08/04/2024

					PRINTED: 08/07/2024	
DEPARTMEN	T OF HEALTH AND HU	MAN SERVICES			FORM APPROVED	
CENTERS FO	R MEDICARE & MEDIC	-			OMB NO. 0938-039	
STATEME	NT OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C		(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BUILDING	00	COMPLETED	
		15G811	B. WING		07/05/2024	
NAME OF	PROVIDER OR SUPPLIE	R	1306 S	ADDRESS, CITY, STATE, ZIP COD BLOOMINGTON STREET NCASTLE, IN 46135		
KES-CA	RE INC		GREEI	NCASTLE, IIN 40133		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE	ID	PROVIDER'S PLAN OF CORRECTION	(X5)	
PREFIX	(EACH DEFICIEN	NCY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	COMPLETION	
TAG	REGULATORY O	R LSC IDENTIFYING INFORMATION	TAG	DEFICIENCY)	DATE	
W 0000						
Bldg. 00	Dates of Survey: 6/6/28/24, 7/1/24 and Facility Number: 0 Provider Number: AIMS Number: 20 These deficiencies accordance with 41	13405 15G811 1267570 also reflect state findings in	W 0000			
W 0102 Bldg. 00	The facility must e	DY AND MANAGEMENT				
	governing body a					

W 0102

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

Based on observation, record review and interview the facility failed to meet the Condition

of Participation: Governing Body for 1 of 4

#18 and #21).

sampled clients (#1), plus 3 additional clients (#9,

The facility's governing body failed to exercise

operating direction over the facility by failing to

ensure the facility was maintained in good repair,

participated in their community outing to eat their

implemented its written policy and procedures to

prevent neglect of client #18 regarding elopement

from the facility and to develop and implement

to ensure the facility had a complete record for

clients #1, #2 and #4 available upon request, to

ensure the facility ensured clients #1 and #9

food inside a restaurant, to ensure the facility

(X6) DATE

To correct the deficient practice,

all DSP's have been trained on the

following: Reporting maintenance

issues timely, ensuring clients

following plans as written,

ResCare ANEM policy and

goals completed as written,

dignity, All client adaptive

TITLE

formally and informally, client

equipment needs and procedures,

cleanliness of the facility, infection

control prevention, and all client

procedure, #2's and all other

client dining plans, #3, #6 and all

other client BSP's, All client ISP

have a choice to dine in or carry out from restaurants while

Patrick O'Heran QAM 08/05/2024

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo 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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	NT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G811	ľ í	UILDING	onstruction 00	(X3) DATE COMPI 07/05	LETED
	PROVIDER OR SUPPLIE	R		1306 S	ADDRESS, CITY, STATE, ZIP COD B BLOOMINGTON STREET		
RES-CA	RE INC			GREE	NCASTLE, IN 46135		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	NCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	ATE	COMPLETION
TAG	REGULATORY O	R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
	_	vestigating an elopement			data collection procedures. Al		
	•	vent neglect of client #21 and			supervisory staff have been tr	ained	
		gate the circumstances of an			on the following: Ensuring all		
	_	regarding client #21, to ensure			records are available in the cl		
		the Behavior Technician			official record to not impede the		
		rening during behavioral			survey process, Developing a	nd	
	_	lity, to ensure the facility			implementing safeguards to		
		competent in clients #1 and			prevent neglect and elopemen	nt,	
		, client #2's dining plan			components of a thorough		
	_	d clients #3 and #6's BSPs			investigation, Ensuring		
	`	Plans), to ensure the facility			recommendations are created	and	
	_	developed to address client			implemented, Ensuring	.	
	_	dule, to ensure the facility			appropriate plans are in place		
	_	#3's Behavior Support Plan #2, #8 and #9's Individual			each client. The BC has been		
	1 1	objectives during formal and			trained on intervening, coachi	-	
		ties, to ensure the facility			and modeling. The following been put in place to prevent	nas	
		feet were clean, client #11 wore			reoccurrence: All maintenance	20	
		#12 wore clean shirts and his			issues are being monitored ar		
		r eating and client #10 did not			contracted out for resolution.		
		backwards or food around his			staff will be assigned daily to	, ,	
		to ensure the facility ensured			inspect and ensure each clier	nt is	
		supports for hearing			maintaining their dignity. The		
	_	yorn and to ensure client #9's			will review the dignity checklis		
	adaptive supports f	or knee pads and a helmet to			daily and rectify any issues no		
	prevent injury duri	ng a fall were worn while he			A table of contents for client		
		is morning routine and to			charts has been implemented	to	
	ensure the facilty e	nsured the group home was			ensure the QIDP and nursing	staff	
	clean and sanitary i	in order to avoid sources and			have all records printed and		
	transmission of info	ections.			available. Each client's outing	g will	
					be scheduled weekly by the F	RM's.	
	The governing bod	y failed to ensure the facility			Each client will choose the		
		of Participation: Client			destination and whether to dir	ne in	
	Protections for clie	nts #1, #9, #18 and #21.			or carry out. This will be		
					documented on the daily		
	Findings include:				assignments log reviewed by		
					PM weekly. An investigation a		
		verning body failed to exercise			peer review conducted for #18		
		over the facility by failing to			investigation affecting #21 wil		
	ensure the facility v	was maintained in good repair,			re-opened with an addendum		

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	NT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G811	î ´	UILDING	onstruction 00	(X3) DATE COMPI 07/05	LETED
NAME OF I	PROVIDER OR SUPPLIED	R	STREET ADDRESS, CITY, STATE, ZIP COD 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135				
(X4) ID	CLIMMADY	STATEMENT OF DEFICIENCIE		ID	T		(Y5)
PREFIX		NCY MUST BE PRECEDED BY FULL		PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE		(X5) COMPLETION
TAG	`	R LSC IDENTIFYING INFORMATION		PREFIX (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODE DEFICIENCY)		TE	
IAG				IAG			DATE
		y had a complete record for 4 available upon request, to			added with any additional find	-	
		ensured clients #1 and #9			All windows in the facility have		
	,	r community outing to eat their			been secured within IDOH LS		
					guidelines, windows are alarm	iea,	
		rant, to ensure the facility			a security checklist has been		
	-	ritten policy and procedures to			implemented to ensure windo		
	-	client #18 regarding elopement d to develop and implement			are secured, alarms are mour	nea,	
					vehicles are locked, and no	_	
	-	vestigating an elopement vent neglect of client #21 and			contraband is on the grounds transition IDT has been create		
	_	gate the circumstances of an			address needs from current	ed to	
		regarding client #21, to ensure			placement and moving forwar	d into	
	_	the Behavior Technician			future placement. All allegatio		
		ening during behavioral			_		
		lity, to ensure the facility			ANEM will be reviewed by the		
	-	competent in clients #1 and			to ensure appropriate safegua	iius	
		, client #2's dining plan			are put in place during the		
		d clients #3 and #6's BSPs			investigation. The regional	a zill	
	-	Plans), to ensure the facility			operations support specialist review all ANEM investigation		
		developed to address client			_	5 10	
	_	lule, to ensure the facility		ensure they are thorough; A		, d	
	_	#3's Behavior Support Plan		smoking plan has been created			
	-	2, #8 and #9's Individual		and implemented for client #1.			
		objectives during formal and			Additional monitoring will be achieved by daily administrati	VA.	
		ties, to ensure the facility			observations to ensure staff a		
		feet were clean, client #11 wore			implementing all policies,	10	
		#12 wore clean shirts and his			procedures, documentation, a	nd	
	•	r eating and client #10 did not			plans as written. The	ii i u	
		backwards or food around his			administrative team will evalua	ate	
		to ensure the facility ensured			the observation frequency mo		
		supports for hearing			to determine if the observation	-	
	_	yorn and to ensure client #9's			should continue, decrease, or		
		or knee pads and a helmet to			increase. The administrative		
		ng a fall were worn while he			will meet daily to discuss any		
		is morning routine and to			incident follow up in the facility		
		nsured the group home was			The lead BC will meet weekly		
		in order to avoid sources and			the BC completing observatio		
		ections. Please see W104.			discuss any client's needs, sta		
					training, and any training the I		
	2. The governing b	ody failed to ensure the facility			may need. The QAM will mee		

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CENTERS FOR	R MEDICARE & MEDIC	CAID SERVICES				OM	B NO. 0938-039	
STATEMEN	NT OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) M	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	A. BUILDING <u>00</u>			COMPLETED	
		15G811	B. W	ING		07/05/	/2024	
					_			_
NAME OF I	PROVIDER OR SUPPLIEF	3			ADDRESS, CITY, STATE, ZIP COD			
			1306 S BLOOMINGTON STREET					
RES-CAI	RE INC			GREEN	NCASTLE, IN 46135			
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	ΔTF	COMPLETION	
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION	TAG DEFICIENCY)			DATE		
	met the Condition of Participation: Client				weekly with all investigators to			
		nts #1, #9, #18 and #21. Please			ensure all investigations have			
	see W122.				assigned, investigated thorough			
					and appropriate recommenda			
	5-1.3(a)(1-2)(a)(b)(.3(a)(1-2)(a)(b)(c)			are in place. Ongoing monito			
	5-1.5(a)				will be achieved by the	3		
					administrative team completin	ıa		
					monthly facility site reviews,	3		
					record reviews, and quarterly			
					quality and safety reviews for			
					incident patterns, follow up, a			
					thoroughness.			
					l			
W 0104	483.410(a)(1)							
	GOVERNING BO	DY						
Bldg. 00		dy must exercise general						
Ü		d operating direction over						
	the facility.	1 3						
		on, record review and	l w (104	To correct the deficient practic	ce.	08/04/2024	
		sampled clients (#1, #2, #3 and	'' `	,101	all DSP's have been trained o		00/01/2021	
		al clients (#5, #6, #7, #8, #9,			following: Reporting maintena			
		#14, #15, #16, #17, #18, #19 and			issues timely, ensuring clients			
		governing body failed to			have a choice to dine in or car			
		direction over the facility by			out from restaurants while	,		
		e facility was maintained in			following plans as written,			
	_	are the facility had a complete			ResCare ANEM policy and			
		1, #2 and #4 available upon			procedure, #2's and all other			
		he facility ensured clients #1			client dining plans, #3, #6 and	l all		
		in their community outing to			other client BSP's, All client IS			
		e a restaurant, to ensure the			goals completed as written,			
		ed its written policy and			formally and informally, client			
		ent neglect of client #18			dignity, All client adaptive			
		nt from the facility and to			equipment needs and procedu	ures.		
		nent safeguards while			cleanliness of the facility, infe			
		ppement incident and to			control prevention, and all clie			
		client #21 and thoroughly			data collection procedures. Al			
		umstances of an aspiration			supervisory staff have been tr			
	_	client #21, to ensure the facility			on the following: Ensuring all			

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ensured the Behavior Technician assisted with

intervening during behavioral episodes at the

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records are available in the client's

official record to not impede the

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G811		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 07/05/2024	
NAME OF I	PROVIDER OR SUPPLIEF	<u> </u>		ADDRESS, CITY, STATE, ZIP COD	
RES-CAI	RE INC			BLOOMINGTON STREET NCASTLE, IN 46135	
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE	ID	PROVIDER'S PLAN OF CORRECTION	(X5)
PREFIX	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	COMPLETION
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION	TAG	DEFICIENCY)	DATE
	facility, to ensure the	ne facility ensured staff were		survey process, Developing a	nd
	_	s #1 and #4's data collection,		implementing safeguards to	
	client #2's dining pl	lan implementation and clients		prevent neglect and elopemer	nt,
	#3 and #6's BSPs (1	Behavior Support Plans), to		components of a thorough	
	-	ensured a plan was developed		investigation, Ensuring	
		's smoking schedule, to ensure		recommendations are created	and
		ented client #3's Behavior		implemented, Ensuring	
		and clients #2, #8 and #9's		appropriate plans are in place	for
		Plan (ISP) objectives during		each client. The BC has beer	n
		l opportunities, to ensure the		trained on intervening, coachi	ng,
facility ensured client #2's feet were clean, client			and modeling. The following l	nas	
		nirt, client #12 wore clean shirts		been put in place to prevent	
		ean after eating and client #10		reoccurrence: All maintenance	e
		orts on backwards or food		issues are being monitored ar	
		fter eating, to ensure the		contracted out for resolution.	A
	-	ent #1's adaptive supports for		staff will be assigned daily to	
	_	s were worn and to ensure		inspect and ensure each clien	t is
	_	supports for knee pads and a		maintaining their dignity. The	
	_	njury during a fall were worn		will review the dignity checklis	t
		during his morning routine		daily and rectify any issues no	oted.
		cilty ensured the facility was		A table of contents for client	
		n order to avoid sources and		charts has been implemented	
	transmission of infe	ections.		ensure the QIDP and nursing	staff
				have all records printed and	
	Findings include:			available. Each client's outing	•
				be scheduled weekly by the R	lM's.
		re conducted on 6/24/24 from		Each client will choose the	
		A and from 4:44 PM to 6:11 PM		destination and whether to dir	ne in
		ving area. These environmental		or carry out. This will be	
		nts #1, #2, #3, #4, #5, #6, #7,		documented on the daily	
		12, #13, #14, #15, #16, #17, #18,		assignments log reviewed by	
		02 PM, the Pacer hallway		PM weekly. An investigation a	
		rved to be missing tile and		peer review conducted for #18	
		and/or around the floor. At		investigation affecting #21 will	be
		ing area missing base board		re-opened with an addendum	
	_	was observed. At 5:16 PM,		added with any additional find	- I
		wall was observed to have a		All windows in the facility have	
	_	s bed with paint missing. The		been secured within IDOH LS	
	area was approxima	ately a 2-foot by 2-foot area of		guidelines, windows are alarm	ned,

missing paint.

a security checklist has been

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G811	(X2) MULTIPLE A. BUILDING B. WING	00	(X3) DATE SURVEY COMPLETED 07/05/2024
NAME OF PROVIDER OR SUPPL	IER	1306	T ADDRESS, CITY, STATE, ZIP COD S BLOOMINGTON STREET ENCASTLE, IN 46135	
PREFIX (EACH DEFIC	RY STATEMENT OF DEFICIENCIE ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	(X5) COMPLETION DATE
(PM) and Qualit were interviewed about workorder base board trim stated, "Maybe a maintenance per weekends. We're vendors when we has made a list of Director]. It's been a strugg person's been go the facility should stated, "In a time timely based on facility should be "Yes". The PM a workorders for reprovided for rev further follow up was maintained Observations we 1:00 PM to 5:30 These environme #2, #3, #4, #5, ##14, #15, #16, ## the kitchen was facing the wall. On the opposite staces the stove. To observed to be in behind the kitchen area was approx of missing paint.	re conducted on 6/24/24 from PM at the residential living area. ental issues affected clients #1, 6, #7, #8, #9, #10, #11, #12, #13, 17, #18, #19 and #20. At 1:08 PM, missing a drawer on the island There was also a missing drawer ide of the island on the side that At 1:12 PM the kitchen was missing paint from the back splash en sink to the window sill. The mately a 1 1/2 foot by 4 foot area		implemented to ensure windon are secured, alarms are mount vehicles are locked, and no contraband is on the grounds transition IDT has been creat address needs from current placement and moving forwar future placement. All allegation ANEM will be reviewed by the to ensure appropriate safeguare put in place during the investigation. The regional operations support specialist review all ANEM investigation ensure they are thorough; A smoking plan has been create and implemented for client #1 Additional monitoring will be achieved by daily administration observations to ensure staff a implementing all policies, procedures, documentation, a plans as written. The administrative team will evaluate the observation frequency more to determine if the observation should continue, decrease, or increase. The administrative will meet daily to discuss any incident follow up in the facility The lead BC will meet weekly the BC completing observation discuss any client's needs, st training, and any training the may need. The QAM will meet weekly with all investigators to ensure all investigations have assigned, investigated thorous and appropriate recommendation are in place. Ongoing monitor are in place. Ongoing monitor and appropriate recommendation are in place.	nted, , a ed to ord into ons of e ED ards will as to ed . ive are and ate onthly as team or y. with ons to aff BC et o ebeen ghly, attions

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Facility ID: 013405

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	IT OF DEFICIENCIES OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G811	(X2) MULTIPLE C A. BUILDING B. WING	ONSTRUCTION 00	(X3) DATE SURVEY COMPLETED 07/05/2024
NAME OF P	PROVIDER OR SUPPLIEF		1306 S	ADDRESS, CITY, STATE, ZIP COL B BLOOMINGTON STREET NCASTLE, IN 46135	
	SUMMARY (EACH DEFICIENT REGULATORY OF PM at the residential was black ash on the porch of the building on a piece of stone wall. There was a pon the front porch. showing the survey client #10. At 12:24 bedroom smells terroom." Client #1 stit." On 6/27/24 at 9:57 (PM) and Quality A were interviewed. To about work orders to base board trim and stated, "Maybe an emaintenance person weekends. We're trivendors when we hade a list of thing Director]. It's been It's been a struggle person's been gone'the facility should be in "Yes". The PM and orders for maintenance for review. The PM follow up was need maintained in good	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION al living area. At 6:20 AM there he brick/stone wall on the front hig. There were 3 cigarette butts that stuck out from the brick hastic spoon and a banana peel At 12:23 PM client #1 was for his bedroom he shares with he PM client #1 stated, "my rible, [client #10] pees in our tated, "I have told staff about AM, the Program Manager Assurance Manager (QAM) The PM and QAM were asked for repair of the missing tile, he paint on walls. The QAM hemail chain, but there is no he. We hired a part-time guy on hying to hire. We contract have to. [Program Manager] has has to send to [Executive has problem since January (2024). he since the maintenance he he maintenance he had was asked how he maintained. The QAM hanner. Repairs should be he poply". The PM was asked if the had good repair. The PM stated, he QAM indicated no work had provided had QAM indicated further hed to ensure the facility was	1306 S	BLOOMINGTON STREET	CITION (X5) ILD BE ROPRIATE COMPLETION DATE pleting Ws, terly s for
	5:50 AM to 9:15 A	PM to 3:29 PM, on 6/25/24 from M and 10:46 AM to 11:42 AM in 11:52 AM to 12:18 PM.			

