

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

PRINTED: 12/03/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G157		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 09/27/2018	
NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SE IN				STREET ADDRESS, CITY, STATE, ZIP COD 3011 APACHE DR JEFFERSONVILLE, IN 47130			
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W 0000  Bldg. 00	<p>This visit was for an investigation of complaint #IN00271535.</p> <p>Complaint #IN00271535: Substantiated. Federal/state deficiencies related to the allegation are cited at W102, W104, W122, W149 and W157.</p> <p>This visit was conducted in conjunction with the PCR (Post Certification Revisit) to the investigation of #IN00261956.</p> <p>Survey Dates: September 13, 14, 24, 25, 26 and 27, 2018.</p> <p>Facility Number: 000693 Provider Number: 15G157 AIM Number: 100234510</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 10/26/18.</p>			W 0000			
W 0102  Bldg. 00	<p>483.410 GOVERNING BODY AND MANAGEMENT</p> <p>The facility must ensure that specific governing body and management requirements are met.</p> <p>Based on observation, record review and interview for 2 of 3 sampled clients (A and B), and 3 additional clients (D, E and F), the Condition of Participation: Governing Body was not met. The facility's Governing Body failed to exercise general policy, budget and operating direction over the facility by failing to implement policies and procedures to ensure the rights of all clients to be free of neglect by neglecting to address client A's</p>			W 0102	<p><b>Corrective Action: (Specific):</b> Client B has requested a CIH waiver, has selected a case manager and will remain on leave until placement in waiver services can occur. Client A is on leave and will remain on leave while the guardian pursues alternate service options. Clients A and B will not</p>		10/27/2018

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 disclosable 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>continued elopements and failed to adequately address client B's elopements, physical/verbal aggression and property destruction. The governing body failed to implement corrective action regarding clients A and B's pattern of elopements. The governing body failed to keep clients' medications safe (clients A, B and F). The governing body failed to protect clients A, B, D and E from client to client aggression.</p> <p>Findings include:</p> <p>For 2 of 3 sampled clients (A and B), and 3 additional clients (D, E and F), the facility's Governing Body failed to exercise general policy, budget and operating direction over the facility to ensure the Condition of Participation: Client Protections was met. The facility's Governing Body neglected to provide operating direction to implement policies and procedures to ensure the rights of all clients to be free of neglect by neglecting to address client A's continued elopements and failed to adequately address client B's elopements, physical/verbal aggression and property destruction. The Governing Body failed to provide operating direction to ensure implementation of corrective action regarding clients A and B's pattern of elopements. The facility's governing body failed to keep clients' medications safe (clients A, B and F). The facility's governing body failed to protect clients A, B, D and E from client to client aggression. Please see W122.</p> <p>For 2 of 3 sampled clients (A and B), and 3 additional clients (D, E and F), the facility's Governing Body failed to exercise general policy, budget and operating direction over the facility by failing to implement policies and procedures to ensure the rights of all clients to be free of neglect</p>				<p>be returning to the home. All staff in the location will be retrained on medication audits, medication administration policy and medication storage. Administration observations have been implemented daily for the next thirty days.</p> <p><b>How others will be identified:</b> <b>(Systemic):</b> Administration observations will be implemented daily for the next sixty days. The Program Manager will be in the location at least weekly for the next 60 days and monthly thereafter to ensure all plans are being implemented.</p>		

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W 0104  Bldg. 00	<p>by neglecting to address client A's continued elopements and failed to adequately address client B's elopements, physical/verbal aggression and property destruction. The governing body failed to implement corrective action regarding clients A and B's pattern of elopements. The governing body failed to keep clients' medications safe (clients A, B and F). The governing body failed to protect clients A, B, D and E from client to client aggression. Please see W104.</p> <p>This federal tag relates to Complaint #IN00271535.</p> <p>9-3-1(a)</p> <p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation, record review and interview for 2 of 3 sampled clients (A and B), and 3 additional clients (D, E and F), the facility's Governing Body failed to exercise general policy, budget and operating direction over the facility by failing to implement policies and procedures to ensure the rights of all clients to be free of neglect by neglecting to address client A's continued elopements and failed to adequately address client B's elopements, physical/verbal aggression and property destruction. The governing body failed to implement corrective action regarding clients A and B's pattern of elopements. The governing body failed to keep clients medications safe (clients A, B and F). The governing body failed to protect clients A, B, D and E from client to client aggression.</p> <p>Findings include:</p>			W 0104	<p><b>Corrective Action: (Specific):</b> Client B has requested a CIH waiver, has selected a case manager and will remain on leave until placement in waiver services can occur. Client A is on leave and will remain on leave while the guardian pursues alternate service options. Clients A and B will not be returning to the home. All staff in the location will be retrained on medication audits, medication administration policy and medication storage. Administration observations have been implemented daily for the next thirty days.</p> <p><b>How others will be identified: (Systemic):</b> Administration observations will be implemented</p>		10/27/2018

