

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G193	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 04/10/2025
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NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP COD 13711 BENNETTSVILLE RD MEMPHIS, IN 47143
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W 0000 Bldg. 00	<p>This visit was for a focused fundamental recertification and state licensure survey.</p> <p>Dates of Survey: 4/7/25, 4/8/25, 4/9/25 and 4/10/25.</p> <p>Facility Number: 000723 Provider Number: 15G193 AIM Number: 100234760</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 and #27547 on 4/21/25.</p>	W 0000		
W 0218 Bldg. 00	<p>483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN</p> <p>Based on observation, record review and interview for 1 of 3 sampled clients (#3), the facility failed to ensure client #3 was assessed for his posture during mealtimes and his ambulation support needs for the use of an as needed wheelchair for community outings.</p> <p>Findings include:</p> <p>Observations were conducted on 4/7/25 from 4:12 PM to 5:28 PM, on 4/8/25 from 6:31 AM to 7:54 AM, and on 4/8/25 at the day program from 11:12 AM to 12:55 PM. During client #3's mealtimes at the group home, client #3 sat in a regular dining chair with no armrests or the use of adaptive devices for his posture. Client #3 leaned to his left side while seated and when ambulating.</p> <p>During the observation at client #3's day program location, client #3 was volunteering in the</p>	W 0218	<p>CNN/Provider Number:15G193 AIM Number: 100234760 Facility ID: 000723</p> <p>PROVIDER: ResCare Community Alternative Se In 4341 Security Parkway Suite 101 New Albany, IN 47150</p> <p>Survey Event ID 1HK911 13711 Bennettsville Rd. Memphis, IN 47143 DATE SURVEY COMPLETED: April 10, 2025</p> <p>W218 INDIVIDUAL PROGRAM PLAN CFR(s):483.440(c)(3)(v)</p>	05/09/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Tracy Callahan

Program Manager

05/04/2025

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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>community and returned at 12:15 PM for his noon meal. At 12:19 PM, day service staff (DSS) #1 and DSS #2 assisted client #3 with sanitizing the table, obtaining his paper placemat, warming his food, and the use of a pillow to be placed between client #3's left side of his body and the armrest of his chair. At 12:26 PM, DSS #2 was asked about concerns for client #3. DSS #2 stated, "They're (group home) doing good. The only thing I think about is [client #3's] positioning with his neck always over to the side. It doesn't seem to be a concern for them (group home)". DSS #2 was asked her knowledge of client #3 being assessed for his posture. DSS #2 stated, "I think that would be good, I'm not sure when it was last done". Client #3 used a pillow between the left side of his body and the armrest of his chair throughout his meal. Client #3 placed his left hand against the left side of his head and leaned to the left with his head tilted over throughout his meal. At 12:29 PM, DSS #2 was asked about the use of the pillow and if it was intended to assist client #3 with his posture. DSS #2 stated, "Yes, to help him from leaning".</p> <p>At 12:30 PM the Day Program Manager used a verbal prompt with client #3 to go to the medication administration room for his medicines. The Day Program Manager was asked her knowledge about client #3 being assessed for his posture and if a current Occupational Therapy or Physical Therapy (OT/PT) assessment would be available for review. The Day Program Manager stated, "I'm not aware. That would be a house thing, I'm not sure. You can ask him to straighten up and he will". The Day Program Manager was asked about client #3 having swallowing issues from leaning over to one side while eating. The Day Program Manager stated, "No issues". At 12:35 PM, DSS #2 stated, "No, he's never had a</p>		<p>The nurse/AS/DSL will ensure that an appointment is made for assessment of PT/OT for client's posture during mealtime and the need for a wheelchair during outings.</p> <p>The AS/DSL will ensure that the client attends the appointments.</p> <p>The nurse will ensure that recommendations are addressed with the team.</p> <p>The team will ensure that any recommendations that are made are added to all plans.</p> <p>The nurse/QIDP/AS/DSL will ensure staff are trained on any changes to plans.</p> <p>The AS/DSL will ensure that any changes to the plans are trained out to day program.</p> <p>Persons Responsible: AED, Quality Assurance Manager, QA Coordinator/QIDP Manager, Program Manager, Area Supervisor, QIDP, Direct Support lead, and DSP.</p> <p>DATE OF COMPLETION: May 9, 2025</p>	