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BUILDING <u>00</u>			COMPLETED	
		15G811	B. Wl	ING		07/05/2024	
NAME OF P	PROVIDER OR SUPPLIER		_		ADDRESS, CITY, STATE, ZIP COD		
					BLOOMINGTON STREET		
RES-CAF	KE INC			GREEN	ICASTLE, IN 46135		
(X4) ID		STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	· ·	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	COMPLETION
TAG		LISC IDENTIFYING INFORMATION	+	TAG	DEFICIENCY		DATE
		tions, the following issues					
	were noted affecting clients #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17,						
	#18, #19 and #20:	., 112, 113, 114, 113, 110, 111,					
	-There was a strong	odor in the Colts hallway					
	outside clients #1 ar	nd #10's bedroom and the					
		ık and toilet, across the hall					
	from their bedroom						
		y bathroom with a toilet and					
		ssing tiles in front of the toilet					
	measuring 12 inche	s by 4 inches. ay bathroom with the shower					
		vere missing tiles at the					
		the shower measuring 12					
	inches by 6 inches.	s the site were interesting 12					
	` * *	rt Professional) #10 was					
		7/24 at 12:12 PM. DSP #10					
		oom in the Colts hallway with					
		vas the toilet the clients use.					
		clients urinate on the bathroom					
	floor causing an odd	or. s conducted at the agency on					
		AM through 11:25 AM. Clients					
		bedroom had a strong					
		ient #15's bedroom had an					
	overpowering pung						
		er) was interviewed on 6/27/24					
		dicated clients #1 and #12's					
	bedroom had a stro	ng unpleasant odor.					
	SS was interviewed	on 6/27/24 at 11:19 AM. SS					
	indicated client #15	's room had a strong					
	unpleasant odor.	-					
		1 6 1 1					
	1	ody failed to ensure the facility					
	-	ord for clients #1, #2 and #4					

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STATEMEN	T OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	l í		ONSTRUCTION	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER		ILDING	00	COMPLETED 07/05/2024	
		15G811	B. WI	NG		07/05/	/2024
NAME OF P	PROVIDER OR SUPPLIER	\			ADDRESS, CITY, STATE, ZIP COD		
RES-CAF	RE INC				BLOOMINGTON STREET ICASTLE, IN 46135		
					10A01EE, IN +0100		
(X4) ID PREFIX		STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE		(X5)
	•	CY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION		PREFIX TAG	CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	ATE	COMPLETION DATE
TAG	3. The governing be ensured clients #1 a community outing to restaurant. Please so with the second prevent neglect of a from the facility and safeguards while in incident, and to present thoroughly investig aspiration incident a W149. 5. The governing be thoroughly investig aspiration incident a W154. 6. The governing be developed and implication incident and the w154. 6. The governing be developed and implication incident and the w154. 7. The governing be ensured the Behavior intervening during a facility for clients # #10, #11, #12, #13, #20. Please see W1 8. The governing be ensured staff were defined and the w154 with the w155 wi	ody failed to ensure the facility itten policy and procedures to elient #18 regarding elopement do to develop and implement event neglect of client #21 and attention attention at the circumstances of an aregarding client #21. Please see ody failed to ensure the facility attention to ensure the facility attention at the circumstances of an aregarding client #21. Please see ody failed to ensure the facility emented safeguards while pement incident regarding et w155. Only failed to ensure the facility for Technician assisted with behavioral episodes at the e1, #2, #3, #4, #5, #6, #7, #8, #9, #14, #15, #16, #17, #18, #19 and 64. Only failed to ensure the facility competent in clients #1 and a client #2's dining plan a client #3 and #6's BSPs Plans). Please see W189.		TAG			DATE
	9. The governing bo	ody failed to ensure the facility	1				

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STATEMENT OF DEFICIENCIES XI) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G811		(X2) MULTIPLE A. BUILDING B. WING	construction 00	(X3) DATE SURVEY COMPLETED 07/05/2024	
NAME OF I	PROVIDER OR SUPPLIER	R	1306	T ADDRESS, CITY, STATE, ZIP COE S BLOOMINGTON STREET ENCASTLE, IN 46135	
(X4) ID PREFIX	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APP DEFICIENCY)	ILD BE COMPLETION COMPLETION
TAG	ensured a plan was	developed to address client ule. Please see W240.	TAG	DEFICIENCY	DATE
	facility implemente Plan (BSP) and clie Support Plan (ISP)	body failed to ensure the d client #3's Behavior Support ents #2, #8 and #9's Individual objectives during formal and ies. Please see W249.			
	facility ensured clie #11 wore a clean sh and his face was cle did not have his sho	poody failed to ensure the ent #2's feet were clean, clients hirt, client #12 wore clean shirts can after eating and client #10 orts on backwards or food fter eating. Please see W268.			
	facility ensured clie hearing instruments client #9's adaptive helmet to prevent in	oody failed to ensure the ent #1's adaptive supports for were worn and to ensure supports for knee pads and a njury during a fall were worn during his morning routine.			
	facility ensured the sanitary in order to transmission of infe #4, #5, #6, #7, #8, #	group home was clean and avoid sources and extions for clients #1, #2, #3, #9, #10, #11, #12, #13, #14, #15, and #20 Please see W454.			
	5-1.3(a)(1-2)(a)(b)(5-1.5(a)	c)			
W 0111	483.410(c)(1) CLIENT RECORE	os			
Bldg. 00	The facility must of recordkeeping systems client's health care	levelop and maintain a stem that documents the e, active treatment, social protection of the client's			

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STATEMEN	ENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) M	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	UILDING	00	COMPLETED		
		15G811	B. W	ING		07/05/2024		
				CTREET	ADDRESS, CITY, STATE, ZIP COD			
NAME OF F	PROVIDER OR SUPPLIER	8			BLOOMINGTON STREET			
RES-CAF	DE INC				ICASTLE, IN 46135			
RES-CAI	KE INC			GREEN	NCASTLE, IN 40133			
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	ATE.	COMPLETION	
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE	
	rights.							
	Based on record rev	view and interview for 3 of 4	W (0111	To correct the deficient practi	ce,	08/04/2024	
	sampled clients (#1	, #2 and #4), the facility failed			the individuals responsible for	r.		
	to have a complete	record for clients #1, #2 and #4			records have been trained			
	available upon requ	est.			ensuring all records are availa	able		
					in the client's official record in			
	Findings include:				order to not impede the surve	y		
					process. A table of contents for	or		
		35 AM, a review of client #1's			client charts has been			
		ed. The review indicated the			implemented to ensure the QI	DP		
	following healthcar	e and program records were			and nursing staff have all reco	ords		
	not maintained with	current documentation in			printed and available. To ensu	ıre no		
client #1's record:				others were affected a review	of all			
					clients will be conducted. Ong	oing		
		am meeting (IDT) minutes.			monitoring will be achieved by	/ the		
		or program plan progress.			record reviews.			
	_	nmittee (HRC) approvals.						
	Quarterly pharmacy	reviews						
	Discharge criteria							
	On 6/27/24 at 9:57	AM, an interview was						
		Qualified Intellectual						
		ional (QIDP) and Quality						
		(QAM). The QIDP and QAM						
	_	lient #1's IDTs, quarterly						
		pharmacy reviews. The QAM						
		orinted". The QIDP stated, "I						
	_	around Teams (electronic						
		I stated, "We have TMP						
		. and we have paper charts.						
		g should be in there (charts).						
		iling to provide, were not						
	_	ing thing (recordkeeping) is						
	1 ~	ent system is the chart. We're						
		e you access. It's really only						
		The QAM was asked about						
		ystem and availability of						
		The QAM stated, "I would like						
		. I have them. The ones I'm						
		igned by the doctor". The						

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			(X2) MULTIPLE C A. BUILDING B. WING	onstruction 00	(X3) DATE SURVEY COMPLETED 07/05/2024	
NAME OF P	RE INC		1306 5	ADDRESS, CITY, STATE, ZIP COD B BLOOMINGTON STREET NCASTLE, IN 46135		
(X4) ID PREFIX	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPE		
TAG		R LSC IDENTIFYING INFORMATION	TAG	DEFICIENCY)	DATE	
	-	the pharmacy reviews were				
		. The QAM stated, "Yes, I'll				
	_	ones".2. Client #2's record was				
	reviewed on 6/26/2	4 at 11:29 AM.				
	The following docu	ments were missing from client				
	1 HRC (Human D;	ghts Committee) approval of				
	· ·	ividual Support Plan) and BSP				
	,	Plan) with restrictions.				
		of client #2's medications.				
	_	sciplinary Team) meeting notes.				
		views of client #2's ISP and BSP				
	objectives.3. On 6/2	26/24 at 11:02 AM, a review of				
	client #4's record w	as conducted. The review				
	indicated the follow	ving healthcare and program				
	records were not ma	aintained with current				
	documentation in cl	lient #4's record:				
		am meeting (IDT) minutes.				
		or program plan progress.				
	_	nmittee (HRC) approvals.				
	Quarterly pharmacy	reviews.				
	On 6/27/24 at 9:57	AM, an interview was				
	conducted with the	Qualified Intellectual				
		ional (QIDP) and Quality				
	_	r (QAM). The QIDP and QAM				
		lient #4's IDTs, quarterly				
		pharmacy reviews. The QAM				
		orinted". The QIDP stated, "I				
		around Teams (electronic				
		I stated, "We have TMP				
		and we have paper charts.				
		g should be in there (charts).				
	_	iling to provide, were not				
	-	ing thing (recordkeeping) is				
		ent system is the chart. We're				
	not there yet to give	e you access. It's really only	1			

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION (X3) DATE SU			SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	JILDING	00	COMPL	ETED
		15G811	B. W	ING		07/05/	2024
NAME OF F	PROVIDER OR SUPPLIER		•	STREET ADDRESS, CITY, STATE, ZIP COD 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135			
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	DROUDEDIG DI ANI GE CORRECTIONI		(X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL		PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	re	COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
	the recordkeeping s pharmacy reviews.' to give them to you able to see are not s QAM was asked if	The QAM was asked about ystem and availability of The QAM stated, "I would like . I have them. The ones I'm igned by the doctor". The the pharmacy reviews were . The QAM stated, "Yes, I'll ones".					
W 0122	483.420(a)	TIONS					
Bldg. 00	CLIENT PROTECTIONS The facility must ensure the rights of all clients. Therefore the facility must Based on observation, record review and interview the facility failed to meet the Condition of Participation: Client Protections for 1 of 4 sampled clients (#1), plus 3 additional clients (#9, #18 and #21).		W 0122		To correct the deficient practice, all DSP's have been trained the following: ensuring clients have a choice to dine in or use carry out while following plans as written,		08/04/2024
	participated in their food inside a restaudimplement its written prevent neglect of confrom the facility and safeguards while indicated and to prevent thoroughly investigated aspiration incident in Findings include: 1. The facility failed participated in their food inside a restauding and procedures to pregarding elopement.	community outing to eat their rant and the facility failed to en policy and procedures to lient #18 regarding elopement d to develop and implement vestigating an elopement rent neglect of client #21 and ate the circumstances of an regarding client #21. If to ensure clients #1 and #9 community outing to eat their rant. Please see W136. If to implement its written policy revent neglect of client #18 at from the facility and to ment safeguards while			and ResCare ANEM policy and procedure. All supervisory state have been trained the followin Developing and implementing safeguards to prevent neglect elopement, components of a thorough investigation, Ensuring appropriate plans are in place each client. The following has been put in place to prevent recurrence: Each client's outing will be scheduled weekly by the RM's, client will choose the destination and whether to dingor use carry out. This will be documented on the daily assignments log reviewed by the PM weekly. An investigation a peer review conducted for #18 investigation affecting #21 will re-opened with an addendum added with any additional finditional	ff g: and ng for g e in he nd . The be	

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STATEMEN	T OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) M	ULTIPLE CO	ONSTRUCTION	(X3) DATE	SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	JILDING	00	COMPL	ETED
		15G811	B. W	ING		07/05/	/2024
				CTPPPT :	ADDRESS CITY STATE TIP COP		
NAME OF P	ROVIDER OR SUPPLIER	R			ADDRESS, CITY, STATE, ZIP COD		
DECCAR	DE INC				BLOOMINGTON STREET		
RES-CAF	TE INC			GKEEN	ICASTLE, IN 46135		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	NCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION	<u> </u>	TAG	DEFICIENCY)		DATE
	investigating an elo	ppement incident and to			All windows in the facility have)	
	prevent neglect of o	client #21 and thoroughly			been secured within IDOH LS	С	
	investigate the circumstances of an aspiration				guidelines, windows are alarm	ned,	
	incident regarding	client #21. Please see W149.			a security checklist has been		
					implemented to ensure windo	WS	
		d to thoroughly investigate the			are secured, alarms are mour	ited,	
		aspiration incident regarding			vehicles are locked, and no		
	client #21. Please s	ee W154.			contraband is on the grounds,	а	
					transition IDT has been create	ed to	
		d to develop and implement			address needs from current		
	_	vestigating an elopement			placement and moving forwar		
	incident regarding	client #18. Please see W155.			future placement. All allegatio		
					ANEM will be reviewed by the	ED	
	5-1.2(v)(2)(5)				to ensure appropriate safegua	ırds	
					are put in place during the		
					investigation. The regional		
					operations support specialist \		
					review all ANEM investigation	s to	
					ensure they are thorough.		
					Additional monitoring will be		
					achieved by daily administrati		
					observations to ensure staff a	re	
					implementing all policies,		
					procedures, documentation, a	nd	
					plans as written. The		
					administrative team will evalua		
					the observation frequency mo	-	
					to determine if the observation		
					should continue, decrease, or		
					increase. The administrative	team	
					will meet daily to discuss any		
					needs or incident follow up in		
					facility. Ongoing monitoring wi		
					achieved by the administrative		
					team completing monthly facil	•	
					site reviews, record reviews, a	ind	
					quarterly quality and safety		
					reviews for incident patterns, t	ollow	
			1		up, and thoroughness.		I

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION (X3) DATE SI			SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	JILDING	00	COMPL	ETED
		15G811	B. Wl	ING		07/05/	/2024
		<u> </u>		STREET A	ADDRESS, CITY, STATE, ZIP COD		
NAME OF P	ROVIDER OR SUPPLIER	L			BLOOMINGTON STREET		
RES-CAF	RE INC			GREEN	ICASTLE, IN 46135		<u> </u>
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX		CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG		LISC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
W 0136	483.420(a)(11)	CLIENTS RIGHTS					
Bldg. 00							
Diag. 00	•	ensure the rights of all s, the facility must ensure					
		he opportunity to participate					
		, and community group					
	activities.	, and community group					
		on, record review and	l _w	136	To correct the deficient practic	e.	08/04/2024
		sampled clients (#1), plus 1	'' (.150	all DSP's have been trained th		00/01/2021
		9), the facility failed to ensure			following: ensuring clients hav	-	
	clients #1 and #9 pa	articipated in their community			choice to dine in or use carry		
	outing to eat their fo	ood inside a restaurant.			while following plans as writter	٦.	
					Each client's outing will be		
	Findings include:				scheduled weekly by the RM's	5,	
					each client will choose the		
		re conducted on 6/24/24 from			destination and whether to din	e in	
		PM at the residential living area.			or use carry out. This will be		
		1 was sitting on the front			documented on the daily		
	_	itial living area with a take out			assignments log reviewed by		
		n wings from a local chicken			PM weekly. Additional monitor	ing	
	_	ient #1 had chicken wings, ottle of soda pop. At 1:32 PM			will be achieved by daily administrative observations to		
		Manager) stated, "[Client #1]					
		ting today and he chose a			ensure staff are implementing policies, procedures,	all	
		restaurant and brought his			documentation, and plans as		
	food back to the fac	-			written. The administrative tea	am	
		,			will evaluate the observation		
	Observations were	conducted on 6/24/24 from			frequency monthly to determin	e if	
	4:24 PM until 5:30	PM at the recreational building.			the observations should contir		
	At 4:49 PM client #	1 was in the recreational			decrease, or increase. The		
	building eating his	dinner. Client #1 had chicken			administrative team will meet	daily	
	wings from a local	chicken wing restaurant and			to discuss any needs or incide	nt	
		ner. Client #1 stated, "I saved			follow up in the facility. Ongoi	-	
	my leftovers for din	ner today.			monitoring will be achieved by		
					QIDP completing monthly revi	ews	
		eview was completed on			of community outings.		
		. Client #1's ISP (Individualized					
	Support Plan) dated 5/15/24 indicated, "Needs:to improve social interaction."						
	iveeus:to improv	e social interaction."					
					•		

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION (X3)			(X3) DATE S	URVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	UILDING	00	COMPLI	ETED
		15G811	B. W	ING		07/05/2	2024
				CTREET	DDDEGG CITY CTATE ZID COD		
NAME OF P	ROVIDER OR SUPPLIER	L			ADDRESS, CITY, STATE, ZIP COD		
DE0 045	DE INIO				BLOOMINGTON STREET		
RES-CAF	RE INC			GREEN	CASTLE, IN 46135		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDENCE DI AN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL		PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE		COMPLETION
TAG		LSC IDENTIFYING INFORMATION		TAG	CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	'E	DATE
	On 6/25/24 at 12:25	PM an interview with client #1					
	was conducted. Cli	ent #1 stated,"I would like to					
		nts, but they don't let me."					
		,,					
	On 6/27/24 at 9:57 AM, the Program Manager						
		Assurance Manager (QAM)					
		The PM and QAM were asked					
		on for the implementation of					
	•	ion through weekly community					
		ated, "They (clients) should					
	-	was asked to describe client					
	-	nity integration activities. The					
	-	#1] went to [restaurant] and					
	_	gs and then goes to [name of					
	-	get a soda." The PM was					
	_	food purchased inside the					
	_	ent #1 brought those foods					
		the to eat them. The PM stated,					
		o. Typically, they go get what					
	_	l, [name of store #1], [name of					
	-						
		, they bring the food back.					
		out what they are wanting".					
		t takes further planning for					
	outings due to super						
		6 AM, a focused review of					
		as conducted. The review					
	indicated the follow	ing:					
	Individual C	Plan (ISP) dated 10/25/23					
	* *						
		. Desensitization Community					
	Integration Skills'	`.					
	0:: (/27/24 + 0.57	AM Also Dusanous M					
		AM, the Program Manager					
		Assurance Manager (QAM)					
		The PM and QAM were asked					
	-	on for the implementation of					
	community integration through weekly community						
	-	ated, "They (clients) should					
	-	was asked to describe client					
	#9's weekly commu	mity integration activities. The					

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G811		(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVI A. BUILDING 00 COMPLETED B. WING 07/05/2024			D	
NAME OF P	ROVIDER OR SUPPLIER		130	EET ADDRESS, CITY, STATE, ZIP 06 S BLOOMINGTON STRE EENCASTLE, IN 46135		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL . LSC IDENTIFYING INFORMATION	ID PREFI TAG	CROSS-REFERENCED TO THE	SHOULD BE CO	(X5) MPLETION DATE
W 0149 Bldg. 00	PM stated, "[Client got his soft tacos an convenient store] to The PM was asked inside the restaurant foods back to the restated, "Sometimes get what they want, [name of store #1]. back. They go in an wanting". The QAM planning for outings 483.420(d)(1) STAFF TREATME The facility must dwritten policies an mistreatment, neg Based on observation interview for 2 additacility failed to improcedures to preveregarding elopement develop and implent investigating an eloprevent neglect of coinvestigate the circuincident regarding composition. Pindings include: 1. QAM (Quality A interviewed on 6/27) QAM indicated clie agency during the product of the pindicated an off-duture #18 at a nearby gas the facility to report	#9] went to [restaurant] and d then goes to [name of get a couple of doughnuts". about eating food purchased its or if client #9 brought those sidence to eat them. The PM they do. Typically, they go fast food, [name of store #1], Typically, they bring the food d pick out what they are If stated, "It takes further is due to supervision". ENT OF CLIENTS evelop and implement d procedures that prohibit lect or abuse of the client. For the control of client #18 and #21), the oblement its written policy and int neglect of client #18 the from the facility and to ment safeguards while pement incident, and to lient #21 and thoroughly sunstances of an aspiration client #21.	W 0149	To correct the deficier all DSP's have been to ResCare ANEM policy procedure. All supervite have been trained the Developing and imples afeguards to prevent elopement, componer thorough investigation recommendations are implemented. The foll been put in place to precurrence: An investigation peer review was conditional. The investigation #21 will be re-opened addendum added with additional findings. A of ANEM will be reviee ED to ensure approprisafeguards are put in the investigation., the	trained the ty and isory staff e following: ementing t neglect and ints of a in, ensuring e created and dowing has erevent igation and ducted for in affecting I with an in any Il allegations ewed by the riate place during	3/04/2024