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W 0122  Bldg. 00	<p>1. The facility's Governing Body neglected to provide oversight and operating direction to the facility to ensure implementation of written policy and procedures which prohibited neglect of client A in regards to preventing elopements after a pattern had been established and failed to prevent client B's physical/verbal aggression and property destruction. The facility's governing body failed to keep clients' medications safe (clients A, B and F). Please see W149.</p> <p>2. The facility's governing body failed to provide operating direction over the facility to ensure corrective actions were implemented to address clients' elopements and aggression, (affecting clients A, B, D and E). Please see W157.</p> <p>This federal tag relates to Complaint #IN00271535.</p> <p>9-3-1(a)</p> <p>483.420</p> <p><b>CLIENT PROTECTIONS</b></p> <p>The facility must ensure that specific client protections requirements are met. Based on observation, record review and interview for 2 of 3 sampled clients (A and B), and 3 additional clients (D, E and F), the Condition of Participation: Client Protections was not met. The facility neglected to implement policies and procedures to ensure the rights of all clients to be free of neglect by neglecting to address client A's continued elopements and failed to adequately address client B's elopements, physical/verbal aggression and property destruction. The facility failed to implement corrective action regarding clients A and B's pattern of elopements. The facility failed to keep clients' medications safe (clients A, B and F). The facility failed to protect clients A, B, D and E from client to client</p>			W 0122	<p>daily for the next sixty days. The Program Manager will be in the location at least weekly for the next 60 days and monthly thereafter to ensure all plans are being implemented.</p> <p><b>Measures to be put in place:</b></p> <p>Client B</p> <p><b>Corrective Action: (Specific):</b></p> <p>Client B has requested a CIH waiver, has selected a case manager and will remain on leave until placement in waiver services can occur. Client A is on leave and will remain on leave while the guardian pursues alternate service options. Clients A and B will not be returning to the home. All staff in the location will be retrained on medication audits, medication administration policy and medication storage. Administration observations have</p>		10/27/2018

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W 0149  Bldg. 00	<p>aggression.</p> <p>Findings include:</p> <p>1. The facility neglected to implement its written policy and procedures which prohibited neglect of client A in regards to preventing elopements after pattern had been established and failed to prevent client B's physical/verbal aggression and property destruction. The facility failed to keep clients medications safe (clients A, B and F). Please see W149.</p> <p>2. The facility failed to ensure corrective actions were implemented to address clients' elopements and aggression, (affecting clients A, B, D and E). Please see W157.</p> <p>This federal tag relates to Complaint #IN00271535.</p> <p>9-3-2(a)</p> <p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview for 2 of 3 sampled clients (clients A and B), and 3 additional clients (D, E, and F), the facility failed to implement policies and procedures to prevent staff to client neglect. The facility failed to implement measures to prevent the clients A and B from eloping and exhibiting physical aggression. The facility failed to implement measures to address client B's verbal aggression/threats and property destruction. The facility failed to keep clients' medications safe (clients A, B and F).</p>			W 0149	<p>been implemented daily for the next thirty days. An Admissions Review committee to review potential referrals to area ICF/MR facilities will be implemented and the committee will meet at least monthly.</p> <p><b>How others will be identified:</b> <b>(Systemic):</b> Administration observations will be implemented daily for the next sixty days. The Program Manager will be in the location at least weekly for the next 60 days and monthly thereafter to ensure all plans are being implemented.</p> <p><b>Corrective Action: (Specific):</b> Client B has requested a CIH waiver, has selected a case manager and will remain on leave until placement in waiver services can occur. Client A is on leave and will remain on leave while the guardian pursues alternate service options. Clients A and B will not be returning to the home. All staff in the location will be retrained on medication audits, medication administration policy and</p>		10/27/2018

