidelines for ESN homes and the new staffing schedules. **Measures to be put in place:** Staffing schedules have been	08/02/2013

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	unsupervised. Client A's medications were given without a "buddy check" by staff #3 as staff #4 was supervising client D at breakfast. Interview with staff #3 and #4 on 6/25/13 at 5:45 AM indicated the day shift took over at 8:00 AM which consisted of 3 staff. Confidential interview indicated the facility's dayshift used to commence at 6:00 AM and the third staff was necessary to maintain client supervision when they awoke. The interview indicated 2 staff were insufficient to supervise clients during their morning routine of hygiene, dressing, medications and breakfast. This federal tag relates to complaint #IN00130607. 9-3-3(a)		revised to change direct care shifts to 6a-2p, 2p-10p and 10p-6a and a Residential Manager supervisor has been hired to assist in overseeing the homes. **Monitoring of Corrective Action:** The Program Manager will conduct random site visits to ensure that staffing ratios are in place according to the Reimbursement Guidelines for ESN homes and the new staffing schedules. **Completion date: 08/04/13**	

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W000460	483.480(a)(1) FOOD AND NUTRITION SERVICES Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. Based on observation, record review and interview for 2 of 2 sampled clients (A and B), and 2 additional clients (C and D), the facility failed to provide food according to facility menus. Findings include: 1. During observations at the facility on 6/25/13 at 5:35 AM, staff #3 and #4 were on duty with clients A, B, C, and D. Staff #3 was preparing fried rice (spam, rice, carrots and soy sauce) for the clients' breakfast. Staff #3 indicated the menued items for that morning's breakfast were not in the facility so staff had to make a meal with the foods available. An observation of the kitchen cabinets, pantry, refrigerator and freezer indicated no coffee, no milk, no eggs, no bacon, no jelly or raisin bread for toast. There was one box of corn flakes. There were no other dry cereal choices. There was a half stick of margarine and a half pitcher of orange juice. There was frozen bread in the freezer. At 7:14 AM, client D ate fried rice with staff #3 supervising. Staff #4 assisted client A who refused the rice and had a	W000460	**W460:** Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. **Corrective Action: (Specific):** All staff will be in-serviced on ensuring that there is adequate supply of food in the home in accordance with the facility menus. The Residential Manager will monitor the weekly grocery shopping to ensure that there is adequate food supply in the home and the food in the home is what is listed on the menu. **How others will be identified: (Systemic)** The Program Manager will conduct random site visits to ensure that there is adequate food supply in the home and the food in the home is consistent with what is listed on the menu. **Measures to be put in place:** All staff will be in-serviced on ensuring that there is adequate supply of food in the home in accordance with the facility menus. The Residential Manager will monitor the weekly grocery shopping to ensure that there is adequate food supply in the home and the food in the home is what is listed on the menu. **Monitoring of Corrective Action:** The Program Manager will conduct random site visits to ensure that there is	08/02/2013

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	double portion of toast with margarine instead. Staff #4 indicated at 7:20 AM on 6/25/13, client A likes to eat eggs with catsup, frosted flakes, bacon and/or oatmeal but these items were not available. Review (6/25/13 5:50 AM) of the menu for breakfast that day (6/25) indicated: 1/2 cup apple juice, 1/2 cup hot or 3/4 cup cold cereal, 1 slice raisin toast, 1 cup skimmed milk, 1 cup coffee, 2 teaspoons diet jelly and 1 teaspoon of margarine. 2. An observation was conducted on 6/27/13 at 5:50 PM. Clients A, B, C and D ate pizza, creamed corn and peas for the evening meal with Kool aid instead of the menued items listed for the evening meal. Review (6/27/13 7:00 PM) of the menu for dinner that day indicated: three ounces of chicken fingers, 1/2 cup of confetti corn, 1/2 cup country green beans, 1/2 cup of creamy Cole slaw, one two inch biscuit, 1 teaspoon margarine, 1/2 cup low fat ice cream and 1 cup of skimmed milk. Interview with supervisory staff #20 on 6/27/13 at 5:00 PM indicated supervisors should implement better budgeting/planning in regards to meals		adequate food supply in the home and the food in the home is consistent with what is listed on the menu. **Completion date: 08/04/13**	

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	and grocery shopping so the dietary menus could be followed. This federal tag relates to complaint #IN00130607. 9-3-8(a)			