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STATEMEN	STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	JILDING	00	COMPL	ETED
		15G811	B. W	NG		07/05/	/2024
				CTDEET A	ADDRESS, CITY, STATE, ZIP COD		
NAME OF I	PROVIDER OR SUPPLIEF	₹			BLOOMINGTON STREET		
RES-CAI	DE INIC				ICASTLE, IN 46135		
NES-CAI	NE INC			GILLIN	1CASTLE, IN 40133		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
		have been gone for 13			operations support specialist v	vill	
	-	cated client #18 returned to the			review all ANEM investigation	s to	
	agency with bottles	of alcohol, soft drinks and			ensure they are thorough.		
	candy he had stolen. QAM indicated client #18				Additional monitoring will be		
		efore staff could confiscate it			achieved by daily administrative	ve	
	from him. QAM indicated client #18 was sent to				observations to ensure staff a	re	
	the ER (Emergency Room) for evaluation after the				implementing all policies,		
		icated client #18 eloped from a			procedures, documentation, a	nd	
	_	room. QAM indicated client			plans as written. The		
		the facility fence behind the			administrative team will evalua		
		d on 1:1 supervision when he			the observation frequency mo	-	
		lity. QAM indicated client #18			to determine if the observatior		
		ight or 1:1 supervision while			should continue, decrease, or		
	·	y at the time of the $6/26/24$			increase. The administrative t	team	
		icated client #18 was not on 10			will meet daily to discuss any		
		s at the time of the $6/26/24$			needs or incident follow up in		
		icated client #18 had			facility. Ongoing monitoring wi		
		gency from another agency			achieved by the administrative		
	-	eility on 5/3/24 after being			team completing monthly facil	-	
	-	acute psychiatric facility.			site reviews, record reviews, a	nd	
	· ·	ent #18's behavioral needs were			quarterly quality and safety		
	assessed upon his a	dmission to the facility.			reviews for incident patterns, f	ollow	
					up, and thoroughness.		
		(Bureau of Disabilities					
		s provided on 6/29/24 at 10:16					
		ved on 6/29/24 at 10:30 AM.					
	The additional BDS	S report indicated the following:					
	DDG . 1 . 1.	(/20/24: 1: 4 1 1/2 1 27					
	-	6/28/24 indicated, "On June 27,					
	_	client #18] was in the dayroom					
		nembers of administration					
		he facility windows due to					
	1	g on 6/26/24 per his plan.					
	[Client #18] then began laughing in a 'manic' tone						
	and stated that he would not stop trying to						
	escape the building and that if he was						
		ould kill himself. He then					
		ns were a joke and that he					
		[Client #18] would continue					
	talking about escap	ing. He then began to state	1				

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STATEMENT OF DEFICIENCIES XI) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G811		(X2) MULTIPLE (A. BUILDING B. WING	CONSTRUCTION 00	(X3) DATE SURVEY COMPLETED 07/05/2024	
NAME OF P	PROVIDER OR SUPPLIEF		1306	ADDRESS, CITY, STATE, ZIP COD S BLOOMINGTON STREET NCASTLE, IN 46135	
(X4) ID PREFIX	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPRO	D BE COMPLETION
PREFIX TAG	that he was not afra and continued talking ideations. [Client #1 needed to be sent to for psyche (sic) evaluated and arrived of willingly got into the transported to [hospevaluated with staff was evaluated with staff was evaluated and whealth facility] when Date of discharge a unknown at this time. -An additional BDS 106/27/2024 6:15 PM The 6/27/24 BDS 106/27/2024 6:15 PM The 6/27/24 BDS 106/27/2034 6:15 PM The 6/27/204 6:15 PM	id to kill someone or himself ag about suicidal/homicidal [8's] team decided that he the ER (Emergency Room) luation. EMT's (Emergency Room) luation. EMT's (Emergency Room) so and police officers were in campus. [Client #18] he ambulance and was bital Emergency Room] to be following behind. [Client #18] was admitted to [behavioral re he is still currently admitted. In a discharge instructions are he." The report was provided on the following: The report was provided on the following:	PREFIX TAG		
	[client #18] to the E	ER (Emergency Room) for staff evaluated [client #18]			

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	STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G811		A. BU	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING			(X3) DATE SURVEY COMPLETED 07/05/2024	
NAME OF	PROVIDER OR SUPPLIE	R		1306 S	ADDRESS, CITY, STATE, ZIP COD BLOOMINGTON STREET ICASTLE, IN 46135			
(X4) ID PREFIX	(EACH DEFICIE	STATEMENT OF DEFICIENCIE NCY MUST BE PRECEDED BY FULL	1	ID PREFIX	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRO	BE	(X5) COMPLETION	
TAG	and made the follod Discharge instruct up with primary cat #18] returned to cat threaten to physicat them. Staff spoke a PRN (as needed) Nurse (unspecified administered a beligible [Client #18] was a he calmed down. It to fall asleep with the outside [client #18] also had a 1:1 he was awake untifollowing morning and And, "Staff will continue guardian and HRC approved BSP (Beligible (Individual Supposed Guate [client #18] when he becomes all doors and wind approval. [Client #18] when he becomes all doors and wind approval. [Client #18] is to the client #18's record AM. Client #18's BSP of following: -"[Client #18] is transfer a Rescare ESN (Explosure) [Client #18] [Cl	e to follow [client #18's] (Human Rights Committee) havior Support Plan) and ISP et Plan). Staff will continue to s] on using his coping skills upset. Alarms were installed on ows with guardian and HRC et 8's] supervision level was		TAG	DEFICIENCY		DATE	

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G811		(X2) MULTIPLE CONSTRUCTION (X3) DATE SUF A. BUILDING 00 COMPLETI B. WING 07/05/20			ETED		
NAME OF F	PROVIDER OR SUPPLIEF	<u>I</u>	STREET ADDRESS, CITY, STATE, ZIP COD 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135				
(X4) ID PREFIX		STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL		ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	ιΤΕ.	(X5) COMPLETION
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
	to be watched very stealing items, inclu supplies." -"[Client #18] has a aggression, self-inju	community, [client #18] needs closely as he has a history of ading knives and vape a long history of physical urious behavior, property					
	_	ent, stealing, homicidal					
	-"Shoes: Due to elopement and thefts [client #18] will no longer have free access to shoes. All shoes to be stored in office when not on outing with staff." -"Due to housemates ' incidents of poor social interactions with other housemates, [client #18]						
	will be restricted from bedroom besides hi	om entering any other private					
	placed on 1:1 super team determines fit staff in same room The bedroom door exception is while i be left open and sta	cumstances [client #18] will be vision until such time as the to change. This is defined as and able to see him at all times. will remain open. The n the bathroom, the door will ff will verbally check in with ttes. 1:1 staff will sign on and supervision log."					
	door alarms will be windows of the hor	s in the home, window and placed on the doors and					
	evesight: [client #1]						

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (IDENTIFICATION NUMBER) 15G811		ľ	JILDING	nstruction <u>00</u>	(X3) DATE COMPL 07/05/	ETED		
NAME OF I	PROVIDER OR SUPPLIEF		STREET ADDRESS, CITY, STATE, ZIP COD 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135					
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	λΤЕ	(X5) COMPLETION DATE	
	eyesight with the st that is 1:1 is to rem	and is defined as: within aff in the same room. The staff ain in a response stance."						
	Client #18's Incident Reports Form dated 11/1/23 through 5/2/24 indicated the following: -3/15/24, "[Client #18] was laying down in his							
	times, which staff n for him. Staff was r returned to his room side of his room, th open. Staff went to [client #18] had clin stood at the window	use the restroom multiple noted to be unusual behavior monitoring [client #18] once he in and saw him go to the other en staff heard his curtains [client #18's] room and saw mbed out of his window. Staff of and prompted [client #18] to [Client #18] returned inside e."						
	home, installed by supposed to alert we the alarm has been the alarms, and they [Company] will be to the home on 3/16 was (sic) reset and a Staff will complete	e alarms on the windows in the [company], which are hen they have been opened or tampered with. Staff assessed were missing pieces. contacted. Maintenance went 6, the alarm and the alarm panel are currently in working order. window and panel checks to alerts or issues with the						
	outside in the court [previous placemen [Previous placemen antagonize [client # stop. Staff redirecte window and he wal	orted [client #18] was standing yard being antagonized by the peer] through the window. It peer] continued to the peer] continued to the peer when prompted to the peer when p						

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AND PLAN OF CORRECTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G811		A. BUILDING 00 COMPLETED B. WING 07/05/202					
NAME OF F	PROVIDER OR SUPPLIEF	2	STREET ADDRESS, CITY, STATE, ZIP COD 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135				
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION DATE
	Staff immediately a weapon, and he reli	ards [previous placement peer]. sked [client #18] for the nquished it without incident. ce and monitored [client #18]					
	staff members car a #18] was arrested a is no court date set into the incident det to [previous placem vehicle of another [Both employees we leave pending inves the home immediate were completed, en weapons on the pro contacted and traine onto the property ar vehicles locked. Ad	d he found the weapon in a nd hid it in the house. [Client and taken to [County jail]. There at this time. Initial exploration termined the weapon belonged and staff] and was in the previous placement staff]. The placed on administrative stigation. Management went to ely and sweeps of the house suring there were no other perty. All employees were ed on not bringing weapons and always keeping their diministrative drop ins will take to ensure staff are following the staff are followed					
	#18 was transferring operated ESN home	rm dated 5/2/24 indicated client g from another agency e after being discharged from a facility. The 5/2/24 IDT ring:					
	-"Discussed that thi	EETING: Transition Meeting." s is a locked facility with a guardian] says he is very good					
		not include recommendations, n or client #18's behavioral					

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G811		r í	UILDING	instruction 00	(X3) DATE COMPL 07/05 /	ETED	
NAME OF P	ROVIDER OR SUPPLIER			1306 S	ADDRESS, CITY, STATE, ZIP COD BLOOMINGTON STREET ICASTLE, IN 46135		
(X4) ID PREFIX TAG	(EACH DEFICIEN REGULATORY OF	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION DATE
IAU	support needs regar monitoring of the a address the agency' their vehicles. The facility would ensurpeers' rooms for according to the state of the facility would ensurpeers' rooms for according to the facility would ensurpeers' rooms for according to the facility would ensurpeers' rooms for according to following: -"On 6/18/24, [clien sharp piece of Plex handle. Additionall list' in the dayroom names of 2 of his transportation of the facility of the facilit	ding window alarms, larms for functionality or splan to ensure staff locked IDT did not address how the re client #18 did not enter client #18 did not enter client #18 did not enter client #18 was found to have a glass wrapped in a strap y, he wrote and posted a 'kill last evening including the eatment team members at the community' to drop off the fence of our property. area by the fence, staff found did other items. Apparently, ag left for him but [client #18] who is leaving them. [Client to staff that someone in the ing him bottles of alcohol and of fence. He states that he drank that were left. Team is a potential for weapons to be the staff squardian] says this is obable. Team would also like to a community outings at this bring statements about robbing		IAU			DATE
	the gas station or bi	reaking out of the facility and behaviors. Supervision al building will be direct line of					

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	IT OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G811	î ´	UILDING	nstruction <u>00</u>	COMPL 07/05	ETED
NAME OF F	PROVIDER OR SUPPLIEI	₹		1306 S	DDRESS, CITY, STATE, ZIP COD BLOOMINGTON STREET CASTLE, IN 46135		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	ATE	(X5) COMPLETION DATE
	RECOMMENDAT Team agrees to put which would remov #18] at this time. H his daily clothing a personal items that that can hide/store of from his possession device) would also since [client #18] is social media sites to these strangers are contraband items. The reviewed every 7 d [client #18] is demo non-aggressive beh be reviewed again if of residential building minute checks inside Client #18's record minute checks was AM through 12:30 documentation of 5 available for review An email was receif Assurance Manger was reviewed upon wanted to inform y I have ensured all 7 secured. Additiona on the outside until install permanent of 6-27-24 IDT (Intere [client #18] have be	in place a contraband protocol we all personal items from [client to would still have his bed and and other needs, but all other can be made into weapons or weapons would be removed at this Switch (electronic game be taken away at this time to strangers and has stated that the ones leaving him this restriction would be any and should be removed if constrating safe and aviors for 7 days. Outings to in 14 days. Supervision outside ing will be direct line of sight. 5 the residential." indicated documentation of 5 completed on 6/27/24 from 8 AM on 6/28/24. Additional is minute checks was not we would be the constrainty and indicated, "I out [ED (Executive Director) and to windows in the facility are ally, alarms have been placed a professional installer can ness. All other items from the disciplinary Team) regarding the implemented."					
	An email was recei	ved from QAM (Quality					

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NAME OF PROVIDER OR SUPPLIER RES-CARE INC SUMMARY STATEMENT OF DEFICIENCIE THE REST ORDERS SELECOMINGTON STREET GREENCASTLE, IN 46135 DEFINITION OF THE PROCESS OF THE PROPERTY OF DEFICIENCIE TAG SUMMARY STATEMENT OF DEFICIENCIE TAG REGULATORY ORLS.E IDENTITYING INFORMATION Assurance Manager) on 06/28/2024 at 12-42 PM. The email was reviewed upon receipt and indicated, "This is the documentation (client #18/8 5-minute checks) that was able to be produced." QAM was interviewed on 6/28/24 at 11-47 AM. QAM indicated client #18 had an IDT on 6/8/24 which he did not participate in. QAM indicated on 6/19/24 elient #18/8 IDT met. QAM stated he was not present at the 6/19/24 meeting, "What I think I know, he was getting other people's electronics during that 11 day time period. That is my understanding. My understanding is they put in some sign in sign out for devices. That is my knowledge of it. He was claiming he was somehow getting people to freely bring him things. This young man, you know, you never know". QAM indicated client #18/8 hould document the completed 5-minute checks on a 3-minute check form. QAM andicated client #18/8 hould document the completed 5-minute checks on a 3-minute check form. QAM indicated off the facility, QAM indicated client #18 should document the completed 5-minute checks on client #18 at the time of his elopement. QAM indicated off the facility of 12-4 in the time of his elopement. QAM indicated off the facility of 12-4 in the time of his elopement. QAM indicated off the facility of 12-4 in the time of his elopement. QAM indicated off the facility of 12-4 in the time of his elopement. QAM indicated off the facility of 12-4 in the time of his elopement. QAM indicated off the facility of 12-4 in the time of his elopement. QAM indicated off the facility of 12-4 in the time of his elopement. QAM indicated off the facility of 12-4 in the time of his elopement. QAM indicated off the facility of 12-4 in the properties of 12-4 in the properties of 12-4 in the properties of 12-4 in the		OF CORRECTION	IDENTIFICATION NUMBER 15G811	r í	A. BUILDING <u>00</u> B. WING		COMPLETED 07/05/2024	
RES-CARE INC (XA) ID SUMMARY STATEMENT OF DEFICIENCIE (IACII DEFICIENCY MUST BE PRICEDED BY PLLL TAG REGULATORY OR LSC IDENTIFYING DEFORMATION Assurance Manager) on 96/28/2024 at 12:42 PM. The email was reviewed upon receipt and indicated, "This is the documentation (client #18's 5-minute checks) that was able to be produced." QAM was interviewed on 6/28/24 at 11:47 AM. QAM indicated client #18 had an IDT on 6/8/24 which he did not participate in. QAM indicated client #18 was restricted from access to the Internet during the 6/8/24 UTI. QAM indicated on 6/19/24 client #18's IDT met. QAM stated he was not present at the 6/19/24 meeting, "What I think I know, he was getting other people's electronics during that 11 day time period. That is my understanding. My understanding is they put in some sign in's sign out for devices. That is my knowledge of it. He was claiming he was somehow getting people to freely bring him things. This young man, you know, you never know", QAM indicated elient #18's IDT on 6/19/24 indicated client #18's SiDT on 6/19/24 indicated client #18's was on 5 minute checks on a 5-minute check from QAM indicated there should be documentation of 5-minute checks on a 1-minute check form. QAM indicated there should be documentation of 5-minute checks on client #18's elopement on 6/26/24 was being investigated and it was not known if staff had been completing 5-minute checks on client #18's elopement on 6/26/24 was being investigated and it was not known if staff had been completing 5-minute checks on client #18's at the time of his elopement, QAM indicated on 6/26/24 client #18' was seen by staff at 10:45 PM. An observation was conducted at the facility on 6/27/24 from 11:00 AM through 11:25 AM. The residential facility has 18 bedrooms. Client #18's bedroom was located on a hall/wing with room	NAME OF F	PROVIDER OR SUPPLIEF	₹					
PRETIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG Assurance Managery on 90.628/2024 at 12-42 PM. The email was reviewed upon receipt and indicated, "This is the documentation (client #18's 5-minute checks) that was able to be produced." QAM was interviewed on 6/28/24 at 11:47 AM. QAM indicated client #18 had an IDT on 6/8/24 which he did not participate in. QAM indicated client #18 was restricted from access to the Internet during the 6/8/24 IDT. QAM indicated on 6/19/24 client #18's IDT met, QAM stated he was not present at the 6/19/24 meeting, "What I think I know; he was getting other people's electronics during that I I day time period. That is my understanding. My understanding is they put in some sign in sign out for devices. That is my knowledge of it. He was claiming he was somehow getting people to freely bring him things. This young man, you know, you never know". QAM indicated client #18's uso on fininute checks inside of the facility. QAM indicated staff should document the completed 5-minute checks on a 5-minute checks for client #18's clopement on 6/26/24 was being investigated and it was not known if staff had been completing 5 minute checks on client #18's the time of his elopement. QAM indicated client #18's acceptance of the facility received a report from an off dury staff who winessed client #18 at a gas station at 10:52 PM. An observation was conducted at the facility on 6/27/24 from 11:00 AM through 11:25 AM. The residential facility has 18 bedroom was located on a half-wing with room	RES-CAF	RE INC						
Assurance Manager) on 06/28/2024 at 12:42 PM. The email was reviewed upon receipt and indicated., "This is the documentation (client #18's 5-minute checks) that was able to be produced." QAM was interviewed on 6/28/24 at 11:47 AM. QAM indicated client #18 had an IDT on 6/8/24 which he did not participate in. QAM indicated client #18 was restricted from access to the Internet during the 6/8/24 IDT. QAM indicated on 6/19/24 client #18 NIDT met. QAM stated he was not present at the 6/19/24 meeting , "What I think I know; he was getting other people's electronics during that 11 day time period. That is my understanding. My understanding is they put in some sign in' sign out for devices. That is my knowledge of it. He was claiming he was somehow getting people to freely bring him things. This young man, you know, you never know." QAM indicated client #18's IDT on 6/19/24 indicated client #18 was on 5 minute checks inside of the facility. QAM indicated staff should document the completed 5-minute checks inside of the facility ca/M indicated staff should document the completed 5-minute checks on a 5-minute check form. QAM indicated there should be documentation of 5-minute checks for client #18 from 6/19/24 forward. QAM indicated client #18's elopement on 6/26/24 was being investigated and it was not known if staff had been completing 5 minute checks on client #18 at the time of his elopement. QAM indicated the facility chast flaw was sone by staff at 10.45 PM. An observation was conducted at the facility to 6/27/24 from 11:00 AM through 11:25 AM. The residential facility has 18 bedrooms. Client #18's bedroom was located on a hall/wing with room	PREFIX	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
#11 directly across the hall, room #17 to the	IAG	Assurance Manager The email was reviered indicated, "This is to 5-minute checks) the QAM was interview QAM indicated clies which he did not particularly as the following that 11 days to the work of the facility. QAM indicated getting that 11 days to the facility of the facility. QAM indicated client #18 of the facility. QAM document the composition of the facility. QAM document the composition of the facility. QAM indicated client #18 of the facility. QAM document the composition of the facility. QAM indicated client #18 from 6/19/24 for QAM indicated client #18 at the timindicated on 6/26/2 at 10:45 PM and the from an off duty state a gas station at 10:50 An observation was 6/27/24 from 11:00 residential facility bedroom was located.	ewed upon receipt and the documentation (client #18's nat was able to be produced." wed on 6/28/24 at 11:47 AM. ent #18 had an IDT on 6/8/24 articipate in. QAM indicated ricted from access to the 6/8/24 IDT. QAM stated he was /19/24 meeting, "What I think ring other people's electronics rime period. That is my understanding is they put in out for devices. That is my e was claiming he was eople to freely bring him man, you know, you never ated client #18's IDT on 6/19/24 awas on 5 minute checks inside M indicated staff should of 5-minute checks on a m. QAM indicated there should of 5-minute checks for client broward. ent #18's elopement on 6/26/24 ated and it was not known if pleting 5 minute checks on a ne of his elopement. QAM 4 client #18 was seen by staff en the facility received a report aff who witnessed client #18 at 52 PM. se conducted at the facility on AM through 11:25 AM. The nas 18 bedrooms. Client #18's ed on a hall/wing with room	TA		DETERMENT I		DATE