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	<p>Findings include:</p> <p>The facility's Bureau of Developmental Disabilities Services/BDDS reports, incident reports and investigations were reviewed on 09/13/18 at 2:30 PM and on 9/25/18 at 2:00 PM and indicated the following:</p> <p>1. A BDDS report dated 7/27/18 indicated an incident on 7/26/18 at 7:00 PM of incident of physical aggression between clients A and B. Client B had a one inch scratch on her face and some hair pulled out. Client A had facial scratches and was transported to a local Emergency Room/ER. She was diagnosed with facial contusion, abrasion and concussion.</p> <p>2. A BDDS report dated 8/8/18 indicated on 8/7/18 at 7:29 AM, client B became verbally abusive to client E. Staff could not redirect client B and the abusive speech continued until client E left for workshop.</p> <p>3. A BDDS report dated 8/8/18 by Quality Assurance Manager/QAM #1 indicated an incident on 8/8/18 at 3:14 AM:</p> <p>"Narrative: [Client B] eloped from the home and staff followed her, keeping her in line of sight. Police were passing by and stopped to assess the situation. [Client B] refused to return home so police sent her to the ER (Emergency Room). Plan to Resolve: At the ER [client B] was being evaluated by the [psychiatric services] when she became physically and verbally aggressive with the nursing staff. As [client B] would not calm down the hospital requested police arrest her. [Client B] was taken into custody and later released to ResCare staff. [Client B] was charged with</p>				<p>medication storage. The QIDP will be retrained on implementing goals, reviewing and revising behavioral support plans and ensuring recommendations for prevention of elopements are included in the plans. The program manager will be retrained on ensuring the QIDP implements recommendations for prevention of elopements, and all staff in the home are trained on the plan revisions by the QIDP. Administration observations have been implemented daily for the next thirty days. An Admissions Review committee to review potential referrals to area ICF/MR facilities will be implemented and the committee will meet at least monthly. A review of the ResCare policy and procedure for abuse, neglect, exploitation, mistreatment or violation of an Individual's rights has been completed and the agency will continue to follow the policy and procedure as written.</p> <p><b>How others will be identified:</b> <b>(Systemic):</b> Client B has requested a CIH waiver, has selected a case manager and will remain on leave until placement in waiver services can occur. Client A is on leave and will remain on leave while the guardian pursues alternate service options. Clients A and B will not be returning to the home. All staff in the location will be retrained on medication audits, medication administration policy</p>		

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	<p>disorderly conduct and has a court appearance set for 8/13/2018."</p> <p>4. A BDDS report dated 8/10/18 indicated an incident on 8/9/18 at 6:00PM. Client A was washing dishes and told client D she needed to rinse her plate. Client D kicked client A and they started hitting each other. There were no injuries.</p> <p>5. A BDDS report dated 8/25/18 indicated an incident on 8/24/18 at 8:45 PM wherein client A left the facility and was out of staff's sight for 20 minutes.</p> <p>6. A BDDS report dated 8/28/18 indicated an incident on 8/26/18 at 4:15 PM wherein client D spat in client B's face twice.</p> <p>7. A BDDS report dated 8/31/18 indicated an incident on 8/30/18 at 7:25 PM wherein client A left the property and was out of staff's line of sight for 30 minutes. A follow-up BDDS report dated 9/4/18 indicated client A could have 15 minutes of alone time daily according to her Behavior Plan.</p> <p>8. A BDDS report dated 9/3/18 indicated on 9/2/18 at 11:25 AM, client A said she was taking her 15 minutes of alone time per her program but she was gone (out of staff's sight) for 30 minutes.</p> <p>9. A 9/10/18 BDDS report with date of knowledge as 9/10/18 indicated 9/8/18 at 7:20 PM a bag of medications had been dropped off at the facility and had not been locked up. The following medications were missing: A's gabapentin (behavior), Proventil (asthma), flucan (allergies), and Dulera (birth control), client B's Cetaphil (hygiene), and client F's saline nose spray, triamcinolone (antifungal), and Miralax</p>				<p>and medication storage. An Admissions Review committee to review potential referrals to area ICF/MR facilities will be implemented and will meet at least monthly. The QIDP will review all programming plans and make needed updates and seek guardian and human rights committee approval for all updates. The Program Manager will review all behavioral support plans written by the QIDP prior to implementation. The QIDP will then retrain all staff in the location on plan updates. The Peer Review committee will review all investigations and make recommendations consistent with the ResCare policy and procedure for abuse, neglect, exploitation, mistreatment or violation of an Individual's rights. The Residential Manager will be in the location at least daily to ensure programming plans are being implemented correctly. The QIDP will be in the location at least weekly to ensure programming plans are being implemented correctly. The area supervisor will be in the location at least twice weekly for the next sixty days and then monthly thereafter to ensure programming plans are implemented correctly. The program manager will be in the location once weekly for the next sixty days and then monthly thereafter to ensure programming plans are implemented correctly.</p>		