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	<p>swallowing issue or anything". As DSS #2 responded to the Day Program Manager reply, client #3 returned from the medication administration room to the table to finish his meal. Client #3 continued to use the pillow between the left side of his body and the armrest of the chair. Client #3 returned to the table and used his left hand positioned against the left side of his head to support him while he ate his meal.</p> <p>At 12:48 PM, DSS #1 was asked about client #3 while he finished his meal. DSS #1 indicated client #3 liked to participate in community activities and do volunteer work. DSS #1 stated, "Like the fair. His parents said we could use a wheelchair. He gets tired, but we don't want him to miss out".</p> <p>At 12:53 PM, the Day Program Manager was asked about client #3's use of a wheelchair for community outings. The Day Program Manager indicated client #3 would use a wheelchair as needed for long trips like going to the zoo.</p> <p>On 4/9/25 at 11:13 AM, a focused review of client #3's record was conducted. The review indicated the following:</p> <p>Individual Support Plan (ISP) dated 6/11/24 indicated, "Adaptive Equipment: None ...".</p> <p>Risk Assessment For Choking For Persons Who Eat by Mouth dated 1/17/25 indicated, "Instructions: Place a check mark in all areas that apply: ... 9. Poor Positioning: ... Leans right or left ... 10. Other: Posture ...".</p> <p>No OT/PT assessment was available for review.</p> <p>On 4/9/25 at 11:32 AM, the Nurse was interviewed. The Nurse was asked about client</p>			

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	<p>#3's use of a pillow and a chair with armrests during meals at the day program, client #3's leaning to his left side, and the indication through interview for the use of a wheelchair as needed for community outings. The Nurse stated, "I do address the poor posture in the quarterly (assessment). It could be a [name of Day Program] behavior, not telling him to sit up and to use the pillow. We can further that and see what we need to do". The Nurse was asked about the use of a wheelchair as needed for community outings. The Nurse stated, "No. I was not aware. I'm going to start with primary (primary care physician). See what she says and what were looking at". The Nurse indicated client #3's posture for mealtime supports and the use of wheelchair for community outings with long distance and/or durations required further review with his doctor to determine client #3's assessment needs.</p> <p>On 4/9/25 at 12:36 PM, the Qualified Intellectual Disabilities Professional (QIDP) was interviewed. The QIDP was asked about client #3's use of a pillow and a chair with armrests during meals at the day program, client #3's leaning to his left side, and the indication through interview for the use of a wheelchair as needed for community outings. The QIDP stated, "As far as adaptive equipment, I would not put it in his ISP without an order from the doctor". The QIDP was asked about the need to assess client #3's adaptive support needs during mealtimes and community activities with long distances and/or duration. The QIDP stated, "Ok. Maybe even a goal that way we're measuring the same thing at home and day service". The QIDP indicated further assessment of client #3 was needed to determine appropriate adaptive support needs during mealtimes and the various community activities client #3 might participate in for the use of a wheelchair as</p>			

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W 0240 Bldg. 00	<p>needed.</p> <p>9-3-4(a)</p> <p>483.440(c)(6)(i) INDIVIDUAL PROGRAM PLAN</p> <p>Based on record review and interview for 1 of 3 sampled clients (#1), the facility failed to ensure client #1's behavior support plan included inappropriate interaction with young females and restrictions for community activities.</p> <p>Findings include:</p> <p>On 4/7/25 at 3:32 PM, the Production Manager at the workshop was interviewed. The Production Manager indicated a recent incident involving client #1 in the community had occurred with two young girls, where client #1 had inappropriately engaged one of the young girls by giving her a hug before staff could intervene. The Production Manager indicated an internal incident report had been completed and client #1 was no longer participating in the community based activities due to supervision levels.</p> <p>On 4/7/25 at 3:39 PM, a review of the internal incident report was conducted. The internal incident report dated 2/19/25 indicated, "Activity Prior: [Name] to exercise ... Activity During: Was talking with people and to two little girls [client #1] innocently hugged one of the little girls ... [Workshop Staff #1] was there with [client #1] and immediately told [client #1] not to do this it was not appropriate ...".</p> <p>On 4/9/25 at 10:22 AM, a focused review of client #1's record was conducted. The review indicated the following:</p>	W 0240	<p>CNN/Provider Number:15G193 AIM Number: 100234760 Facility ID: 000723</p> <p>PROVIDER: ResCare Community Alternative Se In 4341 Security Parkway Suite 101 New Albany, IN 47150</p> <p>Survey Event ID 1HK911 13711 Bennettsville Rd. Memphis, IN 47143 DATE SURVEY COMPLETED: April 10, 2025</p> <p>W240 INDIVIDUAL PROGRAM PLAN CFR(s): 483.440 (c)(3)(v) The QIDP will review the BSP and ensure that it includes Inappropriate interactions with younger females. The QIDP will ensure that the BSP includes restrictions for community outings. The QIDP/AS/DSL will ensure that all staff are trained on the changes made to the BSP. The AS/DSL will ensure that Client Specific training is updated to reflect the changes to the BSP.</p>	05/09/2025