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	JILDING	00	COMPLETED	
		15G811	B. W	ING		07/05/	/2024
			<u> </u>	STREET A	ADDRESS, CITY, STATE, ZIP COD		
NAME OF I	PROVIDER OR SUPPLIER	3			BLOOMINGTON STREET		
RES-CAI	RE INC				CASTLE, IN 46135		
	ı		1	L	,		
(X4) ID		STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE		(X5)
PREFIX TAG	`	ICY MUST BE PRECEDED BY FULL		PREFIX	CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	TE	COMPLETION
IAG		R LSC IDENTIFYING INFORMATION client #18's room with a shared	+	TAG	BELLEELKET		DATE
	_	ng the two rooms and rooms					
		and #16 also nearby.					
	#12, #13, #14, #13	and #10 also hearby.					
	Client #18's bedroo	m had Plexiglass screwed over					
		. There were screws missing					
	from the plex-glass	_					
		ws were not covered with					
	_	dows had screws located in					
	_	window from opening. The					
		and able to be pulled out and					
	away from the wind	dow frame.					
	Poom #14's window	w was not secure and room					
		ot have Plexiglass but had					
	screws to prevent it	_					
	screws to prevent it	nom opening.					
	SS (Shift Superviso	or) #3 was interviewed on					
		M. SS #3 indicated the windows					
	in room #15 were d	lamaged and loose. SS #3					
		had to be monitored and					
	redirected out of the	e room. SS #3 stated, "I'm					
	concerned about the	e windows in here."					
		wed on 6/27/24 at 10:27 AM. SS					
		#18 was on 5-minute checks					
		room and his door should					
	_	indicated client #18 was on					
		ision while outside. SS #3					
		been an incident of client #18					
		his Plexiglass window off					
	-	eeks. SS #3 indicated the					
		d the Plexiglass and client #18					
		go out of the window. SS #3					
		e told to keep their vehicles					
	•	d at the agency but there was					
	_	sure vehicles were locked. SS					
		#18 had eloped from client					
	#11's window in roo	om #11. SS #3 indicated client					

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	OF CORRECTION	IDENTIFICATION NUMBER 15G811	l í	UILDING	00	COMPL 07/05/	ETED
NAME OF I	PROVIDER OR SUPPLIEF	8		1306 S	ADDRESS, CITY, STATE, ZIP COD BLOOMINGTON STREET CASTLE, IN 46135		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION DATE
TAG	#11's windows had opening and client; SS #3 indicated clie able to open his win in room #17 next to ED and QAM were PM. ED indicated to investigating client incident. ED indicated to investigating client incident. ED indicated he wind agency come in and ED indicated he was behavioral history a obtaining and branch it from a staff's vehicle did not have a polici securing their vehicle checked the window since client #18's electronic client #18's electronic copy of 6/24/24 at 12:45 PM I death in the past yellow had completed a more client #21's death. QAM (Quality Assessed Client #21's Mortal client #21 was disclient	not been blocked from #18 was able to get out of it. ent #7 had a behavior and was adow in an attempt to get out of client #18's room. interviewed on 6/27/24 at 12:55 he facility was still #18's 6/26/24 elopement ted the facility was going to adows and have a professional devaluate the window security. It is aware of client #18's and an incident of client #18 hishing a firearm after stealing ficle. ED indicated the agency by in place to ensure staff were feles. ED indicated he had not the window were secured openent incident. Anager) was interviewed on M. PM indicated the facility had year. PM indicated the facility bortality review/investigation of client #21's Mortality review on a client #21's Mortality review on color of the color		TAG	DEPCIENCT		DATE
	reports and Investig	(Bureau of Disabilities Services) gations were reviewed on . The review indicated the					

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	ENT OF DEFICIENCIES N OF CORRECTION	IDENTIFICATION NUMBER 15G811	A. BU	A. BUILDING <u>00</u> B. WING		COMPLETED 07/05/2024	
	F PROVIDER OR SUPPLIEF	R		1306 S	DDRESS, CITY, STATE, ZIP COD BLOOMINGTON STREET CASTLE, IN 46135		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION]	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION DATE
	following: -"On May 15, 2024 sitting in the dayroo began to cough whi out of his mouth. S nursing. Nursing ch delivered 2 back ble [client #21] to [cou Staff transported [c (Emergency Room) medical staff. The f 'Aspiration Pneumo state: 'Return or con immediately if your unexpectedly, if no other problems aris Levaquin (antibioti tablet orally every 2 returned to resident And, "Staff will continue report any changes and staff will follow -Follow-up BDS re What food item wa during this incident Was the individual' implemented correct Yes. 3. Please prov individual's current is stable without fur -Investigation Sum the following:	e at 6:19 PM [client #21] was om eating dinner when he alle eating causing food to fly taff immediately advised necked on [client #21] and ows, stating she was sending nty hospital emergency room]. lient #21] to the ER of where he was evaluated by collowing diagnosis was made: onia' Discharge instructions ntact your physician or condition worsens or changes to improving as expected, or if et. [Client #21] was prescribed to 500 MG (milligram): take 1 24 hours for 7 days. [Client #21] and to his treatment team. Nursing to discharge instructions given." The port dated 5/21/24 indicated, "1. Is the individual choking on the individual choking on the individual choking plan being on the health condition. [Client #21]					

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	T OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G811	ľ í	JILDING	instruction 00	(X3) DATE COMPL 07/05/	ETED
NAME OF F	PROVIDER OR SUPPLIEF		•	1306 S	ADDRESS, CITY, STATE, ZIP COD BLOOMINGTON STREET CASTLE, IN 46135	•	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	ATE	(X5) COMPLETION DATE
	chicken patty. State assigned staff and v [client #21] when in #21] appeared to co food came out of hi she asked for nursir delivered 2 back ble a drink to try to was advised staff to tran [county emergency proper utensils need -"[LPN (licensed proper utensils need was ground up inster was ground up inster was too dry and gramoist/wet and almo food is in [client #2 delivered 2 back ble the food but that [cl Stated she was afrait told staff to transpo Stated that [client # he was put on Leva -"Factual Findings: [Client #21's] diet (choking risk, for all will have an assignassist in maintaining eating. [Client #21's] diet pureed with thin lique to prevent aspiration small spoon.	actical nurse) #3]: Stated that noked was because the food and of pureed. Stated that it nular-like when it should be st liquid. Stated that pureed 1's] plan. Stated that she lows that 'kind of' cleared out ient #21] continued to cough. d that he had aspirated and rt him to the ER immediately. 21] aspirated and that is why					

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MU	ULTIPLE CO	NSTRUCTION	(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	JILDING	00	COMPLETED	
		15G811	B. WI	NG	_	07/05/	2024
			-	STREET A	ADDRESS, CITY, STATE, ZIP COD	<u> </u>	
NAME OF P	PROVIDER OR SUPPLIE	R		1306 S	BLOOMINGTON STREET		
RES-CAF	RE INC			GREEN	ICASTLE, IN 46135		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	`	NCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	COMPLETION
TAG		R LSC IDENTIFYING INFORMATION lient #21's] food was properly		TAG	DEFICIENCY)		DATE
		ated that [client #21] food was					
		s 'granular-like' but her meal					
	_	ner on 5.15.24 stated that all					
		ns were properly followed."					
	-"Conclusion: Staf	f followed [client #21's] diet					
		f followed ResCare Policy and					
	Procedure correctly						
	Client #21's record	was reviewed on 6/25/24 at 4:00					
	PM.						
		g Plan dated 5/10/24 indicated					
	the following:						
	-"Becomes agitated	d at times if he can't drink or eat					
	_	too fast and needs prompts to					
	slow down.						
	Food Texture:						
	Pureed						
	Fluid Texture:						
	Thin liquids in sip	cup only					
	Dietary Restriction						
	_	to drinking fluids at meals. May					
	-	the day as wanted. Make sure					
	_	intake on TMP (electronic nd notify the nurse if eating					
	less than 50% of hi						
	2222 2000 01 111						
		and reminders to eat and drink					
	at a slow pace."						
	Client #21's Dining	g and Aspiration Health Risk					
		ted 9/13/23 indicated the					
	following:						
	-"Choking and Asp	piration, potential related to					

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	NT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G811	ì	UILDING	nstruction 00	(X3) DATE COMPI 07/05	LETED
NAME OF I	PROVIDER OR SUPPLIE	R			ADDRESS, CITY, STATE, ZIP COD BLOOMINGTON STREET		
RES-CA	RE INC				CASTLE, IN 46135		
(X4) ID	PROVIDER'S PLAN (PROVIDER'S PLAN OF CORRECTION		(X5)		
	,				(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	ATE	COMPLETION
TAG		R LSC IDENTIFYING INFORMATION	-	TAG	BEFEERET		DATE
	eating too fast."						
	-"Triggers to NOT	IFV NURSE					
		ns of struggle (watery eyes,					
	drooling, facial red						
	Wet vocal quality.	ness.					
	Vomiting.						
	Sudden change in b	oreathing					
	Watery eyes.	reating.					
	Total meal refusal:	x 2					
	Pocketing of food i						
	Feeling Full or belo						
	l coming run or ook	omig daring mean					
	-"CALL 911 if						
	[Client #21] appear	rs gravely ill or you are					
	2 11	s immediate health.					
	[Client #21] is havi	ing trouble swallowing and/or					
	has food lodged in						
	I	ing trouble breathing or is					
	wheezing, especial						
	-"[Client #21's] saf	ety will be maintained during					
		and he will not have an incident					
		ation through 9/2024.					
		rst! In the event of an					
		re of [client #21] FIRST then					
	notify appropriate	personnel if choking incident					
	I	implement back blows first					
	and abdominal thru	<u> </u>					
	Provide diet as of the second se	rdered by physician.					
	_	n thin liquids. Avoid caffeine					
	and chocolate per g	-					
		uld eat at dining room table					
	where staff are pres						
		nt #21] to eat/drink slowly, take					
		nks, encourage to clear throat					
	between bites.						
	5. Stop meal if [clie	ent #21] reports feeling full or					
	begins belching du	ring the meal.					

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	NT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G811	A. Bl	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 07/05/2024	
NAME OF I	PROVIDER OR SUPPLIEI	R		1306 S I	DDRESS, CITY, STATE, ZIP COD BLOOMINGTON STREET CASTLE, IN 46135		
(X4) ID PREFIX	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL		ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	(X5) COMPLETION
TAG	6. Medications show physician. 7. Monitor for trigg the meal and notify 8. If choking occur and call 911. 9. Nurse will docur the medical notes a evaluated by physic choking incident. 10. Staff will monit nurse immediately temperature of 100 11. Staff will report difficulty breathing immediately. 12. Staff will report wanting to drink flut to nursing immediately.	nent all episodes of choking in nd ensure that [client #21] is cian immediately following a tor for, note, record & report to any cold/flu symptoms or degrees or greater. It any shortness of breath, and/or wheezing to nurse the decreased appetite, not hids, weakness and/or fatigue		TAG	DEFICIENCY)		DATE
	medical evaluation. Client #21's Nursin through 5/21/24 ind -5/15/24 note by LI dinner (pureed) wh catching his breath, cough with struggle coughing; sending evaluated." The facility's Clinic Recommended Ord January 2018 indication." -"Choking/Aspiration."	g Case Notes dated 5/15/24 dicated the following: PN #3, "[Client #21] was eating en he started choking, hard in he went to his room and to es; he tried laying down, still to [hospital ER] to be cal Decision Support: ter Framework protocol dated ated the following:					

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	IT OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G811	ì í	JILDING	nstruction <u>00</u>	(X3) DATE COMPL 07/05/	ETED
NAME OF I	PROVIDER OR SUPPLIEF			1306 S	DDRESS, CITY, STATE, ZIP COD BLOOMINGTON STREET CASTLE, IN 46135		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	ATE	(X5) COMPLETION DATE
	Client #21's Nursin vitals were docume There was not docu documented on 5/1 after client #21's as QAM sent an email email was reviewed "Attached is the sed document) I read or of standing physicia sign off on. Not so SS #3 was interview #3 indicated nursin meals. SS #3 indicated should ensure dining plans correct working with client incident. SS #3 indicated incident. SS #3 indicated the served to the served to the standard with the much then continuout of his mouth on she went to the nursing the meal but the nurse station at "knew [client #21's	a on 06/26/2024 3:35 PM. The l upon receipt and indicated, etion (clinical decision support at loud earlier. It is an example ans orders the physician could much a policy." wed on 6/27/24 at 10:27 AM. SS g completed observations of atted the nurse observing the staff are following client at the staff are following client #21 small was not able to recall other that day. SS #3 indicated client hicken and then started at the staff are following and (food) flew at the table." SS #3 indicated client at the staff are following and (food) flew at the table." SS #3 indicated LPN allows to client #21 and are client #21 at drink. SS #3 and been in the dining area and been in the dining area and stepped back inside of some point. SS #3 stated she left food.					
	issue." SS #3 indica	ed- should not have been an ated she worked with client #21 4 and was not aware of any					

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	MENT OF DEFICIENCIES AN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G811	A. Bl	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 07/05/2024	
	OF PROVIDER OR SUPPLIES	₹		1306 S	NDDRESS, CITY, STATE, ZIP COD BLOOMINGTON STREET CASTLE, IN 46135		
(X4) ID PREFIX TAG	(EACH DEFICIEN REGULATORY O	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION DATE
	QAM was interview QAM indicated he indicated QAC was (vacation) but had a Investigation regard aspiration event on nursing staff should ensure staff are promeal consistency. Completed a meal cobservation of the was interviewed as Investigation. QAM was not consistent meal checklist she the verbal interview regarding client #2 but in her written dwere no issues with indicated the discretinivestigation to det the correct consiste investigation did now as actively monit the nurses station a indicated the facility protocol or policy. general guidance from the first protocol or policy. In the protocol or policy in the protocol or policy. In the protocol or policy. In the protocol or policy. In the protocol or policy in the protocol or policy. In the protocol or policy in the protocol or policy. In the protocol or policy in the protocol or policy. In the protocol or policy in the protocol or policy in the protocol or policy in the protocol or policy. In the protocol or policy in the proto	M indicated LPN #3's interview with her documentation on the completed. QAM indicated in v LPN #3 had concerns 1's food consistency on 5/15/24 ocumentation she noted there in the consistency. QAM apancy was not clarified in the ermine if client #21's meal was not. QAM indicated the ot address or clarify if LPN #3 oring the meal or if she was in the time of the meal. QAM by did not have an aspiration QAM indicated there was soom the Nurse Desk Reference elinical decision support. QAM indicated the interval and indicated the interval after an AM indicated the investigation clarify if client #21's vitals were as for the first 24 hours after the icated after an investigation QAC the administrative team					

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G811		(X2) MULTIPLE CO A. BUILDING B. WING	ONSTRUCTION 00	(X3) DATE SURVEY COMPLETED 07/05/2024		
NAME OF	PROVIDER OR SUPPLIER	1306 S	ADDRESS, CITY, STATE, ZIP COD BLOOMINGTON STREET ICASTLE, IN 46135			
(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 CROSS-REFERENCED TO THE APPRODEFICIENCY)	BE COMPLETION		
	investigation. QAM indicated the Peer Review process discussed thoroughness of an investigation and was used as a process to develop recommendations to prevent recurrence. QAM indicated the investigation did not include documentation of recommendations to prevent recurrence. QAM indicated there had not been a Peer Review completed regarding client #21's 5/21/24 Investigation. DON (Director of Nursing) was interviewed on 6/26/24 at 10:18 AM. DON indicated LPN #3 was her direct report and was not available for interview. DON indicated LPN #3 had communicated with her about the 5/15/24 incident but DON had not been consulted or interviewed during the 5/21/24 investigation process. DON indicated she had not participated in a Peer Review or discussion about the incident or investigation to identify corrective measures. DON indicated the facility did not have an aspiration protocol and was not aware of the NDR or CDSD. DON stated nursing staff should monitor each meal "to see that they're getting the correct consistency." QAM was interviewed on 6/24/24 at 12:45 PM. QAM indicated the facility's ANE (Abuse, Neglect, Exploitation) policy should be implemented, allegations of ANE should be thoroughly investigated with safeguards in place during the investigation and corrective measures to prevent recurrence of ANE should be developed and implemented. The facility's policy and procedures were reviewed on 6/24/24 at 3 PM. The facility's Reporting and Investigation Abuse, Neglect,					
	Exploitation, Mistreatment or a Violation of Individuals Rights policy dated 11/10/23 indicated					

