

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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 01/11/2019
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>Survey dates: January 7, 8, 9, 10 and 11, 2019.</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.</p> <p>Quality Review of this report completed by #15068 on 1/22/19.</p>	W 0000		
W 0104  Bldg. 00	<p>483.410(a)(1) <b>GOVERNING BODY</b></p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation and interview for 7 of 7 clients living in the group home (#1, #2, #3, #4, #5, #6 and #7), the facility's governing body failed to exercise operating direction over the facility by failing to ensure the home remained in good repair.</p> <p>Findings include:</p> <p>On 1/7/19 from 4:05 PM to 5:35 PM and 1/8/19 from 5:58 AM to 7:43 AM, observations were conducted at the group home and indicated the following:</p> <p>1) Behind client #3's rocker recliner in the corner of the common living area was scarred drywall with a 2" (inch) by 3" hole in the wall. This affected clients #1, #2, #3, #4, #5, #6 and #7.</p>	W 0104	<p>The agency will ensure the home remains in good repair addressing paint and drywall issues and removal and repair of wooden privacy fence. The facility will develop a tracking system to ensure maintenance requests are monitored until completion.</p> <p><b>Persons Responsible:</b> Program Manager, Area Supervisor, Residential Manager, Associate Executive Director.</p>	02/10/2019

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 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>On 1/7/19 at 4:58 PM, the Qualified Intellectual Disability Professional (QIDP) was interviewed. The QIDP was asked what happened to the wall to create the scarred appearance and hole in the drywall. The QIDP stated, "I'm not sure what happened there". The QIDP indicated a maintenance request to repair the wall had been completed. The maintenance request forms to repair the wall in the common living area were requested for review at that time.</p> <p>On 1/8/19 at 10:15 AM, the Area Supervisor (AS) was interviewed. The AS was asked what happened to the wall to create the scarred appearance and hole in the drywall. The AS indicated client #3's rocker recliner may have caused damage to the wall. The AS indicated recent discussion with maintenance to repair the wall had occurred. The maintenance request forms to repair the wall in the common living area were requested for review at that time.</p> <p>2) The back section of the group home's wooden privacy fence had fallen and laid on the ground. This affected clients #1, #2, #3, #4, #5, #6 and #7.</p> <p>On 1/7/19 at 4:41 PM, staff #2 was interviewed. Staff #2 was asked what had happened to the wooden privacy fence in the backyard. Staff #2 stated, "The yard sometimes floods. I think it started from that". Staff #2 was asked how long the fence had been down. Staff #2 stated, "It was like that before I started working". Staff #2 was asked how long he had worked at the group home. Staff #2 stated, "I started about 5 months ago".</p> <p>On 1/7/19 at 4:58 PM, the QIDP was interviewed. The QIDP was asked if a maintenance request to repair the wooden fence in the backyard had been</p>			

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W 0154  Bldg. 00	<p>completed in addition to the wall. The QIDP stated, "I'm trying to talk them into putting in a vinyl fence, but yes maintenance requests have been put in for all those issues". The maintenance request forms to repair the wall in the common living area and privacy fence were requested for review.</p> <p>On 1/10/19 at 10:22 AM, the AS was interviewed. The AS was asked if the maintenance request forms to repair the wall and privacy fence were found. The AS indicated the original request was before her time of work, but had an email where she had inquired about repairs. The AS indicated staff #1 had indicated the privacy fence fell a few years back when a tornado had come through the area.</p> <p>On 1/10/19 at 10:41 AM, the Program Manager (PM) was interviewed. The PM indicated his understanding was the fence had been repaired several times in the past, but did not stay in good condition. The PM indicated recent conversation on how to fix the fence was being discussed. The PM stated, "we're talking about maybe a chain link fence".</p> <p>9-3-1(a)</p> <p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated. Based on record review and interview for 3 of 3 sampled clients (#1, #2 and #3), and 4 additional clients (#4, #5, #6 and #7), the facility failed to thoroughly investigate 1) an incident of staff sleeping and 2) client #2 being admitted into a hospital after becoming disoriented following a fall at the workshop.</p>	W 0154	The agency will ensure that all allegations of abuse, neglect and/or exploitation are thoroughly investigated, and investigation findings will be included in an investigation report. The report will be reviewed, and	02/10/2019