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	<p>(constipation). An investigation dated 9/10-14/18 regarding the missing medications did not find what had happened to them.</p> <p>10. A BDDS report dated 9/11/18 indicated client A left for her 20 minutes of alone time per her Behavior Plan on 9/10/18 at 2:30 PM. When she did not return in the allotted time, the police were notified. The client was not found.</p> <p>During observations at the facility on the afternoon of 9/13/18 from 4:00 PM to 5:30 PM, client A was not at the facility and her whereabouts continued to be unknown.</p> <p>11. A BDDS report dated 9/14/18 indicated on 9/14/18 at 3:00 PM, client A was returned to the facility after a two day absence. She was evaluated at a local psychiatric facility where she was admitted for treatment.</p> <p>12. A BDDS report dated 9/15/18 indicated client B had become upset on 9/14/18 at 5:45 PM when she did not receive her allowance check. She left the agency's office and began walking to a local bank. She went into the bank and told them she was being "stalked by staff." She was taken by police back to the facility in handcuffs. An investigation into the above incident indicated the bank had called the police. After the police left the facility, client B broke several items and left the facility again. Client B was going toward a busy metropolitan street. Staff followed her but could not redirect her. The police assisted and the Area Supervisor was able to get client B back to the facility.</p> <p>An IDT/Interdisciplinary Team Meeting form dated 9/20/18 indicated client B had eloped from</p>				Administration observations will be done once daily for the next thirty days.		



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	<p>the facility on 9/20/18 (time unknown). The police saw her and returned her to the facility.</p> <p>13. A BDDS report dated 9/21/18 indicated an incident on 9/19/18 at 3:30 PM wherein staff told client B she could not go on her recreational outing because she had been asleep all day. Client B became upset and tried to knock the window out of the facility's van. She did knock the window off of the track and tried to go through the window. A peer pulled her back in. The van pulled over and she exited, walking down the street. Police picked her up and took her to a local workshop where staff picked her up and took her back to the facility.</p> <p>Client A's record was reviewed on 9/24/18 at 5:00 PM and indicated, in part, the 9/21/18 BSP/Behavior Support Plan written by QIDP/Qualified Individual Intellectual Disability Professional #1. The review indicated the following:</p> <p>"BEHAVIORAL HISTORY</p> <p>[Client A] moved into [agency] in 2010. She has struggled with many behaviors over the years. She has periods where she is eager to please staff and times when she is very difficult to deal with. [Client A] has issues with elopement, sexually inappropriate behavior, verbal and physical aggression and lying.</p> <p>TARGET BEHAVIORS AND GOALS</p> <p>Social Withdrawal: Any occurrence of isolation, crying, display of disinterest in a preferred activity, irritability or sleep disturbance lasting more than 15 minutes that prevents participation in active treatment.</p>						

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	<p>Suicidal Ideation/SIB: any occurrence of biting self, hitting self, banging her own head, cutting self, slamming body parts in the door, and other behaviors intentionally done to harm/hurt self. Also includes telling others she 'wants to die' or wants to hurt herself.</p> <p>Verbal Aggression: any occurrence of yelling, making threats, calling others offensive names, or cursing in an agitated tone of voice.</p> <p>Physical Aggression: Anytime [Client A] grabs, hits, or attempts to hit, shove or slap another person.</p> <p>Property Destruction: any occurrence of hitting, kicking, slamming, or other physical action that results in or could result in an object not functioning as designed.</p> <p>Manipulation: any time she is negotiating with another individual into doing something that she is supposed to do herself, asking another person after not getting the answer she wanted from a previous person, or other such acts that she is using to get around interacting with, doing, or possessing the things she wants regardless of what she has been previously told.</p> <p>False Statements: any time she is giving false statements to others when the truth is already known. This does not include allegations as those must be written down and sent for investigation before the truth is known so that everyone's safety can be ensured.</p> <p>Noncompliance: any time she does not comply with a programmatic request within three (3) verbal prompts spaced out at least 5 minutes apart</p> <p>Stealing: any time she takes something that is not hers from another individual in the home or</p>						

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	<p>community or even shoplifting while out in the community</p> <p>Leaving Assigned Area: any occurrence of leaving the area without staff permission but staff still have her within eye view.</p> <p>Elopement: any occurrence of leaving the area without staff supervision at home or in community and staff have not got her within eye view."</p> <p>Interview with the Qualified Intellectual Disability Professional/QIDP #1 on 9/24/18 at 4:30 PM indicated client A's BSP had been revised to include the following information/strategies:</p> <p>"Phone Protocol: At this time [Client A] does not have a cell phone. She may of course use the house phone. Staff will dial for her and put on speaker phone. Once it is confirmed she is speaking to mom, she needs to stay in the same room with staff (due to 1:1) (one staff to one client supervision) but she can turn off speaker to speak to her mother privately.</p> <p>CURRENT SUPERVISION (As of 6/4/18) [Client A] is to be 1:1 with staff when at [facility] and in the community. She is not required to be in sight of staff at [day services]. Documentation is at [facility] to document this supervision and is to be signed off by staff on each shift."</p> <p>Review of client B's record on 9/14/18 at 2:10 PM indicated a BSP/Behavior Support Plan dated 5/4/18 by Behavioral Clinician #1. The BSP indicated client B's diagnoses included, but were not limited to, Schizoaffective Disorder, Oppositional Defiant Disorder, Borderline Intellectual Functioning, and Vision/Hearing Impairment.</p>						