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STATEMEN	T OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) MU	JLTIPLE CO	NSTRUCTION	(X3) DATE	SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER		ILDING	00	COMPL	
		15G811	B. WI	NG		07/05/	/2024
NAME OF I	PROVIDER OR SUPPLIER	· · · · · · · · · · · · · · · · · · ·			ADDRESS, CITY, STATE, ZIP COD		
DEC 041	DE INO				BLOOMINGTON STREET		
RES-CAI	RE INC			GREEN	ICASTLE, IN 46135		
(X4) ID		STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX		ICY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	COMPLETION
TAG	the following:	R LSC IDENTIFYING INFORMATION	+	TAG	DEFICIENC 11		DATE
	the following.						
	-"ResCare staff acti	vely advocate for the rights					
		lividuals. All allegations or					
		se, neglect, exploitation,					
	mistreatment, or vio	olation of an Individual's rights					
	_	the appropriate authorities					
		riate supervisory channels and					
		investigated under the policies					
	of ResCare, local, state and federal guidelines."						
	-"ResCare strictly prohibits abuse, neglect,						
	exploitation, mistreatment, or violation of an						
	_	These include and are defined					
		ving: corporal punishment i.e.					
		vity, contingent exercise,					
		e use of electric shock, the					
		al pain, seclusion in an area					
		oited, negative practice or					
		al or facial screening, verbal					
	abuse including scr	_					
	_	ling, damaging an individual's					
	self-respect or dign	ity, failure to follow					
	1 * *	denial of sleep, shelter, food,					
		rement for prolonged periods					
	l	eatment or care or use of					
	bathroom facilities.	"					
	-"The Program Mar	nager will assign an					
	investigative team						
	. A full investig	ation will be conducted by					
		o have received training					
		tions Association and					
	ResCare's internal procedures on						
	investigations."-"The assigned investigator						
	will complete a	detailed investigative case					
	summary based	on witness statements and					

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G811		A. BUILDING <u>00</u>			COMPL	(3) DATE SURVEY COMPLETED 07/05/2024	
NAME OF P	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP COD 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135				
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	TE	(X5) COMPLETION DATE
W 0154 Bldg. 00	statements, docue evidence that the then the ANE all substantiated."-" review committee Director will me the investigation thorough investig Members of the cleast one of the indicate of the investigation incident in the past years of the investigation incident in the past years of the investigation incident in the past years of the investigation was reclient #21's death. QAM (Quality Asset electronic copy of the investigation was reclient #21's Mortalist in the past years of the investigation was reclient #21's Mortalist investigation was	7. An investigative peer be chosen by the Executive et to discuss the outcome of and to ensure that a gation has been completed. Committee must include at investigators, the Executive gnee, Program Manager for eg, and a Human Resources 4-1.2(v)(2)(5)	W	0154	To correct the deficient practic supervisory staff have been train on the following: components of thorough investigation, ensuring recommendations are created implemented. The following has been put in place to prevent recurrence: The investigation affecting #21 will be re-opened with an addendum added with additional findings. All allegation of ANEM will be reviewed by the ED to ensure appropriate safeguards are put in place due the investigation. The regional operations support specialist we review all ANEM investigations ensure they are thorough. Additional monitoring will be	ained of a ng and as d any ons he uring I	08/04/2024

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G811		(X2) MULTIPLE C A. BUILDING B. WING	onstruction 00	(X3) DATE SURVEY COMPLETED 07/05/2024	
NAME OF E	PROVIDER OR SUPPLIER		1306 S	ADDRESS, CITY, STATE, ZIP COD S BLOOMINGTON STREET NCASTLE, IN 46135	
(X4) ID PREFIX	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	
TAG	5/22/24. Client #21 owned/operated wa the waiver home on The facility's BDS oreports and Investig 6/24/24 at 2:42 PM following: -"On May 15, 2024 sitting in the dayroo began to cough whi out of his mouth. So nursing. Nursing ch delivered 2 back blo [client #21] to [cour Staff transported [c] (Emergency Room) medical staff. The f 'Aspiration Pneumo state: 'Return or cor immediately if your unexpectedly, if not other problems aris. Levaquin (antibiotic tablet orally every 2 returned to resident And, "Staff will continue report any changes and staff will follow -Follow-up BDS re What food item was during this incident Was the individual' implemented correct	was admitted to an agency iver home. Client #21 died at 5/23/24. (Bureau of Disabilities Services) rations were reviewed on . The review indicated the at 6:19 PM [client #21] was ome ating dinner when he le eating causing food to fly raff immediately advised ecked on [client #21] and ows, stating she was sending the hospital emergency room]. Lient #21] to the ER where he was evaluated by following diagnosis was made: onia' Discharge instructions	TAG	achieved by daily administration observations to ensure staff implementing all policies, procedures, documentation, plans as written. The administrative team will evaluate the observation frequency material to determine if the observation should continue, decrease, or increase. The administrative will meet daily to discuss any incident follow up in the facilia The QAM will meet weekly was investigators to ensure all investigations have been ass investigated thoroughly, and appropriate recommendation in place. Ongoing monitoring be achieved by the administrateam completing monthly facts site reviews, record reviews, quarterly quality and safety reviews for incident patterns, up, and thoroughness.	are and Late onthly ons or e team / or ty. vith all signed, as are g will rative sility and

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G811		A. BUILDING 00 CO B. WING 07			COMPL 07/05/	ETED	
NAME OF P	PROVIDER OR SUPPLIEF	- L			DDRESS, CITY, STATE, ZIP COD BLOOMINGTON STREET		
RES-CAF	RE INC				CASTLE, IN 46135		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION DATE
	individual's current is stable without fur	health condition. [Client #21] ther issues."					
	-Investigation Summary dated 5/21/24 indicated the following:						
	-"[SS #3]: Stated sh plan. Stated [client chicken patty. State assigned staff and v [client #21] when in #21] appeared to co food came out of hi she asked for nursir delivered 2 back blo a drink to try to was advised staff to tran [county emergency proper utensils need -"[LPN (licensed proper utensils need was ground up inster was too dry and gra moist/wet and almo food is in [client #2]	the was trained on [client #21's] #21] choked on a pureed d she was [client #21's] was 18 inches away from acident occurred. Stated [client trugh with a struggle and that is mouth onto the table. Stated ag assistance and that nursing ows as well as gave [client #21] is hown any food and then sport [client #21] to the room]. Stated he had the ded, per his plan." The actical nurse) #3]: Stated that thoked was because the food and of pureed. Stated that it nular-like when it should be st liquid. Stated that pureed 1's] plan. Stated that she ows that 'kind of' cleared out					
	Stated she was afra- told staff to transpo	ient #21] continued to cough. Id that he had aspirated and If thim to the ER immediately. If a spirated and that is why If the second s					
	-"Factual Findings:						
	choking risk, for all will have an assign	sic) plan states that due to his meals and snacks, [client #21] ed staff who will be available to g [client #21] safety while he is					

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	NT OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA			NSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER		JILDING	00	COMPL	
		15G811	B. W			07/05/	
NAME OF F	PROVIDER OR SUPPLIER				ADDRESS, CITY, STATE, ZIP COD		
RES-CAF	RE INC				BLOOMINGTON STREET CASTLE, IN 46135		
	- I	OT A TEL CENT OF DEPLOYER AND	1	l			T 375
(X4) ID PREFIX		STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL		ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE		(X5) COMPLETION
	1				CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	
TAG	[Client #21's] diet p pureed with thin liq to prevent aspiration small spoon. [Client #21] choked Staff stated that [cli- pureed. Nursing stat- not pureed and was observation for dim- consumers diet plan -"Conclusion: Staff plan properly. Staff Procedure correctly Client #21's record of PM. Client #21's Dining the following: -"Becomes agitated immediately. Eats to slow down. Food Texture: Pureed Fluid Texture: Thin liquids in sip of the property of the	elan states that his diet is to be uids using a wedge cup made in, set to ½ open; He will use a life on a pureed chicken patty. He will use a life on a pureed chicken patty. He will use a life on a pureed chicken patty. He will use a life on a pureed chicken patty. He will use a life on a pureed chicken patty. He will use a life on a pureed chicken patty. He will use a life on a pureed chicken patty. He will use a life on a pureed chicken patty. He will use a life on a pureed chicken patty. He will use a life on a pureed chicken patty. He will use a life on the will use a life on a pureed chicken patty. He will use a life on the will use a life on the will use a life on a pureed chicken patty. He will use a life on the will u		TAG	DEFICIENCY)		DATE

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STATEMENT OF DEFICIENCIES XI) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G811		(X2) MULTIPLE C A. BUILDING B. WING	ONSTRUCTION 00	(X3) DATE SURVEY COMPLETED 07/05/2024	
NAME OF P	PROVIDER OR SUPPLIEF		1306 S	ADDRESS, CITY, STATE, ZIP COD B BLOOMINGTON STREET NCASTLE, IN 46135	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROIDEFICIENCY)	BE COMPLETION
TAG	at a slow pace."	LESC IDENTIFY TING INFORMATION	IAU		DATE
	Client #21's Dining and Aspiration Health Risk Plan (DAHRP) dated 9/13/23 indicated the following:				
	-"Choking and Asp eating too fast."	iration, potential related to			
	-"Triggers to NOTIFY NURSE Coughing with signs of struggle (watery eyes, drooling, facial redness. Wet vocal quality. Vomiting. Sudden change in breathing. Watery eyes. Total meal refusal x 2. Pocketing of food in mouth. Feeling Full or belching during meal." -"CALL 911 if [Client #21] appears gravely ill or you are concerned about his immediate health. [Client #21] is having trouble swallowing and/or has food lodged in his throat. [Client #21] is having trouble breathing or is				
	eating & drinking a of choking or aspira Ensure SAFETY finemergency take car	ety will be maintained during and he will not have an incident ation through 9/2024. Test! In the event of an e of [client #21] FIRST then			
	occurs immediately and abdominal thru 1. Provide diet as or	rdered by physician. thin liquids. Avoid caffeine			

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G811		(X2) MULTIPLE CO A. BUILDING B. WING	onstruction 00	COMP	(X3) DATE SURVEY COMPLETED 07/05/2024	
NAME OF I	PROVIDER OR SUPPLIEI	R	1306 S	ADDRESS, CITY, STATE, ZIP COD BLOOMINGTON STREET ICASTLE, IN 46135		
(X4) ID PREFIX		STATEMENT OF DEFICIENCIE NCY MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE OF SHOULD BE ADDROLLED FOR THE ADDROLL		(X5) COMPLETION
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION	TAG	DEFICIENCY)	MAIL	DATE
	REGULATORY OF 3. [Client #21] show where staff are pressed. Encourage [client small bites and drint between bites. 5. Stop meal if [client begins belching dured. Medications show physician. 7. Monitor for trigg the meal and notify some staff are pressed in the meal and notify some staff and call 911. 9. Nurse will docur the medical notes a evaluated by physician choking incident. 10. Staff will monity nurse immediately temperature of 100. 11. Staff will report difficulty breathing immediately. 12. Staff will report wanting to drink flutto nursing immediately. 13. Nurse will asset the above symptom medical evaluation. Client #21's Nursing through 5/21/24 incomplete.	R LSC IDENTIFYING INFORMATION ald eat at dining room table sent. at #21] to eat/drink slowly, take aks, encourage to clear throat ent #21] reports feeling full or ring the meal. ald be given as ordered by gers during meal, if noted stop roursing. s start life saving techniques ment all episodes of choking in and ensure that [client #21] is cian immediately following a tor for, note, record & report to any cold/flu symptoms or degrees or greater. t any shortness of breath, and/or wheezing to nurse t decreased appetite, not aids, weakness and/or fatigue attely. ess [client #21] should any of as occur or send him out for "" g Case Notes dated 5/15/24 dicated the following: PN #3, "[Client #21] was eating		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRO		
	catching his breath, cough with struggle	en he started choking, hard in , he went to his room and to es; he tried laying down, still to [hospital ER] to be				

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NAME OF I	PROVIDER OR SUPPLIEI	1		1306 S	DDRESS, CITY, STATE, ZIP COD BLOOMINGTON STREET CASTLE, IN 46135		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	ATE	(X5) COMPLETION DATE
	1	cal Decision Support: er Framework protocol dated ated the following:					
	_	on ital for evaluation. and vitals every 8 hours for 24					
	vitals were docume There was not docu	g notes indicated client #21's nted on 5/20/24 and 5/21/24. Immentation of vitals being 6/24 every 8 hours for 24 hours piration incident.					
	QAM sent an email on 06/26/2024 3:35 PM. The email was reviewed upon receipt and indicated, "Attached is the section (clinical decision support document) I read out loud earlier. It is an example of standing physicians orders the physician could sign off on. Not so much a policy."						
	#3 indicated nursin meals. SS #3 indica meal should ensure dining plans correc working with client	wed on 6/27/24 at 10:27 AM. SS g completed observations of atted the nurse observing the staff are following client tly. SS #3 indicated she was at #21 during the 5/15/24 icated client #21's meal was					
	pureed chicken but food items served t #21 had eaten his c coughing. SS # stat little stuffy with the	was not able to recall other hat day. SS #3 indicated client hicken and then started ed, "Sounded like (he was) a e first cough. Didn't think too ed coughing and (food) flew					
	out of his mouth or she went to the nur out to assist with cl #3 delivered back b	the table." SS #3 indicated sees station and LPN #3 came ient #21. SS #3 indicated LPN blows to client #21 and we client #21 a drink. SS #3					

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NAME OF I	PROVIDER OR SUPPLIE	R		1306 S	DDRESS, CITY, STATE, ZIP COD BLOOMINGTON STREET CASTLE, IN 46135		
(X4) ID PREFIX		STATEMENT OF DEFICIENCIE NCY MUST BE PRECEDED BY FULL		ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	(X5) COMPLETION
TAG		R LSC IDENTIFYING INFORMATION	_	TAG	DEFICIENCY)		DATE
		nad been in the dining area					
	1 -	t had stepped back inside of					
	the nurse station at some point. SS #3 stated she						
	"knew [client #21's] food was fixed right. Wasn't						
	watery. It was pureed- should not have been an issue." SS #3 indicated she worked with client #21						
	the next day 5/16/24 and was not aware of any						
	1	ns/symptoms of aspiration.					
	monitoring for sign						
	QAM was interviewed on 6/26/24 at 9:49 AM.						
	QAM indicated he supervised QAC. QAM indicated QAC was not available for interview						
	(vacation) but had completed the 5/21/24						
	Investigation regarding client #21's choking and						
	_	5/15/24. QAM indicated					
	_	d observe meal times and					
	_	viding clients with the correct					
		QAM indicated nursing staff					
	_	observation checklist after an					
		meal. QAM indicated LPN #3					
		part of the 5/21/24					
	•	// indicated LPN #3's interview					
		with her documentation on the					
		completed. QAM indicated in					
		v LPN #3 had concerns					
		1's food consistency on 5/15/24 ocumentation she noted there					
		the consistency. QAM epancy was not clarified in the					
		termine if client #21's meal was					
	_	ency. QAM indicated the					
		ot address or clarify if LPN #3					
	_	oring the meal or if she was in					
		t the time of the meal. QAM					
	indicated the facility did not have an aspiration protocol or policy. QAM indicated there was						
	general guidance from the Nurse Desk Reference						
	(NDR) or internal clinical decision support						
	1 1	. QAM indicated the					
		mendations included vitals					

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STATEMENT OF DEFICIENCIES XI) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G811		(X2) MULTIPLE C A. BUILDING B. WING	onstruction 00	(X3) DATE SURVEY COMPLETED 07/05/2024	
NAME OF F	PROVIDER OR SUPPLIER		1306 \$	ADDRESS, CITY, STATE, ZIP COD B BLOOMINGTON STREET NCASTLE, IN 46135	•
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPR DEFICIENCY)	D BE COMPLETION
	aspiration event. Qdid not address or c taken every 8 hours incident. QAM indi was completed by Q should complete a F investigation. QAM process discussed the investigation and we develop recommence QAM indicated the documentation of recurrence. QAM in Peer Review complete 5/21/24 Investigation. DON (Director of Note 6/26/24 at 10:18 AM her direct report and interview. DON indicated with but DON had not be during the 5/21/24 indicated she had not Review or discussion investigation to identify the aspiration protocol or CDSD. DON star monitor each meal correct consistency.	a indicated the Peer Review horoughness of an as used as a process to dations to prevent recurrence. investigation did not include ecommendations to prevent adicated there had not been a letted regarding client #21's on. Bursing) was interviewed on M. DON indicated LPN #3 was did was not available for licated LPN #3 had her about the 5/15/24 incident leen consulted or interviewed investigation process. DON of participated in a Peer on about the incident or intify corrective measures. facility did not have an leand was not aware of the NDR letted nursing staff should leto see that they're getting the level on 6/24/24 at 12:45 PM. facility's ANE (Abuse, on) policy should be lated.			