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	<p>Findings include:</p> <p>The facility's reportable incidents to the Bureau of Developmental Disabilities Services (BDDS) were reviewed on 1/7/19 at 1:52 PM and indicated the following:</p> <p>1. -BDDS Incident Report dated 12/16/2018 at 9:06:55 PM for client #4 indicated, "Allegations were received of staff sleeping during third shift. The staff member in question was placed on administrative leave pending investigation. Plan to Resolve: Immediate preventative measures include suspension of staff and an investigation has been initiated into the allegations".</p> <p>-BDDS Incident Report dated 12/16/2018 at 9:07:25 PM for client #1 indicated, "Allegations were received of staff sleeping during third shift. The staff member in question was placed on administrative leave pending investigation. Plan to Resolve: Immediate preventative measures include suspension of staff and an investigation has been initiated into the allegations".</p> <p>-BDDS Incident Report dated 12/16/2018 at 9:07 PM for client #6 indicated, "Allegations were received of staff sleeping during third shift. The staff member in question was placed on administrative leave pending investigation. Plan to Resolve: Immediate preventative measures include suspension of staff and an investigation has been initiated into the allegations".</p> <p>-BDDS Incident Report dated 12/16/2018 at 9:08 PM for client #7 indicated, "Allegations were received of staff sleeping during third shift. The staff member in question was placed on administrative leave pending investigation. Plan</p>		<p>recommendations made and implemented as approved by the executive director.</p> <p><b>Persons Responsible:</b> Program Manager, Area Supervisor, Residential Manager, Quality Assurance, Human Resources Manager, Executive Director.</p>	

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	<p>to Resolve: Immediate preventative measures include suspension of staff and an investigation has been initiated into the allegations".</p> <p>-BDDS Incident Report dated 12/16/2018 at 9:08 PM for client #2 indicated, "Allegations were received of staff sleeping during third shift. The staff member in question was placed on administrative leave pending investigation. Plan to Resolve: Immediate preventative measures include suspension of staff and an investigation has been initiated into the allegations".</p> <p>-BDDS Incident Report dated 12/16/2018 at 9:08 PM for client #3 indicated, "Allegations were received of staff sleeping during third shift. The staff member in question was placed on administrative leave pending investigation. Plan to Resolve: Immediate preventative measures include suspension of staff and an investigation has been initiated into the allegations".</p> <p>-BDDS Incident Report dated 12/16/2018 at 9:08 PM for client #5 indicated, "Allegations were received of staff sleeping during third shift. The staff member in question was placed on administrative leave pending investigation. Plan to Resolve: Immediate preventative measures include suspension of staff and an investigation has been initiated into the allegations".</p> <p>On 1/10/19 at 1:46 PM a review of clients #1, #2, #3, #4, #5, #6 and #7's Individual Support Plans (ISP) was completed. The ISPs indicated the following support needs:</p> <p>-ISP dated 12/19/18 indicated for client #1, "The interdisciplinary team has reviewed the comprehensive assessment and determined at this time, due to the level of needs and training</p>			