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	<p>The BSP indicated client B had the following targeted behaviors:</p> <p>Physical Aggression (hitting with an open hand, kicking, scratching, spitting on others' food),</p> <p>Property Destruction (hitting/kicking walls or items, throwing items, or slamming doors),</p> <p>Leaving Assigned Area (leaving area without staff permission but still in staff's eyesight),</p> <p>Elopement (leaving area without staff permission in home or community and not in staff's eyesight),</p> <p>Noncompliance (not complying with programmatic requests within 3 verbal prompts spaced out at least 5 minutes apart),</p> <p>Homicidal Threats, (stating she is going to kill, stab, burn or any other comment expressing an intent to utilize lethal force)</p> <p>Charging, (running toward staff/peers in an aggressive manner attempting to engage in physical aggression, and</p> <p>Verbal Threats, threatening staff/peers she will engage in other targets behaviors.</p> <p>The BSP's Preventative Procedures included, in part: "...Do not be bossy with [client B]. Keep her busy with activities to keep her occupied. Always allow for choices and give her options with literal phrasing...Do not show emotion when she is displaying any target behavior. This will prolong her behavior and potentially escalate it...When making a request of her, do so in a form of a question; never phrase things in a form of a demand. As a demand may cause her to refuse even if it is something she would normally complete. Do not take any target behaviors, including verbal or physical aggression, personally. Use positive statements...Speak to her in a calm, neutral toned voice at all times. During a target behavior exhibition, staff should only be discussing what [client B] should be doing and not what she should stop doing...If [client B]</p>						

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	<p>displays target behaviors while out in the community, the outing will end and staff will return [client B] home. If she exhibits behaviors while in the van, staff should follow the appropriate procedure for the specific target behavior. Ensure that all staff are following house rules and her BSP consistently. If staff are inconsistent with implementation, this will create more behaviors. Do not promise items or bargain with her attempting to end a behavior or prevent a behavior. Maintain consistency and structure in the home and with her daily schedule."</p> <p>Interview with the Qualified Intellectual Disability Professional/QIDP #1 on 9/13/18 at 1:30 PM indicated clients A and B continued to have behaviors despite program adjustments and repeated staff training.</p> <p>Interview (9/14/18 at 9:34 AM) with Program Manager #1 indicated the agency had recommended assessments for clients A and B regarding other placements due to their unmanageable behaviors.</p> <p>Interview with QAM #1 (Quality Assurance Manager) on 9/13/18 at 3:30 PM indicated the Agency's most recent abuse/neglect policy was the one of March 2018 and the agency's policy prohibited abuse and neglect of clients.</p> <p>The agency's "Operation Standard Reporting and Investigating Abuse, Neglect, Exploitation, Mistreatment or Violation of an Individual's Rights" dated 3/08/2018 was reviewed on 9/13/18 at 2:30 PM and indicated the agency prohibited, reported, investigated and implemented corrective measures in regards to abuse/neglect/exploitation/mistreatment of the clients it served. The review of the agency's</p>						

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	<p>policy indicated, in part, the following:</p> <p>..."ResCare strictly prohibits abuse, neglect, exploitation, mistreatment or violation of an Individual's rights....Program Implementation/Intervention: Failure to provide goods and/or services necessary for the individual to avoid physical harm and /or intentional failure to implement a support plan, inappropriate application of intervention, etc. which may result in jeopardy without qualified person notification/review.... Any situation involving weapons, regardless if abuse, neglect, mistreatment or violation of an Individual's rights is suspected, will be immediately investigated.</p> <p>All employees receive training upon hire regarding definitions/causes of different types of, how to identify, prevent, document, remedial action to be taken, timely debriefing following the incident and how to report abuse, neglect, exploitation, mistreatment or violation of an Individual's rights, as well as what to expect from an investigation. All employees receive this training upon hire and annually, thereafter.</p> <p>Procedures:</p> <p>1. Any ResCare staff person who suspects an individual is the victim of abuse, neglect, exploitation or mistreatment of an individual should immediately notify the Program Manager, and then complete an Incident Report. The Program Manager will then notify the Executive Director immediately.</p> <p>2. The Program Manager, or designee, will report the suspected abuse, neglect, exploitation, mistreatment or violations of Individual's rights with 24 hours of the initial report to the appropriate contacts...</p>						