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STATEMEN	NT OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) M	ULTIPLE CO	ONSTRUCTION	(X3) DATE	SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	JILDING	00	COMPL	LETED
		15G811	B. W	ING		07/05/	/2024
		<u> </u>		STREET A	ADDRESS, CITY, STATE, ZIP COD	1	
NAME OF F	PROVIDER OR SUPPLIEF	R			BLOOMINGTON STREET		
RES-CAF	RE INC			GREENCASTLE, IN 46135			
(X4) ID		STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	`	NCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI	ATE	COMPLETION
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
W 0155	483.420(d)(3)						
		ENT OF CLIENTS					
Bldg. 00		prevent further potential					
		nvestigation is in progress.					
		ion, record review and	W ()155	To correct the deficient practice,		08/04/2024
		itional (client #18), the facility			the following has been compl		
	_	nd implement safeguards while			All supervisory staff have bee		
investigating an elopement incident regarding client #18.				trained the following: Develop	-		
					and implementing safeguards		
	Dindings 1 1 1				prevent neglect and elopeme	nt,	
	Findings include:	dings include:			components of a thorough	_	
	OAM (Onality A	uranaa Managari waa			investigation. The following h	as	
	QAM (Quality Assurance Manager) was interviewed on 6/27/24 at 9:17 AM.				been put in place to prevent	•	
	interviewed on 6/2	//24 at 9:1 / AIVI.			reoccurrence: All windows in		
	OAM indicated alice	ent #18 had eloped from the			facility have been secured wirling IDOH LSC guidelines, window		
	1	previous night (6/26/24). QAM			are alarmed, a security checklist has been implemented to ensure		
		ty staff member had seen client					
		station at 10:51 PM and called			windows are secured, alarms		
		t it. QAM indicated staff had			mounted, vehicles are locked		
		0:45 PM. QAM indicated client			no contraband is on the grou		
		o have been gone for 13			a transition IDT has been cre		
		icated client #18 returned to the			to address needs from currer		
		s of alcohol, soft drinks and			placement and moving forwar		
		n. QAM indicated client #18			future placement. All allegation		
		efore staff could confiscate it			ANEM will be reviewed by the		
		dicated client #18 was sent to			to ensure appropriate safegua		1
	-	Room) for evaluation after the			are put in place during the		
		icated client #18 eloped from a			investigation. , the regional		
	_	room. QAM indicated client			operations support specialist	will	
	_	the facility fence behind the			review all ANEM investigation		
		d on 1:1 supervision when he			ensure they are thorough.		
	returned to the facil	lity. QAM indicated client #18			Additional monitoring will be		
	was not on line of s	sight or 1:1 supervision while			achieved by daily administrat	ive	
	inside of the facility	y at the time of the $6/26/24$			observations to ensure staff a	are	
	incident. QAM indi	icated client #18 was not on 10			implementing all policies,		
	or 15 minute check	s at the time of the $6/26/24$			procedures, documentation, a	and	
	incident. QAM indi	icated client #18 had			plans as written. The		
	transferred to the ag	gency from another agency			administrative team will evalu	ate	
	owned/operated facility on 5/3/24 after being				the observation frequency mo	onthly	

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (IDENTIFICATION NUMBER) 15G811		A. B	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 07/05/2024		
NAME OF F	PROVIDER OR SUPPLIE	₹		1306 S	ADDRESS, CITY, STATE, ZIP COD BLOOMINGTON STREET ICASTLE, IN 46135		
(X4) ID		STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	`	ICY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	COMPLETION
TAG		R LSC IDENTIFYING INFORMATION		TAG			DATE
	-	acute psychiatric facility.			to determine if the observatior		
		ent #18's behavioral needs were			should continue, decrease, or		
	assessed upon his admission to the facility.				increase. The administrative		
	1 1111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			will meet daily to discuss any or			
	An additional BDS (Bureau of Disabilities				incident follow up in the facility		
	Services) report was provided on 6/29/24 at 10:16				The QAM will meet weekly wit	n all	
	AM and was reviewed on 6/29/24 at 10:30 AM.				investigators to ensure all		
	The additional BDS	S report indicated the following:			investigations have been assigneed investigated thoroughly, and	gned,	
	-BDS report dated 6/28/24 indicated, "On June 27,				appropriate recommendations	are	
	2024 at 4:43 PM, [client #18] was in the dayroom when he observed members of administration				in place. Ongoing monitoring		
					be achieved by the administra		
	placing alarms on t	he facility windows due to			team completing monthly facil		
	[client #18] eloping on 6/26/24 per his plan.				site reviews, record reviews, a	-	
	[Client #18] then be	egan laughing in a 'manic' tone			quarterly quality and safety		
	and stated that he w	would not stop trying to			reviews for incident patterns, f	ollow	
	escape the building	and that if he was			up, and thoroughness.		
	unsuccessful, he we	ould kill himself. He then			-		
	stated that the alarn	ns were a joke and that he					
	could disable them.	[Client #18] would continue					
	talking about escap	ing. He then began to state					
	that he was not afra	id to kill someone or himself					
	and continued talki	ng about suicidal/homicidal					
	ideations. [Client #	18's] team decided that he					
		the ER (Emergency Room)					
		luation. EMT's (Emergency					
	Medical Technician	ns) and police officers were					
		on campus. [Client #18]					
		ne ambulance and was					
		pital Emergency Room] to be					
		f following behind. [Client #18]					
		was admitted to [behavioral					
	• •	re he is still currently admitted.					
	~	nd discharge instructions are					
	unknown at this tin	ne."					
	-An additional BDS	S report was provided on					
		M and reviewed upon receipt.					
	The 6/27/24 BDS r	eport indicated the following:					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G811		` ′	ILDING	ONSTRUCTION 00	(X3) DATE SURVEY COMPLETED 07/05/2024		
NAME OF I	PROVIDER OR SUPPLIE	R		1306 S	ADDRESS, CITY, STATE, ZIP COD BLOOMINGTON STREET ICASTLE, IN 46135		
(X4) ID PREFIX		STATEMENT OF DEFICIENCIE NCY MUST BE PRECEDED BY FULL		ID PREFIX	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROP	BE	(X5) COMPLETION
TAG	1	R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
	· ·	4 at 10:45 PM staff observed e restroom and then return to					
		0:51 PM, RM (unspecified					
		ger) received a call from an					
	_	pecified) stating they had seen					
		cal gas station (0.3 miles from					
	campus). Staff imr	nediately began to					
	_	[18] on and off campus. Staff					
	1 -	in the recreational room on					
		erved that [client #18] had					
	stolen						
	several items, including three 1.5 oz (ounce) bottles of alcohol. [Client #18] consumed the alcohol before staff could confiscate it. Nursing advised staff to transport [client #18] to the						
		cy room] for evaluation due to a					
		between the alcohol and his					
	medication but [cli	ient #18] refused to go. Staff					
	then called for an a	ambulance who transported					
	-	ER (Emergency Room) for					
		al staff evaluated [client #18]					
		wing diagnosis: 'Normal exam'.					
	_	ions state to follow					
	1	are physician as needed. [Client					
	_	ampus where he began to ally harm staff, including killing					
		with [client #18] who requested					
	_	(medication) for agitation.					
	` ′	l) assessed [client #18] and					
		navioral PO (by mouth) PRN.					
	[Client #18] was a	ble to use his coping skills and					
		He then laid down and appeared					
	_	out further issues. Staff sat					
	_	's] door while he slept. [Client					
	_	(staff to client ratio) staff while					
	he was awake unti	l his team was able to meet the s."					
	And,						

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP COD 1306 S BL OOMINGTON STREET						
RES-CARE INC GREENCASTLE, IN 46135	1306 S BLOOMINGTON STREET					
(X4) ID SUMMARY STATEMENT OF DEFICIENCIE ID PROVIDERS PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG DEFICIENCY)	(X5) COMPLETION DATE					
"Staff will continue to follow [client #18's] guardian and HRC (Human Rights Committee) approved BSP (Behavior Support Plan) and ISP (Individual Support Plan). Staff will continue to educate [client #18] on using his coping skills when he becomes upset. Alarms were installed on all doors and windows with guardian and HRC approval. [Client #18's] supervision level was changed to a 1:1 staff 247.". Client #18's record was reviewed on 7/1/24 at 10 AM. Client #18's BSP dated 4/4/24 indicated the following: -"[Client #18] is transitioning from [County Jail] to a Researe ESN (Extensive Support Needs) home in [town]. Due to recent criminal involvement and homelessness, [client #18] has stayed in jail until a more suitable placement is available." -"When out in the community, [client #18] needs to be watched very closely as he has a history of stealing items, including knives and vape supplies." -"[Client #18] has a long history of physical aggression, self-injurious behavior, property destruction, elopement, stealing, homicidal statements and verbal aggression." -"Shoes: Due to elopement and thefts [client #18] will no longer have free access to shoes. All shoes to be stored in office when not on outing with staff." -"Due to housemates' incidents of poor social interactions with other housemates, [client #18] will be restricted from entering any other private						

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G811		(X2) MULTIPLE CO A. BUILDING B. WING	00	(X3) DATE SURVEY COMPLETED 07/05/2024			
NAME OF P	PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP COD 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135				
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
	bedroom besides hi housemates will not for any reason."	s own room. Other t be allowed to enter his room					
	-"Due to special cir placed on 1:1 super team determines fit staff in same room: The bedroom door exception is while i be left open and stahim every 1-2 minu off of the enhanced -"Due to excessive area/elopement risk door alarms will be windows of the hon-"Resident who is peyesight: [client #13 Instructions: 1:1 is at all times a eyesight with the st that is 1:1 is to remark that is 1:1 is to remark Client #18's Incider through 5/2/24 indicates the staff in for him. Staff was returned to his room, the open. Staff went to [client #18] had climes.	leaving assigned s in the home, window and placed on the doors and ne." laced on 1:1 defined as within 8]. Ind is defined as: within aff in the same room. The staff ain in a response stance." Interpretation of the staff and the same room are stance.					
		[Client #18] returned inside					

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	NT OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G811	ľ	UILDING	nstruction <u>00</u>	(X3) DATE COMPL 07/05/	ETED	
NAME OF I	PROVIDER OR SUPPLIEI	3	STREET ADDRESS, CITY, STATE, ZIP COD 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135					
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	ATE	(X5) COMPLETION DATE	
	home, installed by supposed to alert w the alarm has been the alarms, and the [Company] will be to the home on 3/10 was (sic) reset and Staff will complete ensure there are no alarms."	e alarms on the windows in the [company], which are hen they have been opened or tampered with. Staff assessed y were missing pieces. contacted. Maintenance went 6, the alarm and the alarm panel are currently in working order. window and panel checks to alerts or issues with the orted [client #18] was standing yard being antagonized by						
	[previous placement antagonize [client # stop. Staff redirected window and he wal returned outside, he making threats tow Staff immediately a weapon, and he relistaff contacted poliuntil they arrived."	at peer] through the window. It peer] continued to It geer] continued to It geer] continued to It geer when prompted t						
	staff members car a #18] was arrested a is no court date set into the incident de to [previous placen vehicle of another [Both employees we leave pending inves- the home immediat	d he found the weapon in a and hid it in the house. [Client and taken to [County jail]. There at this time. Initial exploration termined the weapon belonged then tstaff] and was in the apprevious placement staff]. The previous placement staff and was in the apprevious placement staff. The previous placement staff and weapon belonged the previous placement staff. The previous placement staff and staff an						

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G811		(X2) MULTIPLE C A. BUILDING B. WING	ONSTRUCTION 00	(X3) DATE SURVEY COMPLETED 07/05/2024			
NAME OF I	PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP COD 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135				
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APP DEFICIENCY)	ILD BE COMPLETION		
1.40	weapons on the procontacted and trained onto the property are vehicles locked. Ad place in the home to policies and proced. Client #18's IDT for #18 was transferring operated ESN home an acute psychiatric indicated the follow. -"PURPOSE OF M. -"Discussed that thi gate. [Client #18's gat escape." The 5/2/24 IDT did review or discussion support needs regarmonitoring of the all address the agency; their vehicles. The facility would ensure peers' rooms for accomplete Client #18's 6/19/24 following: -"On 6/18/24, [client sharp piece of Plexical handle. Additionally list' in the dayroom names of 2 of his transport of the second of the seco	perty. All employees were ed on not bringing weapons and always keeping their ministrative drop ins will take to ensure staff are following tures." The dated 5/2/24 indicated client g from another agency after being discharged from a facility. The 5/2/24 IDT					

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	NT OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G811	ľ	JILDING	nstruction <u>00</u>	(X3) DATE COMPL 07/05/	ETED	
NAME OF	PROVIDER OR SUPPLIEI	₹	STREET ADDRESS, CITY, STATE, ZIP COD 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135					
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	ATE	(X5) COMPLETION DATE	
	contacting people to contraband items at Upon searching the chargers, vapes, and these items are being would not disclose #18] also reported to community is bring leaving them by the some of the bottless concerned about the delivered. [Client # member that his bring in the community to [client #18]. [Client possible but not procontinue to hold of time due to his ongoing the gas station or bring by staff. RECOMMENDAT Team agrees to put which would remove #18] at this time. He his daily clothing a personal items that that can hide/store from his possession device) would also since [client #18] is social media sites to these strangers are contraband items. To reviewed every 7 dictient #18] is deminon-aggressive behavior of the contraband items. To the contraband items the contraband items. To the contraband items the contraband items the contraband items the contraband items. To the contraband items th	in the community' to drop off it the fence of our property. It area by the fence, staff found it of other items. Apparently, ing left for him but [client #18] who is leaving them. [Client ite of staff that someone in the ging him bottles of alcohol and ite fence. He states that he drank that were left. Team is is e potential for weapons to be itell reported in front of a staff other was 'cash-apping' people in bring contraband items to itell signardian] says this is obable. Team would also like to if on community outings at this oing statements about robbing reaking out of the facility and is behaviors. Supervision all building will be direct line of IONS: in place a contraband protocol we all personal items from [client ite would still have his bed and and other needs, but all other can be made into weapons or weapons would be removed in. His Switch (electronic game be taken away at this time is reaching out though several of strangers and has stated that the ones leaving him This restriction would be any and should be removed if						

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G811		(X2) MULTIPLE CO A. BUILDING B. WING	onstruction 00	COM	TE SURVEY MPLETED 05/2024		
NAME OF	PROVIDER OR SUPPLIER RE INC	STREET ADDRESS, CITY, STATE, ZIP COD 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135					
(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 CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APP DEFICIENCY)	CTION JLD BE PROPRIATE	(X5) COMPLETION DATE		
	of residential building will be direct line of sight. 5 minute checks inside residential."						
	Client #18's record indicated documentation of 5 minute checks was completed on 6/27/24 from 8 AM through 12:30 AM on 6/28/24. Additional documentation of 5 minute checks was not available for review.						
	An email was received from QAM (Quality Assurance Manger) on 06/27/2024 3:28 PM. The was reviewed upon receipt and indicated, "I wanted to inform you [ED (Executive Director) and I have ensured all 70 windows in the facility are secured. Additionally, alarms have been placed on the outside until a professional installer can install permanent ones. All other items from the 6-27-24 IDT (Interdisciplinary Team) regarding [client #18] have been implemented."						
	An email was received from QAM (Quality Assurance Manager) on 06/28/2024 at 12:42 PM. The email was reviewed upon receipt and indicated, "This is the documentation (client #18's 5-minute checks) that was able to be produced."						
	QAM was interviewed on 6/28/24 at 11:47 AM. QAM indicated client #18 had an IDT on 6/8/24 which he did not participate in. QAM indicated client #18 was restricted from access to the Internet during the 6/8/24 IDT. QAM indicated on 6/19/24 client #18's IDT met. QAM stated he was not present at the 6/19/24 meeting, "What I think I know; he was getting other people's electronics during that 11 day time period. That is my understanding. My understanding is they put in some sign in/ sign out for devices. That is my knowledge of it. He was claiming he was somehow getting people to freely bring him things. This young man, you know, you never						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G811	A. BU	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING			(X3) DATE SURVEY COMPLETED 07/05/2024	
		130011	B. WI		_	07/05	12024	
NAME OF F	PROVIDER OR SUPPLIE	R			ADDRESS, CITY, STATE, ZIP COD			
RES-CAF	RE INC		1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135					
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX	,	NCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPR DEFICIENCY)		COMPLETION	
TAG		R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE	
	`	eated client #18's IDT on 6/19/24 8 was on 5 minute checks inside						
	of the facility. QAM indicated staff should							
		pleted 5-minute checks on a						
		m. QAM indicated there should						
		of 5-minute checks for client						
	#18 from 6/19/24 f	orward.						
	QAM indicated client #18's elopement on 6/26/24							
		ated and it was not known if						
		pleting 5 minute checks on						
		ne of his elopement. QAM						
	indicated on 6/26/24 client #18 was seen by staff at 10:45 PM and then the facility received a report							
		aff who witnessed client #18 at						
	a gas station at 10:							
	a gas station at 10.	22 1 141.						
	An observation wa	s conducted at the facility on						
		AM through 11:25 AM. The						
	residential facility	has 18 bedrooms. Client #18's						
	bedroom was locat	ed on a hall/wing with room						
	1	the hall, room #17 to the						
	I -	client #18's room with a shared						
		ng the two rooms and rooms						
	#12, #13, #14, #15	and #16 also nearby.						
	Client #18's bedroo	om had Plexiglass screwed over						
	top of the windows	s. There were screws missing						
	from the plex-glass	s attachment.						
	Room #15's windo	ws were not covered with						
	_	ndows had screws located in						
		e window from opening. The						
		and able to be pulled out and						
	away from the win							
	Room #14's window was not secure and room							
		not have Plexiglass but had						
	screws to prevent it from opening.							
	SS (Shift Superviso	or) #3 was interviewed on						

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AND PLAN OF CORRECTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G811		ľ	UILDING	nstruction <u>00</u>	(X3) DATE COMPL 07/05/	ETED		
NAME OF I	PROVIDER OR SUPPLIEI	.	STREET ADDRESS, CITY, STATE, ZIP COD 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135					
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	ATE	(X5) COMPLETION DATE	
	in room #15 were dindicated client #18 redirected out of th	M. SS #3 indicated the windows lamaged and loose. SS #3 B had to be monitored and e room. SS #3 stated, "I'm e windows in here."						
	#3 indicated client when inside of his remain open. SS #3 line of sight supervindicated there had breaking a piece of within the past 2 w facility had replace was threatening to indicated staff were locked while parken o monitoring to er #3 indicated client #11's window in ro #11's windows had opening and client SS #3 indicated client	wed on 6/27/24 at 10:27 AM. SS #18 was on 5-minute checks room and his door should indicated client #18 was on ission while outside. SS #3 been an incident of client #18 his Plexiglass window off eeks. SS #3 indicated the d the Plexiglass and client #18 go out of the window. SS #3 et told to keep their vehicles d at the agency but there was assure vehicles were locked. SS #18 had eloped from client om #11. SS #3 indicated client not been blocked from #18 was able to get out of it. ent #7 had a behavior and was adow in an attempt to get out of client #18's room.						
	PM. ED indicated to investigating client incident. ED indicated the wind agency come in and ED indicated he was behavioral history a obtaining and brand it from a staff's vehild not have a polici securing their vehice.	interviewed on 6/27/24 at 12:55 he facility was still #18's 6/26/24 elopement ted the facility was going to indows and have a professional d evaluate the window security. It is aware of client #18's and an incident of client #18 dishing a firearm after stealing icle. ED indicated the agency by in place to ensure staff were eles. ED indicated he had not was to ensure they were secured						

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G811		A. BUIL	A. BUILDING 00 CC			survey leted /2024	
NAME OF P	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP COD 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135				
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	PF	ID REFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	ιΤΕ	(X5) COMPLETION DATE
W 0164 Bldg. 00	Since client #18's electric QAM was interview QAM indicated safe during the investiga (Abuse, Neglect, Extra 5-1.2(v)(2)(5) 483.430(b)(1) PROFESSIONAL Each client must reprogram services active treatment per client's individual program services active treatment per client's individual per client's individual program services active treatment per client's individual per client's in	perpenent incident. Ived on 6/24/24 at 12:45 PM. Eguards should be in place tion of allegations of ANE Exploitation). PROGRAM SERVICES Ecceive the professional Inceeded to implement the Incorporam defined by each Program defined by each Program plan. Incorporation, record review and Isampled clients (#1, #2, #3 and Italian clients (#5, #6, #7, #8, #9, Italian with intervening during Italian at the facility. Incorporation of the facility on Italian conducted at the facility on Italian	W 010		To correct the deficient practic The BC has been trained on intervening, coaching, and modeling. Additional monitorir will be achieved by the lead B meeting weekly with the BC completing observations to discuss any client's needs, statraining, and any training the B may need, as well as the ED, or QAM observing the BC once weekly to ensure they are coaching, modeling and intervening. Ongoing monitori will be achieved by the PM completing random observation the BC interacting with staff at clients at least monthly.	ng C aff BC PM, ce	08/04/2024
		PM, the Behavior Consultant ed. The BC was asked what					