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	<p>required and his inability to transfer some skills to other environments and settings, [Client #1] is in need of continued placement and active treatment services".</p> <p>-ISP dated 12/18/18 indicated for client #2, "The interdisciplinary team has reviewed the comprehensive assessment and determined at this time, due to the level of needs and training required and his inability to transfer some skills to other environments or settings, [Client #2] is in need of continues (sic) placement and active treatment services.</p> <p>-ISP dated 12/19/18 indicated for client #3, "The IDT (interdisciplinary) discussed other placement, waiver services and supported living. It is consensus of the IDT that [Provider] will continue to provide services to [Client #3].</p> <p>-ISP dated 9/25/18 indicated for client #4, "The interdisciplinary team has reviewed the comprehensive assessments and determined that at this time, due to the level of needs and training required for and his inability to transfer some skills to other environments or settings, [Client #4] is in need of continued placement and active treatment services.</p> <p>-ISP dated 12/25/18 indicated for client #5, "The interdisciplinary team has reviewed the comprehensive assessments and determined that at this time, due to the level of needs and training required for and his inability to transfer some skills to other environments or settings, [Client #5] is in need of continued placement and active treatment services.</p> <p>-ISP dated 10/12/18 indicated for client #6, "The interdisciplinary team has reviewed the</p>			

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	<p>comprehensive assessments and determined that at this time, due to the level of needs and training required for and his inability to transfer some skills to other environments or settings, [Client #6] is in need of continued placement and active treatment services.</p> <p>-ISP dated 11/16/18 for client #7 indicated, "The Interdisciplinary team has reviewed the comprehensive assessments and determined that at this time, due to the level of needs and training required and his inability to transfer some skills to other environments or settings, [Client #7] is in need of continued placement and active treatment services.</p> <p>2. -BDDS Incident Report dated 8/3/2018 at 4:58 PM for client #2 indicated, "[Client #2] was at workshop when he began to appear disoriented. He was shaking and walking into walls, following a fall that he neglected to report to staff. Plan to Resolve: [Client #2] was taken to [hospital] for observation, and consequently admitted. Hospital staff reported that his EKG (Electrocardiogram) came back abnormal, and he is waiting to see the Cardiologist on [date]. [Provider] remains in contact with [hospital] for updates and discharge planning".</p> <p>On 1/7/19 at 2:45 PM the Quality Assurance Coordinator (QAC) was interviewed. The QAC was asked if investigations for the alleged sleeping incident on 12/15/18 and client #2's admittance to a hospital after becoming disoriented and a fall on 8/2/18 could be provided. The QAC indicated a request to complete an investigation into the fall had been made with the Qualified Intellectual Disability Professional (QIDP). The QAC indicated policy was followed by terminating the employee found sleeping by a</p>			

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W 0227  Bldg. 00	<p>supervisor. On 1/9/19 at 6:40 PM a form titled "Corrective Action Form" was provided which outlined the justification for termination to the alleged employee sleeping. No investigations for the above mentioned BDDS reportable incidents with facts concerning the heath status and rights of clients involved in the incidents were provided for review.</p> <p>9-3-2(a)</p> <p>483.440(c)(4)</p> <p><b>INDIVIDUAL PROGRAM PLAN</b></p> <p>The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section.</p> <p>Based on observation, record review and interview for 2 of 3 clients in the sample (#1 and #3), the facility failed to ensure 1) client #1's Behavior Support Plan (BSP) included suicidal ideation and 2) client #3's Individual Support Plan (ISP) addressed wearing proper fitting clothing.</p> <p>Findings include:</p> <p>1) On 1/7/19 at 1:52 PM, a review of the facility's incident/investigative reports was conducted and indicated the following:</p> <p>Incident report dated 11/29/2018 at 1:56 PM indicated, "While staff was passing meds (medication) and clients were preparing for work, [client #1] hit [client #6] in the chest for no apparent reason. When staff verbally redirected to separate, [client #1] began cursing at staff and [client #6]. The behavior continued and escalated to suicidal threats. No injuries were reported, and the nurse was contacted. 24-hour suicide protocol was approved by HRC (Human Rights Committee)</p>	W 0227	<p>The agency will ensure the individual program plan states specific objectives necessary to meet the client's needs as identified by the comprehensive assessment to address the wearing of proper fitting clothing. The Behavior Support Plan will be updated to include suicidal ideation by the QIDP. All staff will be trained on updated BSP and ISP.</p> <p><b>Persons Responsible:</b> Program Manager, Area Supervisor, Residential Manager, QIDP.</p>	02/10/2019