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	<p>3. Any person who is suspected of abuse, neglect, exploitation, mistreatment or violation of an Individual's rights toward an individual will be immediately suspended until the allegation can be fully investigated...</p> <p>4. The Program Manager will assign an investigative team. A full investigation will be conducted by investigators who have received training from Labor Relations Association and ResCare's internal procedures on investigations. ResCare will not allow for nepotism during the conducting, directing, reviewing or other managerial activity of an investigation into an allegation of abuse, neglect, exploitation or mistreatment, by prohibiting friends and relatives of an alleged perpetrator from engaging in these managerial activities. One of the investigators will complete a detailed investigative case summary based on witness statements and other evidence collected. The report will be maintained in a confidential, secured file at the office. The investigation file will include the following components: a clear statement indicating why the investigation/review is being conducted along with the nature of the allegations/event (e.g., allegation of neglect, etc.), a clear statement of the event or alleged event in a time-line format including what, where, and when the event happened or is alleged to have happened, Identification by name and title of all involved parties or alleged involved parties including any victim(s) or alleged victim(s), all staff assigned to the victim(s) or alleged victim(s) at the time of the incident, all alleged perpetrators, when indicated; and all actual or potential witnesses to the event or alleged event, signed and dated statements from all involved parties, including all actual and potential witnesses to the event or alleged event,</p>						

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W 0157  Bldg. 00	<p>a statement describing all record and other document review associated with the event or alleged event, copies of all records and other documents reviewed that provide evidence supporting the finding of the investigation or review, if there are any discrepancies/conflicts between the evidence gathered, the discrepancy is resolved and/or explained, a determination if rights have been violated, if services and/or care were not provided or were not appropriately provided, if agency policies and/or procedures were not followed, and/or if any federal or state regulations were not followed, a clear statement of substantiation or non-substantiation of any allegation that includes a description/summary of the evidence that result in the finding, a definitive description of all corrective actions developed and implemented and/or to be implemented as a result of the investigation or review, including completion dates for each corrective action, the signature, name and title of the person completing the investigation and the date the investigation was completed.</p> <p>5. An investigative peer review committee chosen by the Executive Director will meet to discuss the outcome of the investigation and to ensure that a thorough investigation has been completed. Members of the committee must include at least one of the investigators, the Executive Director or designee, Program Manager, QA representative and a Human Resources representative."</p> <p>This federal tag relates to Complaint #IN00271535.</p> <p>9-3-2(a)</p> <p>483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate</p>						



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	<p><b>corrective action must be taken.</b> Based on observation, record review and interview for 2 of 3 sampled clients (clients A and B), and two additional clients D and E), the facility failed to implement measures to prevent clients A and B from eloping and exhibiting physical aggression. The facility failed to implement measures to address client B's verbal aggression/threats and property destruction. These behaviors affected clients A, B, D and E.</p> <p>Findings include:</p> <p>The facility's Bureau of Developmental Disabilities Services/BDDS reports, incident reports and investigations were reviewed on 09/13/18 at 2:30 PM and on 9/25/18 at 2:00 PM and indicated the following:</p> <ol style="list-style-type: none"> <li>1. A BDDS report dated 7/27/18 indicated an incident on 7/26/18 at 7:00 PM of incident of physical aggression between clients A and B. Client B had a one inch scratch on her face and some hair pulled out. Client A had facial scratches and was transported to a local Emergency Room/ER. She was diagnosed with facial contusion, abrasion and concussion.</li> <li>2. A BDDS report dated 8/8/18 indicated on 8/7/18 at 7:29 AM, client B became verbally abusive to client E. Staff could not redirect client B and the abusive speech continued until client E left for workshop.</li> <li>3. A BDDS report dated 8/8/18 by Quality Assurance Manager/QAM #1 indicated an incident on 8/8/18 at 3:14 AM: "Narrative: [Client B] eloped from the home and staff followed her, keeping her in line of sight. Police were</li> </ol>			W 0157	<p><b>Corrective Action: (Specific):</b> Client B has requested a CIH waiver, has selected a case manager and will remain on leave until placement in waiver services can occur. Client A is on leave and will remain on leave while the guardian pursues alternate service options. Clients A and B will not be returning to the home. All staff in the location will be retrained on medication audits, medication administration policy and medication storage. The QIDP will be retrained on implementing goals, reviewing and revising behavioral support plans and ensuring recommendations for prevention of elopements are included in the plans. The program manager will be retrained on ensuring the QIDP implements recommendations for prevention of elopements, and all staff in the home are trained on the plan revisions by the QIDP. Administration observations have been implemented daily for the next thirty days. An Admissions Review committee to review potential referrals to area ICF/MR facilities will be implemented and the committee will meet at least monthly. A review of the ResCare policy and procedure for abuse, neglect, exploitation, mistreatment or violation of an Individual's rights has been completed and the agency will continue to follow the</p>		10/27/2018