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G811		A. BU	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING			(X3) DATE SURVEY COMPLETED 07/05/2024	
NAME OF F	PROVIDER OR SUPPLIER	2		1306 S	NDDRESS, CITY, STATE, ZIP COD BLOOMINGTON STREET ICASTLE, IN 46135		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID PROVIDER'S PLAN OF CORE		(X5)	
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPR	IATE	COMPLETION
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)	IATE	DATE
	the BT's job was. T	The BC stated, "[BT] is hands					
	on, on the floor, go	around with in-services with					
		training, lots of observations					
		BC indicated the BT was there					
	to ensure staff are g	getting the in-service					
	_	provide modeling for the staff					
		Γhe BC indicated the BT					
	_	or concerns back to her so					
	they can be address						
	On 6/27/24 at 10:00) AM, the Site Supervisor (SS)					
	was interviewed. The SS was asked how often the						
	BT was present at the facility. The SS indicated						
	the BT was there or	n Mondays and Thursdays.					
	The SS indicated th	e BT brings in-services					
	(trainings) for staff	to review, she observes the					
		ten store for the clients and					
	takes clients for wa	lks to let them vent. The SS					
	indicated the BT do	es not assist with YSIS (You're					
		vioral intervention) but she					
	would sometimes re	edirect the clients.					
	Observations were	conducted on 6/24/24 from					
	1:00 PM to 3:29 PN	A and 4:44 PM to 6:11 PM.					
	Throughout these o	bservations client #3 paced					
	and would make lo	ud vocalizations in the					
	dayroom and adjace	ent front porch area. At 2:11					
	PM, client #3 paced	back and forth on the front					
	porch and used his	hand to hit an exterior					
	window. At 2:13 Pl	M, client #3 repeatedly kicked					
	the exterior door to	the dining room from the front					
	porch. Staff #14 ren	nained seated in a chair on the					
	front porch and the	Behavior Tech (BT) remained					
	in the dining room.	Client #3 was not redirected					
	from kicking the do	or and continued to pace back					
	and forth on the fro	nt porch and make loud					
	vocalizations.						
	At 4:53 PM, client	#3 was pacing through the					
	dayroom and went	over to the door to the kitchen					
	and slammed it. Cli	ent #3 continued to pace					

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NAME OF F	PROVIDER OR SUPPLIEI	R		1306 S	DDRESS, CITY, STATE, ZIP COD BLOOMINGTON STREET CASTLE, IN 46135		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE NCY MUST BE PRECEDED BY FULL R 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
	throughout the days	room and dining room. Client ed from the dayroom area.					
	dayroom. The BT used redirect client #4 to not redirected and of the dayroom. At 4:58 PM, client of the dayroom with provided redirection to deescalate client. On 6/24/24 at 5:02 The BT was asked. The BT indicated so consultant and state week." The BT was client #3 to deescal. The BT stated, "I doubt (physical intervention reported her observed behavior Clinician (observations) to the Assurance Manage at 8:34 AM. QAM time behavior therat QAM indicated the contractor behavior	#3 spit on client #4 while in the used verbal redirection to the front porch. Client #3 was continued to pace throughout #3 hit the wall in the dining area the his hand. Client #3 was not in and the BT did not intervene #3 from further aggression. PM, the BT was interviewed. about her role at the facility. The was a contracted behavioral ed, "I work here 2 days a saked about intervention with atte client #3 from aggression. on't intervene to do the holds fron)". The BT indicated she rations to the facility's (BC) and stated, "I report the main BC".QAM (Quality in was interviewed on 6/25/24 indicated the agency had a full upist who worked remotely. The agency had a part-time in the rapist who worked at the provide was a saked at the provide was a saked about intervention with attending to the holds from the provide was a saked about intervention with attending the provide was a saked about intervention with attending the provide was a saked about intervention with attending the provide was a contracted behavioral ed. "I work here 2 days a saked about intervention with attending the provide was a contracted behavioral ed." I work here 2 days a saked about intervention with attending the provide was a contracted behavioral ed. "I work here 2 days a saked about intervention with attending the provide was a contracted behavioral ed." I work here 2 days a saked about intervention with attending the provide was a contracted behavioral ed. "I work here 2 days a saked about intervention with attending the provide was a contracted behavioral ed." I work here 2 days a saked about intervention with attending the provide was a contracted behavioral ed. "I work here 2 days a saked about intervention with attending the provide was a contracted behavioral ed." I work here 2 days a saked about her role at the facility. The provide was a contracted behavioral ed. "I work here 2 days a saked about her role at the facility." I was a contracted behavioral ed. "I work here 2 days a saked about her role at the facility." I was a c					
	support. ED (Executive Director of 1:49 PM) part-time contracted to a full time remote	ector) was interviewed on ED indicated the facility had a d behavior therapist in addition te behavior therapist. ED					
		ime onsite behavior therapist rain staff on client behavior					

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AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	ILDING	00	COMPL	ETED
		15G811	B. WI	NG		07/05/	2024
				CED FIELD	ADDRESS STATE THE COD		
NAME OF P	ROVIDER OR SUPPLIER				ADDRESS, CITY, STATE, ZIP COD		
DEC CAE	DE INIC				BLOOMINGTON STREET		
RES-CAF	RE INC			GREEN	ICASTLE, IN 46135		
(X4) ID	SUMMARY S	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	ΓE	COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
	intervention strategi	ies. ED indicated the onsite					
	behavior therapist sl	hould assist staff during					
	-	s. ED indicated he had					
	concerns regarding	the onsite contracted					
		nd he would be following up					
	with the contracting						
		, ageney i					
W 0189	483.430(e)(1)						
	STAFF TRAINING	PROGRAM					
Bldg. 00		rovide each employee with					
ug. 00	•	ng training that enables the					
		orm his or her duties					
		ntly, and competently.					
		on, record review and	117.0	100	To correct the deficient practic	_	00/04/2024
			\mathbf{W} 0	189	To correct the deficient practic		08/04/2024
		sampled clients (#1, #2, #3 and			all staff have been trained on e		
		al client (#6), the facility failed			clients BSP, ISP, and dining p	an.	
		competent in clients #1 and			The BC has been trained on		
		client #2's dining plan			intervening, coaching, and		
	-	clients #3 and #6's BSP's			modeling Additional monitori	-	
	(Behavior Support I	Plans).			will be achieved by the lead Bo	3	
					meeting weekly with the BC		
	Findings include:				completing observations to		
					discuss any client's needs, sta	ff	
	1) On 6/26/24 at 9:5	52 AM, a review of client #1's			training, and any training the E	C	
	record was conducted	ed. The review indicated the			may need, as well as the ED, l	ΡМ,	
	following:				or QAM observing the BC onc	е	
					weekly to ensure they are		
	No quarterly review	s for client #1's program plan			coaching, modeling and		
	progress were availa	able for review. Client #1's			intervening. Ongoing monitorir	na	
		summaries with only March,			will be achieved by the PM	J	
	-	024 available for review.			completing random observatio	ns of	
	1 5				the BC interacting with staff ar		
	On 6/27/24 at 9:57	AM, the Qualified Intellectual			clients at least monthly.		
		ional (QIDP) and Quality					
		(QAM) were interviewed.					
	_	ed about client #1's record					
		quarterly reviews available for					
		stated, "They should be on					
	•	•					
		ystem), just not printed for the					
	sample". At 10:48 A	AM, the QIDP was asked about	1				

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION			(X3) DATE	SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	JILDING	00	COMPLETED	
		15G811	B. W	ING		07/05/	/2024
NAME OF F	AD CLUBED OD CLUBBLIER		_	STREET A	ADDRESS, CITY, STATE, ZIP COD		
NAME OF F	PROVIDER OR SUPPLIEF	· ·		1306 S	BLOOMINGTON STREET		
RES-CAF	RE INC			GREEN	ICASTLE, IN 46135		
(X4) ID		STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	`	ICY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	TE	COMPLETION
TAG		R LSC IDENTIFYING INFORMATION for goals and the process for	+	TAG	DEFICIENCE		DATE
		DP stated, "Yes. I'm in the					
	,	the system. The 100's I've					
		ave made notes and sometimes					
	· ·	've not had extensive training					
		when I put a goal in it asks					
		. When the staff puts in 3					
	• • •	system puts the goal					
		even if the staff noted refused.					
		nere is drop box and the DSPs					
	(Direct Support Pro	ofessional) can click					
	non-compliance and	d the client does not get credit.					
		then I was checking the box					
	-	100% and it kicks it out. I did					
		slowly learning things to do					
		's distorting the data". The					
		dicated client #1's progress for					
	-	maintained through quarterly					
		ta collection was not reliable					
		earning a new electronic					
	recordkeeping syste	em.					
	2. Observations wer	re conducted at the facility on					
	6/24/24 from 1:00 I	PM to 3:29 PM and on 6/25/24					
	from 5:50 AM to 9:	:15 AM and 10:46 AM to 11:42					
	AM.						
	On 6/24/24 at 2:28	PM client #2 sat at the table					
		a. Client #2 ate a few big bites					
		threw part of the banana and					
	peel on the floor.						
	On 6/25/24 at 9:02	AM SS (Site Supervisor) #2					
		of dry cereal and a carton of					
		front of client #2. SS #2					
	-	d placed the muffin on the					
		p of the plastic wrapper. Client					
		hole muffin and crumbled it					
		ting a few pieces in his mouth					
	while the rest of the	e muffin fell into his lap and					

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AND PLAN OF CORRECTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G811		ľ í	ILDING	NSTRUCTION 00	(X3) DATE SURVEY COMPLETED 07/05/2024			
	PROVIDER OR SUPPLIEI	3	STREET ADDRESS, CITY, STATE, ZIP COD 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135					
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE SCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	ATE	(X5) COMPLETION DATE	
	handful of dry cere mouth getting a few while the rest of the onto the floor. Clies around the day room come back to the tathe table and grabb ate while walking at AM client #2 sat on Client #2 stood up grabbed a handful of asked client #2 to s walk around while At 10:51 AM client #14 came out of the emptying a sandwide 1 inch by 2 inch pied into a bowl. DSP # Client #2 sat at the cantaloupe with his stood up and went to Client #2's record walk. Client #2's Dining I following: "Food Texture: 1/4 inch chopped Food should be moderated.	faintain/Acquire: th meal prep and cleanup. Indicate the reminders to eat and drink at Indicate the reminders are the reminders to eat and drink at the reminders.						

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STATEMENT OF DEFICIENCIES XI) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G811		(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY A. BUILDING 00 COMPLETED B. WING 07/05/2024					
NAME OF I	PROVIDER OR SUPPLIE	R		1306 S	DDRESS, CITY, STATE, ZIP COD BLOOMINGTON STREET CASTLE, IN 46135		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	ATE	(X5) COMPLETION DATE
	Monitor for regurg stop"	itation and prompt him to					
	Aspiration dated 10 "Potential for Ch due to SIB (Self-In	isk Plan for Choking or 0/23/23 indicated the following: oking or Aspiration and Illness jurious Behaviors) of Causing After Eating and then lesis.					
	Expected Outcome: [Client #2] will not choke, aspirate or consume any non-food substances causing same through 10/2024.						
	Ensure [client #2's]	SAFETY first.					
	for meals who will pieces and will pre too much in one se 2. Staff are to me	Il have 1 on 1 staffing assigned cut up his food into ¼ inch vent him from eating too fast or tting. onitor for indication he is trying regurgitate and redirect him to					
	6/21/24 indicated, supervisionAll of into ¼ inch pieces tendency to gorge l	ehavior Support Plan) dated "Restrictions: meal/snack f [client #2's] food must be cut due to his choking risk and his himself. He is on thin liquids. s will be available to help keep ng clean"					
	6/26/24 at 3:08 PM an assigned staff ac indicated staff shot be in line of sight v						
		Manager) was interviewed on M. The PM indicated client #2's					

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	MENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING 00 B. WING			(X3) DATE SURVEY COMPLETED 07/05/2024		
NAME OF F	PROVIDER OR SUPPLIEF		1306 S I	DDRESS, CITY, STATE, ZIP COD BLOOMINGTON STREET CASTLE, IN 46135		
(X4) ID PREFIX	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION
TAG	dining plan instruct	ed for his food to be cut into the PM indicated staff should lan as written.	TAG	DEFICIENCY		DATE
		wed on 6/27/24 at 10 AM. SS #2's food should be cut into 1/4 ng fresh fruit.				
	DSP #10 indicated be cut into four pied	viewed on 6/27/24 at 12:18 PM. client #2's sandwiches should ces. DSP #10 was asked if				
	other foods needed to be cut up according the client #2's dining plan. DSP #10 stated, "I don't believe so."					
	on 6/24/24 from 3:0 client #3 was singir PM, client #3 walke	vas conducted at the facility 07 PM to 6:43 PM. At 3:32 PM, ag in the day room. At 3:34 ed down the hall and slammed a went to the day room, picked a				
	tablet up off the tab table. At 3:42 PM, the building spitting	ele and moved it to a different client #3 walked throughout g towards staff and his peers. Fessional (DSP) #10 prompted				
	him to stop spitting down the hall to the bathroom door. At	At 3:44 PM, client #3 ran bathroom then slammed the 3:50 PM, client #3 walked				
	and yelling. DSP # prompted client #3	om while holding a football 10 raised her voice and to go outside. At 3:53 PM, on the outside of the dayroom				
	the dayroom with I a football while pac surveyors, staff and	PM, client #3 walked around DSP #19. Client #3 was carrying being, yelling and spitting at the his peers. At 4:11 PM, client				
	Yelling was heard of #19 fell out of the clanded on the ground	nen and DSP #19 followed him. coming from the kitchen. DSP loorway to the kitchen and nd. DSP #19 had her hand e and forehead. DSP #10				

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. I		A. B	A. BUILDING 00 COMPLETED 07/05/2024				
NAME OF I	PROVIDER OR SUPPLIEF				ADDRESS, CITY, STATE, ZIP COD		
RES-CA	RE INC				BLOOMINGTON STREET CASTLE, IN 46135		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG		R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
	· ·	"[Client #3] stop, [client #3]".					
		t #3 out the front door while					
		DSP #19 with getting ice for PM, client #3 was outside					
		oom windows. At 4:20 PM,					
		when client #3 was in the					
	_	p a bucket of soapy water and					
	_	it. DSP #19 stated, "I tried to					
		slammed his head back and hit					
		rs after, but I'm, okay". At 4:23					
		back inside with DSP #10,					
		n door and spit towards his					
	peers. DSP #10 rai	sed her voice and stated,					
	"[Client #3]". The	Behavior Technician (BT) was					
	leaning against a w	indow ledge in the day room.					
	Client #3 walked by	y the television and used the					
		rying to hit the television					
		evision inside). At 4:25 PM,					
		spitting towards staff and					
	_	sponded by raising her voice					
		t #3] stop". Client #3					
		ng the couch and continuing					
	_	I, client #3 went into the					
		ed the door shut. DSP #10					
		'Quit spitting. Get out". Client of cooked vegetables and					
		oor. DSP #10 stated with a					
		n, go. You just threw a whole					
	· ·	ent #3], go to your room".					
		I spitting at his peers and staff					
		SP #14 intervened and client #3					
	_ ·	pit in his face. Client #3 picked					
		w it then pushed a large trash					
	_	and DSP #14 physically					
		o his room. Clients #1, #2 and					
		room and were not prompted to					
		BT continued to lean against					
		I not intervene. At 4:34 PM,					
		room with DSP #11 and DSP					
	#14. DSP #14's shi	rt was torn around the neck.					

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING O B. WING				COMPL 07/05/	ETED		
NAME OF PRO	VIDER OR SUPPLIER				DDRESS, CITY, STATE, ZIP COD BLOOMINGTON STREET		
RES-CARE	INC				CASTLE, IN 46135		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	I	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	Ē	(X5) COMPLETION DATE
cl	lient #3 was in his	ing to music. At 4:37 PM, bedroom continuously yelling be heard in the dayroom.					
A for D mm by P! C the had are the So ta mm ca pi ww ##. Sr mm ##. A but are his ww ##.	at 4:44 PM, client # or a PRN (as neede OSP #14 indicated of nedication for beha by the Licensed Prace PM, client #3 was in Client #3 sat down to ne ham, bread and a anded it to DSP #1 nd vegetables. At a ne dayroom while h nome of his peers we alking with staff. Co nilk, finished drinki arton on the floor. ick it up. The BT of vindow ledge in the 3 walked into the k taff opened the doc numbling as he wal 3 exited the kitcher assurance Manager umped into him the nd charged after he im from making co valked past client #4 4 wiped the spit of	defined in the dayroom. He was a went to the medication room of medication) assessment. He was a diministered of the dayroom without staff. He oeat dinner. Client #3 took applesauce off of his plate and the dayroom without staff. He oeat dinner. Client #3 paced in a colding a football and singing. He was thing television and client #3 picked up a carton of the dayroom. At 4:53 PM, client the dayroom and client #3 was ked around the kitchen. Client the then walked past the Quality (QAM) and purposely the threw his football at the BT that was the dayroom of the dayroom of the dayroom. At 4:53 PM, client the then walked past the Quality (QAM) and purposely the threw his football at the BT the dayroom. Staff intervened to prevent the dayroom of the dayroom. At 4:53 PM, client the dayroom of the dayroom of the dayroom. At 4:53 PM, client the dayroom of the dayroom. At 4:53 PM, client the dayroom of the dayroom. At 4:53 PM, client the dayroom of the dayroom					
ot de ar cl ar ar de	utside. The QAM one a one person horms are wrapped ar lients should have brea. At 5:01 PM, cond DSP #14 attempoor in the day roon	indicated staff should have old which is where staff's round his arms and the other been prompted to leave the lient #3 went in the kitchen oted to escort him out the front a. Client #18 was in the room #3, "That's right, throw it					