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	<p>Behavior Support Plan (BSP) dated 7/1/24 indicated, "Target Behaviors: ... Inappropriate Sexual Behaviors: Any occurrence of [client #1] touching peer or staff private areas. These areas include chest and rear-end. Also includes when he will try to hug women in order to try and lay his head on their chest. He has a history of masturbating in common areas ...</p> <p>Inappropriate Social Boundaries: Occurrence of [client #1] engaging in inappropriate social boundaries including personal space, inserting self into ongoing conversations that do not involve him, opening doors of peers and other behaviors that violate others personal boundaries ...</p> <p>Reactive Procedures: 4. Inappropriate Social Boundaries: a. If he is touching others or too close to staff or peers ... b. In a calm and neutral voice ask that he stop talking about those things and let him know that it is inappropriate to talk like that to others ... c. Attempt to engage him in a conversation about a preferred topic or activity ... d. If he continues to discuss inappropriate topics, ignore the comments, and again engage in conversation with him or someone else nearby ... e. Once the behavior is over move on as if nothing has happened ... f. Document in ABC tracker ...</p> <p>5. Inappropriate Sexual Behavior: a. Staff are to always have (sic) at least an arm's length distance from any consumer. No consumer should ever hug a peer or staff ... b. Remind [client #1] of appropriate personal space ...</p>		<p>The Program Manager will follow up with the QIDP/AS/DSP to ensure the appropriate changes are made and trained out.</p> <p>Persons Responsible: AED, Quality Assurance Manager, QA Coordinator/QIDP Manager, Program Manager, Area Supervisor, QIDP, Direct Support lead, and DSP.</p> <p>DATE OF COMPLETION: May 9, 2025</p>	

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	<p>c. Do not allow him to be behind staff. Ensure that staff are always aware of where he is in their surroundings ...</p> <p>d. If he is masturbating in public, do not acknowledge his activity but direct him to his room. Provide minimal physical redirection as needed to assist in directing him to his room ...".</p> <p>Interdisciplinary Team Meeting (IDT) dated 2/21/25 indicated, "Include any IDT recommendations: The IDT recommends implementing a '3 Strikes, You're Out!' protocol for [client #1]. This would be outlined as removal of personal electronic devices for 30 days, 60 days and permanently; Based on behaviors involving non-compliance completing required tasks such as chores, hygiene, when the individual is non-compliant due to distraction of electronics. Recommend restricting community outing when the individual engages in inappropriate activities such as hugging, invading personal space, and inappropriate conversations ...</p> <p>Team Discussion: [Client #1] explains he was walking te (sic) track and he saw two girls getting ready to leave and he started talking to them and then gave them a hug ... [Home Manager]: Explained recent behavior displayed by [client #1] such as sticking his middle finger up at [Home Manager], using inappropriate language while in the dr. (doctor) office, and having inappropriate actions at the [name] involving hugging 2 little girls. [Home Manager] explains his discussion with [guardian] regarding [client #1's] increased behaviors. [Workshop Assistant Manager]... Privileges have been restricted from going into the community for a while due to the incident with hugging girls ...".</p> <p>Client #1's BSP did not indicate hugging young</p>			

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	<p>girls as a defined area of inappropriate sexual or inappropriate social target behaviors. Client #1's BSP did not indicate the supervision and/or restriction for community outings as defined in the IDT.</p> <p>On 4/9/25 at 1:06 PM, the Qualified Intellectual Disabilities Professional (QIDP) was interviewed. The QIDP was asked if client #1 had Behavior Clinician. The QIDP indicated she had consulted with a Behavior Clinician in the development of client #1's BSP. The QIDP was asked about client #1's behavioral incident where he inappropriately hugged a young girl, the lack of this being defined as a target behavior in client #1's BSP, and the lack of community activity restriction. The QIDP stated, "At the moment, I don't see where it is in his plan. It will be at his quarterly, from where we have those notes from his meeting in February (2/21/25 IDT). I think a lot of the behavior occurs at the day program and (community outings) was put on hold. His [guardian] agreed". The QIDP indicated no Human Rights Committee approval was available for review and stated, "I don't think we thought of it like that, it was a day program restriction. I can make note of that".</p> <p>9-3-4(a)</p>			