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	<p>passing by and stopped to assess the situation. [Client B] refused to return home so police sent her to the ER (Emergency Room). Plan to Resolve: At the ER [client B] was being evaluated by the [psychiatric services] when she became physically and verbally aggressive with the nursing staff. As [client B] would not calm down the hospital requested police arrest her. [Client B] was taken into custody and later released to ResCare staff. [Client B] was charged with disorderly conduct and has a court appearance set for 8/13/2018."</p> <p>4. A BDDS report dated 8/10/18 indicated an incident on 8/9/18 at 6:00 PM. Client A was washing dishes and told client D she needed to rinse her plate. Client D kicked client A and they started hitting each other. There were no injuries.</p> <p>5. A BDDS report dated 8/25/18 indicated an incident on 8/24/18 at 8:45 PM wherein client A left the facility and was out of staff's sight for 20 minutes.</p> <p>6. A BDDS report dated 8/28/18 indicated an incident on 8/26/18 at 4:15 PM wherein client D spat in client B's face twice.</p> <p>7. A BDDS report dated 8/31/18 indicated an incident on 8/30/18 at 7:25 PM wherein client A left the property and was out of staff's line of sight for 30 minutes. A follow-up BDDS report dated 9/4/18 indicated client A could have 15 minutes of alone time daily according to her Behavior Plan.</p> <p>8. A BDDS report dated 9/3/18 indicated on 9/2/18 at 11:25 AM, client A said she was taking her 15 minutes of alone time per her program but she was</p>		<p>policy and procedure as written.</p> <p><b>How others will be identified:</b> <b>(Systemic):</b> Client B has requested a CIH waiver, has selected a case manager and will remain on leave until placement in waiver services can occur. Client A is on leave and will remain on leave while the guardian pursues alternate service options. Clients A and B will not be returning to the home. All staff in the location will be retrained on medication audits, medication administration policy and medication storage. An Admissions Review committee to review potential referrals to area ICF/MR facilities will be implemented and will meet at least monthly. The QIDP will review all programming plans and make needed updates and seek guardian and human rights committee approval for all updates. The Program Manager will review all behavioral support plans written by the QIDP prior to implementation. The QIDP will then retrain all staff in the location on plan updates. The Peer Review committee will review all investigations and make recommendations consistent with the ResCare policy and procedure for abuse, neglect, exploitation, mistreatment or violation of an Individual's rights. The Residential Manager will be in the location at least daily to ensure programming</p>				

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	<p>gone (out of staff's sight) for 30 minutes.</p> <p>9. A BDDS report dated 9/11/18 indicated client A left for her 20 minutes of alone time per her Behavior Plan on 9/10/18 at 2:30 PM. When she did not return in the allotted time, the police were notified. The client was not found.</p> <p>During observations at the facility on the afternoon of 9/13/18 from 4:00 PM to 5:30 PM, client A was not at the facility and her whereabouts continued to be unknown.</p> <p>10. A BDDS report dated 9/14/18 indicated on 9/14/18 at 3:00 PM, client A was returned to the facility after a two day absence. She was evaluated at a local psychiatric facility where she was admitted for treatment.</p> <p>11. A BDDS report dated 9/15/18 indicated client B had become upset on 9/14/18 at 5:45 PM when she did not receive her allowance check. She left the agency's office and began walking to a local bank. She went into the bank and told them she was being "stalked by staff." She was taken by police back to the facility in handcuffs. An investigation into the above incident indicated the bank had called the police. After the police left the facility, client B broke several items and left the facility again. Client B was going toward a busy metropolitan street. Staff followed her but could not redirect her. The police assisted and the Area Supervisor was able to get client B back to the facility.</p> <p>An IDT/Interdisciplinary Team Meeting form dated 9/20/18 indicated client B had eloped from the facility on 9/20/18 (time unknown). The police saw her and returned her to the facility.</p>		<p>plans are being implemented correctly. The QIDP will be in the location at least weekly to ensure programming plans are being implemented correctly. The area supervisor will be in the location at least twice weekly for the next sixty days and then monthly thereafter to ensure programming plans are implemented correctly. The program manager will be in the location once weekly for the next sixty days and then monthly thereafter to ensure programming plans are implemented correctly. Administration observations will be done once daily for the next thirty days.</p>				