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	<p>and implemented".</p> <p>On 1/8/19 at 8:05 AM, client #1's record was reviewed. The client record indicated the following:</p> <ul style="list-style-type: none"> <li>-Interdisciplinary Team Meeting form dated 11/28/18 indicated, "[Client #1] became aggressive towards another client punching him in the chest. Made suicidal ideations in regards to behavior after the incident. Plan of Action: [Client #1] was placed on 24-hour suicide protocol in result to the suicidal remarks. Staff will continue to monitor and track his behaviors".</li> <li>-BSP dated 12/19/18 indicated, "Fixated Thoughts...repetitive questions or remarks, Verbal Aggression...yells at other or threatens elopement, Noncompliance...ignores or refuses requests, Physical Aggression...pulls, pushes, grabs, hits or kicks, Property Destruction...slams doors or makes attempts to destroy property and Stealing...takes things that do not belong to him". Suicidal ideation was not listed as a target behavior on client #1's BSP.</li> </ul> <p>On 1/8/19 at 8:14 AM, the Qualified Intellectual Disability Professional (QIDP) was interviewed. The QIDP was asked if suicidal ideation was a target behavior on client #1's BSP. The QIDP stated, "No". The QIDP indicated he would add suicidal ideation to client #1's plan and stated, "he (client #1) threatens that (suicidal ideations) sometimes".</p> <p>On 1/8/19 at 10:07 AM, the Area Supervisor (AS) was interviewed. The AS was asked if suicidal ideation should be listed on client #1's BSP. The AS indicated client #1's incident with suicidal ideation on 11/28/18 was the first experience for her with client #1 having this behavior. The AS stated, "If it's happening more often like [QIDP]</p>			

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	<p>says, then yes, it should added to the plan".</p> <p>2) On 1/7/19 from 4:05 PM to 5:35 PM and 1/8/19 from 5:58 AM to 7:43 AM, observations were conducted at the group home and indicated the following:</p> <p>At 4:53 PM, client #3 went into the bathroom to shower.</p> <p>At 5:22 PM, staff #2 asked the clients to come to the kitchen to eat the evening meal.</p> <p>At 5:26 PM, client #3 come into the kitchen to eat and was wearing baggy blue jeans with black cowboy boots.</p> <p>At 6:52 AM, client #3 come into the dining room to eat breakfast wearing the same baggy blue jeans worn the previous evening.</p> <p>At 7:03 AM, staff #1 asked client #3 if he would come to the medication room to take medications. Client #3 was putting on black cowboy boots in his rocker recliner in the common living area and stated, "Yes".</p> <p>At 7:05 AM, staff #1 was asked if the blue jeans client #3 was wearing were his pants. Staff #1 stated, "They're very baggy". Review of the waist size indicated size 42 and continued with the medication administration.</p> <p>At 7:10 AM, staff #1 stated "He (client #3) must have put his roommate's (client #1) pants on after his shower last night". Staff #1 then asked client #3 if he would please go change his pants.</p> <p>On 1/8/19 at 9:29 AM, client #3's record was reviewed. Review of the Individual Support Plan (ISP) dated 12/19/18 indicated client #3 did not have a goal to address wearing proper fitting clothing.</p> <p>On 1/8/19 at 10:15 AM, the AS was interviewed. The AS was asked if client #3 should have proper</p>			

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	<p>fitting clothing. The AS indicated client #3 liked to wear clothes that were too big and stated, "He'll change if you ask him to".</p> <p>On 1/9/19 at 2:32 PM, the QIDP was interviewed. The QIDP was asked if client #3 should wear proper fitting clothing. The QIDP stated, "Yeah". The QIDP indicated he would add a goal to client #3's plan to select proper clothing around his time of showering. The QIDP stated, "Those guys share a laundry basket and wash clothes together, so it has to be sorted. I'll make sure the clothes are labeled correctly and add to his plan identifying the correct clothes before showering".</p> <p>9-3-4(a)</p>			