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	<p>12. A BDDS report dated 9/21/18 indicated an incident on 9/19/18 at 3:30 PM wherein staff told client B she could not go on her recreational outing because she had been asleep all day. Client B became upset and tried to knock the window out of the facility's van. She did knock the window off of the track and tried to go through the window. A peer pulled her back in. The van pulled over and she exited, walking down the street. Police picked her up and took her to a local workshop where staff picked her up and took her back to the facility.</p> <p>Client A's record was reviewed on 9/24/18 at 5:00 PM and indicated, in part, the 9/21/18 BSP/Behavior Support Plan written by QIDP/Qualified Individual Intellectual Disability Professional #1. The review indicated the following:</p> <p>"BEHAVIORAL HISTORY</p> <p>[Client A] moved into [agency] in 2010. She has struggled with many behaviors over the years. She has periods where she is eager to please staff and times when she is very difficult to deal with. [Client A] has issues with elopement, sexually inappropriate behavior, verbal and physical aggression and lying.</p> <p>TARGET BEHAVIORS AND GOALS</p> <p>Social Withdrawal: Any occurrence of isolation, crying, display disinterest in a preferred activity, irritability or sleep disturbance lasting more than 15 minutes that prevents participation in active treatment.</p> <p>Suicidal Ideation/SIB: any occurrence of biting self, hitting self, banging her own head, cutting</p>						

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NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SE IN				STREET ADDRESS, CITY, STATE, ZIP COD 3011 APACHE DR JEFFERSONVILLE, IN 47130			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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		
	<p>self, slamming body parts in the door, and other behaviors intentionally done to harm/hurt self. Also includes telling others she 'wants to die' or wants to hurt herself.</p> <p>Verbal Aggression: any occurrence of yelling, making threats, calling others offensive names, or cursing in an agitated tone of voice.</p> <p>Physical Aggression: Anytime [Client A] grabs, hits, or attempts to hit, shove or slap another person.</p> <p>Property Destruction: any occurrence of hitting, kicking, slamming, or other physical action that results in or could result in an object not functioning as designed.</p> <p>Manipulation: any time she is negotiating with another individual into doing something that she is supposed to do herself, asking another person after not getting the answer she wanted from a previous person, or other such acts that she is using to get around interacting with, doing, or possessing the things she wants regardless of what she has been previously told.</p> <p>False Statements: any time she is giving false statements to others when the truth is already known. This does not include allegations as those must be written down and sent for investigation before the truth is known so that everyone's safety can be ensured.</p> <p>Noncompliance: any time she does not comply with a programmatic request within three (3) verbal prompts spaced out at least 5 minutes apart</p> <p>Stealing: any time she takes something that is not hers from another individual in the home or community or even shoplifting while out in the community</p>						

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	<p>Leaving Assigned Area: any occurrence of leaving the area without staff permission but staff still have her within eye view.</p> <p>Elopement: any occurrence of leaving the area without staff supervision at home or in community and staff have not got her within eye view."</p> <p>Review of client B's record on 9/14/18 at 2:10 PM indicated a BSP/Behavior Support Plan dated 5/4/18 by Behavioral Clinician #1. The BSP indicated client B's diagnoses included, but were not limited to, Schizoaffective Disorder, Oppositional Defiant Disorder, Borderline Intellectual Functioning, and Vision/Hearing Impairment.</p> <p>The BSP indicated client B had the following targeted behaviors:</p> <p>Physical Aggression (hitting with an open hand, kicking, scratching, spitting on others' food),</p> <p>Property Destruction (hitting/kicking walls or items, throwing items, or slamming doors),</p> <p>Leaving Assigned Area (leaving area without staff permission but still in staff's eyesight),</p> <p>Elopement (leaving area without staff permission in home or community and not in staff's eyesight),</p> <p>Noncompliance (not complying with programmatic requests within 3 verbal prompts spaced out at least 5 minutes apart),</p> <p>Homicidal Threats, (stating she is going to kill, stab, burn or any other comment expressing an intent to utilize lethal force)</p> <p>Charging, (running toward staff/peers in an aggressive manner attempting to engage in physical aggression, and</p> <p>Verbal Threats, threatening staff/peers she will engage in other targets behaviors.</p> <p>Interview with the Qualified Intellectual Disability Professional/QIDP #1 on 9/13/18 at 1:30 PM</p>						

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	<p>indicated clients A and B continued to have behaviors despite program adjustments and repeated staff training.</p> <p>Interview (9/14/18 at 9:34 AM) with Program Manager #1 indicated the agency had recommended assessments for clients A and B regarding other placements due to their unmanageable behaviors.</p> <p>This federal tag relates to Complaint #IN00271535.</p> <p>9-3-2(a)</p>						