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	NT OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G811	l í	JILDING	nstruction <u>00</u>	(X3) DATE COMPL 07/05 /	ETED
NAME OF I	PROVIDER OR SUPPLIER			1306 S	ADDRESS, CITY, STATE, ZIP COD BLOOMINGTON STREET CASTLE, IN 46135		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION DATE
	threw a chair in the room. At 5:06 PM, door with DSP #14 5:09 PM, client #3 outside) in the dayr glass to break from outside with him an continued leaning of dayroom. Client #1 client #3 hit the wir smoke out there with out there with him, p***** all over the At 5:15 PM, DSP # #3. DSP #19 came #11 and client #3 pt DSP #19 was walking then slammed shut. back inside with DS #18 stood up and w slammed the door. dayroom. DSP #10 to calm down and for walking at a fast pactient #3 walked by Client #20 ignored walked up to client around his neck to I loud voice, "[Client and client #18 were and threatening pee were present in the leaning against the and did not interver started spitting all of stated in a loud voice please". Client #3 the hall and entering the started spitting all of stated in a loud voice please". Client #3 the hall and entering the started spitting all of stated in a loud voice please". Client #3 the hall and entering the started spitting all of stated in a loud voice please". Client #3 the hall and entering the started spitting all of stated in a loud voice please". Client #3 the hall and entering the started spitting all of stated in a loud voice please". Client #3 the hall and entering the started spitting all of stated in a loud voice please". Client #3 the hall and entering the started spitting all of spitting all of started spitting all of spitting a	n't care. P****". Client #3 dayroom then went to his client #3 went out the front and paced around the yard. At punched a window (from com several times causing the top to bottom. DSP #14 was dd did not intervene. The BT on the window ledge inside the 8 was in the dayroom when adow and stated, "Y'all make me th him, I will f*** him up. If I'm I'll beat his a**. He f****** place and he doesn't care". 14 remained outside with client inside the front door with client inside the front door with client ushed the door closed while ng through and the door hit her At 5:21 PM, client #3 came SP #14 following him. Client ent to his bedroom and Client #3 paced around the stated to client #3, "You need focus". Client #3 responded by ce down the hall. At 5:26 PM, client #20 and pushed him. client #3. At 5:28 PM, client #3 #10 and wrapped his arms mug him. DSP #10 stated in a ##3]". At 5:29 PM, client #3 both in the dayroom yelling rs. Clients #4, #5, #10 and #20 day room. The BT continued window ledge in the dayroom ne. At 5:38 PM, client #3 wer the day room. DSP #10 ce, "[Client #3], stop spitting responded by running down g a peer's bedroom. DSP #14 nto the room. Client #3 threw					

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	NT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G811	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING			(X3) DATE SURVEY COMPLETED 07/05/2024	
NAME OF I	PROVIDER OR SUPPLIEI	3	•	1306 S	DDRESS, CITY, STATE, ZIP COD BLOOMINGTON STREET CASTLE, IN 46135		
(X4) ID PREFIX	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE SCY MUST BE PRECEDED BY FULL		ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	ΤE	(X5) COMPLETION
TAG		R LSC IDENTIFYING INFORMATION pedroom prior to DSP #14		TAG	DEFICIENCY		DATE
		FI PM, client #3 paced around					
		nt #3 grabbed client #11's fruit					
		the area did not intervene.					
	DSP #11 stated, "I'	ll go get you another one,					
	[client #11]". DSP	#11 returned with 2 bags of					
	fruit, one for client	#11 and one for client #3.					
		secutive Director (ED) opened					
		of the hallway and prompted					
	_	the other building (not client					
		with getting most of the clients					
		g away from client #3. Clients					
		known client did not leave the					
	-	18 was in the front yard with					
	_	47 PM, client #3 was going in					
	_	s bedrooms without redirection					
		PM, client #3 stood at the back					
		and staff did not redirect him.					
		alking towards the dayroom, he					
	-	ace and yelled. DSP #10					
	_	o client #3. At 5:58 PM, client					
		oom where some of his peers					
	_	ctivities. Client #3 paced					
		hile carrying a basketball. DSP Client #3 was prompted to					
		ient #3 declined. Client #4					
	_	his s***". At 6:04 PM, client					
	•	o do a puzzle. Client #3					
		nued pacing around the room.					
		#3 charged after the surveyor					
	·	rith client #9 as he colored a					
	_	yor got up and moved to a					
	_	elient #3 followed. Client #3					
		m Manager (PM) by hitting					
	_	hirt and pulling her watch off					
		got on the walkie talkie and					
		e staff to the art room now".					
	· ·	surveyor to leave the art room					
		ient #3 targeting the surveyor.					

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G811		(X2) MULTIPLE CONSTRUCTION (X3) DATE SURV A. BUILDING 00 COMPLETED B. WING 07/05/2024				
NAME OF I	PROVIDER OR SUPPLIER		STREET 1306 S GREEI	•		
(X4) ID PREFIX	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LEG IDENTIFYING INFORMATION	ID PREFIX	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPR DEFICIENCY)	D BE COMPLETION	
TAG	The surveyor left the clients in the room room. At 6:10 PM, b****". Client #3 v PM and the QAM. surveyor, "Is he (client hang out with you gwas heard over the #14] or [DSP #11] tunidentified voice or "[DSP #11] is on hi Qualified Intellectu (QIDP) was standin indicated client #3 injection five minut "He's been like this observation was end. From 6:43 PM to 6: surveyors isolated it was safe to leave as down the hallway. conference room an occasionally crackin out. The ED indicated and pushed the QID ground and hit his been the ED indicated client was safe to leave as down the hallway. Conference room an occasionally crackin out. The ED indicated client was safe building. The ED v building and to the left the conference of the floor leaning up of ice on his head. QAM came out of the was okay now that him. The QAM indicate the emergency room to the emergency room to the emergency room the property of the emergency room to the emergency	57 PM, the ED had two of the in the conference room until it client #3 was pacing up and The ED stood inside the d observed client #3 by ing the door open and looking ted client #3 took off running in the case of the wall. At 6:57 PM, and the surveyors to leave the walked the surveyors to leave the walked the surveyors out of the parking lot. As the surveyors room, the QIDP was sitting on against the wall holding a bag The PM was with him. The the bathroom and indicated he me didn't have blood all over dicated he was taking the QIDP	TAG	DEFICIENCY	DATE	

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	T OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	A. BU	ILDING	onstruction 00	(X3) DATE COMPL	LETED
		15G811	B. WI	NG		07/05/	/2024
NAME OF P	PROVIDER OR SUPPLIEI	3	•	1306 S	ADDRESS, CITY, STATE, ZIP COD BLOOMINGTON STREET ICASTLE, IN 46135		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	NCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI	ATE	COMPLETION
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
	reports for client #3 the following:	3 were reviewed and indicated					
	A BDS (Bureau of dated 6/25/24 indic [client #3] was (sic #12) and punched has precursors. Despite [client #3] with his calm himself. The nadministered a behaneeded medication assist [client #3] with himself down. Nursunoted no injuries. [uprogramming]. A BDS report dated at 4:14 pm, [client dayroom and walked #3] started yelling a Staff attempted to rkitchen and he then staff (DSP #19) in [client #3], no injurcheck (sic) initiated programming with A BDS report dated at 6p, [client #3] was aggressive. Staff at unsuccessful. While	Disabilities Services) report rated, "On 6/24/24 at 3:24pm,) walked behind peer (client nim in the back with no estaff attempting to assist coping skills he was unable to nurse assessed him and ravioral PO (by mouth) PRN (as for behavior). Staff was able to rith coping skills and he calmed se assessed [client #3] and Client #3] returned to normal 1 6/25/24 indicated, "On 6/24/24 #3] was walking around the red into the kitchen. Then [client rand hitting the countertops. The redirect [client #3] out of the atthrew his head back and hit head. The nurser (sic) assessed ries noted, neuro (neurological) returned to normal no further issues". 1 6/26/24 indicated, "On 6/24/24 ras physically and verbally tempted to de-escalate but was red in art room, [client #3] hit mand was targeting state					
	hitting staff. At this guardian and HRC approved 3 person	3] started throwing objects and stime, trained staff initiated a (human rights committee) supine hold (behavioral					
	with his coping ski	attempted to assist [client #3] lls. The nurse assessed him behavioral IM (intramuscular)					

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION (X3) DATE SURV				SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. B	UILDING	00	COMPL	LETED
		15G811	B. W	ING		07/05	/2024
		<u> </u>		STREET A	ADDRESS, CITY, STATE, ZIP COD		
NAME OF P	PROVIDER OR SUPPLIEF	8			BLOOMINGTON STREET		
RES-CAF	RE INC				CASTLE, IN 46135		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	ATE	COMPLETION
TAG		R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
		e to assist [client #3] with					
		e calmed himself down. He was					
		old. The hold lasted 19					
		essed [client #3] and noted no					
	-	sed [client #3] ran down the					
		QIDP and ran to gym. While					
	· ·	verbally aggressive. Staff were					
	_	#3] down and he returned to					
	regular programmir	ng".					
	A DDN (J 1	medication) evaluation form					
	,	ated LPN #3 administered PRN					
	Benadryl 50 mg by	r) 10 mg (milligrams) and					
	Benadryi 50 mg by	mouth at 3:47 PW.					
	A PRN evaluation t	Form dated 6/24/24 indicated					
		ed PRN Haldol 10 mg and					
		(intramuscularly) at 6:47 PM.					
	, , ,	37					
	On 6/26/24 at 1:53	PM, client #3's record was					
	reviewed.						
		Behavior Support Plan (BSP)					
	indicated the follow	ving:					
	"Target Behaviors a	and Goals":					
	"Verbal Aggression	: any time he is yelling at					
		eatening others, using					
	_	ent #3] has been observed to					
		ticular or to yell threats when					
		nity. He has also 'punched' the					
		ng another person when there					
	is no other person p	-					
	"Property Destruction: any time he is punching						
	items, throwing chairs/items, breaking furniture,						
	kicking items or doors, or causing irreparable						
	damage to objects/i	tems. [Client #3] has a history					
	of becoming frustra	ted with completing					

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G811			JILDING	00	COMPL 07/05/	ETED		
NAME OF P	ROVIDER OR SUPPLIER	£	STREET ADDRESS, CITY, STATE, ZIP COD 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135					
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION DATE	
	tasks/chores and the he is working on".	rowing items or objects that						
	attempts at hitting produce or scratching weapons, pulling has produce or have the to others. Spitting of frequency at previous he has been hysical who he feels have by physically aggressive towards of the wants from other very aggressive towards of grabbed the drivery aggressive towards of aggressive towards of the wants from other very aggressive towards of aggressive towards of the wants from other very aggressive towards of aggressive towards of aggressive towards of the wants from other highly agitate in several acts of aggressive to get peers to entire the personal space of the personal space of the personal space of the personal space of the personal space. Also include non-threatening want leave a mark or when [client #3] is a demonstrating other lineludes episodes of peers by the arm in not leave a mark/ing	on: Any occurrence or people, spitting on them, ag at others, using objects as air, pinching, or behaviors that a potential to produce an injury on others occurred at a high us placements. Historically, ly (sic) aggressive to those wronged' him. He can also be we when he is not getting what are. He has a history of being ward his mother and he has aver during vehicle transports. Led, he may attempt to engage aggression toward peers". The attempts to get peers upset agage in target behaviors. The area of touch: [client #3] does not respect of others by standing less away from others and not a verbal prompt for personal as acts of touching others in a sy (non-threatening as in does injury on staff and occurs not already agitated or a forms of aggression). If grabbing/holding staff or a non-forceful manner (does jury) or poking staff in a						
	staff for help:	orceful". viors: Asking/Approaching ppropriately for staff to help						

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AND PLAN OF CORRECTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G811		A. BUILDING 00 COMPLE 07/05/2						
NAME OF I	PROVIDER OR SUPPLIER	S.	STREET ADDRESS, CITY, STATE, ZIP COD 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135					
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION DATE	
	any time he uses his engaging in the targ positive social reinf that he is attempting behaviors. This can praise, high fives, o about his behavior"							
	If [client #3] is exhibiting agitation, precursors, or has engaged in physical aggression to peers, an assigned staff will be put in place for the protection of other clients. The assigned staff's responsibility is to prevent [client #3] from being able to hit/kick/spit at other clients. The assigned staff should stay between [client #3] and any peers that he may hit. The assigned staff can also encourage [client #3] to go to the gym for activity where he would be away from his peers for their safety".							
	singing. Dislikes: I	sment: Likes: music, dancing, Being told what to do by els that others are making						
	identified as precursissues. When he engwill: See above restriction assigned staff for [cand volume, do not irritation. Ignore the get into a back-andengaging in instigate between the two pe	and instigation could be sors to other behavioral gages in this behavior staff In about implementing an lient #3]. Remain calm in tone react with emotion or reats and verbal abuse- do not forth power struggle. If he is ion toward a peer, remain ers. Ask him how you can sely to calm down if he feels						

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	OF CORRECTION	IDENTIFICATION NUMBER 15G811	A. BUILDING B. WING	00	COMPLETED 07/05/2024			
NAME OF P	PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP COD 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135					
(X4) ID PREFIX TAG	(EACH DEFICIEN REGULATORY OR supported and liked	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION by his staff. Remind him that him so that he can reach his	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE			
	goals of being more to yell, with as little repeat that you want only do so if he is ta attempt to resolve the	reaction that you can use, t to help him but that you can alking calmly. Once calm, ne problem or come up with a						
	Praise him for his in has calmed (ie: 'I kn proud of you for cal	with the problem can be resolved. Apput and compliance when he how you're upset but I'm really ming down so we can talk be verbal aggression continues,						
	in a calm and neutra technique that he ca take 10 deep breaths we can talk'. A staff	al voice, suggest a relaxation n use to calm down (ie: 'let's s together, then if you're calm, 'will encourage him to go with the direction of his peers) for a						
	walk. If he does not and continues being redirect peers away	begin to go to a different area verbally aggressive, staff will from the immediate area. what is upsetting him and						
	with his input. If [cl environment due to instigation of peers,	ne problem as best you can ient #3] is creating an unsafe his verbal aggression or and he is refusing to leave a						
	to his peers, for his be physically redired YOU'RE SAFE I'M	causing him to become a target own health and safety, he can cted to a safe area using SAFE (YSIS) (behavioral s beginning with the least						
	restrictive measures "Preventative Proce	".						
	If [client #3] is engating aggression or instigation offer to take him to can yell or be active. See above restriction	aging in ongoing verbal ation, it has been helpful to the life skills building where he without disrupting his peers. n related to [client #3] having						
	an assigned staff wh	nen showing precursors.						

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		ì í	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER		ILDING	00	COMPI	
		15G811	B. WI	NG		07/05	/2024
NAME OF P	PROVIDER OR SUPPLIER	R			ADDRESS, CITY, STATE, ZIP COD		
RES-CAF					BLOOMINGTON STREET ICASTLE, IN 46135		
					IOASTLE, IN 40133		•
(X4) ID		STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE		(X5)
PREFIX TAG	`	NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION		PREFIX TAG	CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	IATE	COMPLETION DATE
TAG		oices whenever possible, he		IAG			DATE
		feels like he has some control					
		Speak to him in a calm,					
		e at all times. Do not take any					
		or physical aggression (or any					
		rsonally. Anytime he is					
		riate behaviors provide					
		oraise. When giving him					
	instructions/request	ts they should be: Given in a					
	clear and concise m	nanner/one step at a time. Done					
	in the form of a que	estion and not a demand. Short					
	and to the point. Fr	equently bring up positive					
		ay/week or progress. [Client					
	#3] enjoys listening	g to music and a tablet has					
	been provided for h	nim".					
	"Reactive Procedur	res:					
	For Physical Aggre						
	Destruction/Self In						
	-	ensure the health and safety of					
	_	nmediate environment. Redirect					
		o a different area of the					
	environment. Tell h	nim to stop the behavior. If he					
		redirect him to a safe location					
	-	with him and praise him for					
	doing this with us.	If the behavior continues block					
	all attempts of aggr	ression and attempt to redirect,					
	if the behavior cont	tinues and he is placing himself					
	or others in danger,	, implement YOU'RE SAFE I'M					
	SAFE (YSIS) begin	nning with the least restrictive					
	measures						
	For Boundary Viole	ations/Unwelcome Touch: In a					
	•	rontational manner, ask [client					
	#3] to give you/his peer more space, staff can say 'Hi [client #3], can I get a little more personal						
	space?' or 'Don't forget, we keep our hands to						
	ourselves'. Keep the tone light when redirecting.						
	Offer a different activity to [client #3] to distract						
		ne touch. Notify administration					

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	T OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G811	 UILDING	nstruction <u>00</u>	(X3) DATE : COMPL 07/05/	ETED
NAME OF F	PROVIDER OR SUPPLIER		1306 S	DDRESS, CITY, STATE, ZIP COD BLOOMINGTON STREET CASTLE, IN 46135		
(X4) ID PREFIX TAG	(EACH DEFICIEN REGULATORY OR	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION on all appropriate forms".	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION DATE
	On 6/24/24 at 4:31. Manager (QAM) with The QAM indicated supervision until he becomes assigned selient #3 should gethis behavior is escaled. That (separate programment is that overstimulated area hoops, just to get averstimulated area hoops, just to g	PM, the Quality Assurance as interviewed in the day room. It client #3 was on normal becomes agitated then he taff. The QAM indicated separate programming when lating. The QAM stated, gramming) ends up in a stild attempt to get him (client If indicated if client #3 refused on staff should assist with ents to a different area. PM, the Behavior Consultant ed. The BC reviewed the target #3's BSP and stated, "We have naviors in [client #3] at least incated client #3's replacement sk for help and to use coping get behaviors. The BC was 3's coping skills. The BC				

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	NT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G811		JILDING	nstruction 00	(X3) DATE : COMPL 07/05/	ETED	
NAME OF I	PROVIDER OR SUPPLIEF		STREET ADDRESS, CITY, STATE, ZIP COD 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135					
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION DATE	
IAU	day room. If he is g can escort him to ar other places. They be escorted to his red danger to his peers' precursors were ver instigation. The BC starting to escalate a going nowhere but environment calm. annoyed. It's not go in crisis and we too was asked how staff displayed precursor between him and peaggressive. Remine Trying to get them you really need? Dyou hungry? Have Staff should model Offer 10 breaths tog Staff should be thin throughout the shift BC indicated client implemented as wriadditional training in #3's BSP. On 6/27/24 at 10:00 was interviewed. To client #3's behavior I would have to loo sets him off. You come him for a smile and your face and spit a had a lot of verbal at The SS stated, "If he will walk up to a pewill set in motion a	etting everyone riled up they nother area. He likes going to do have in his plan that he can soom or a calm area if he is a d. The BC indicated client #3's shal aggression and C stated, "If they (clients) are and we (staff) escalate, it is up (escalating). Keep the Don't respond like you are bing to help [client #3] if he is are out of control". The BC if should respond if client #3 is. The BC stated, "Remain in the ser if he is physically dhim we are here to help. It to communicate. Like what do on you want to go outside? Are him verbalize what he needs. It is the appropriate response. It is gether. Encourage him to talk. It is what am I doing it to prevent behaviors?" The		IAG			DATE	

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G811		l í	JILDING	instruction 00	(X3) DATE COMPL 07/05 /	ETED			
	NAME OF P	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP COD 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135					
	(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION DATE	
		over". The SS indicathose things for atterwonder if [client #3 multitude of person make him snap". The address client #3 specified client #3 sthe area if he displated peers were in the satclient #3 refused to request the other cliesafety. The surveyoduring the aforement the SS how staff she indicated she was not incident, but she wout of the area, utility would have ensured encouraged to leave client #3's supervision when he behaviors and his astencourage him to be asked how often the facility. The SS incomposition of the clients asked how often the facility. The SS incomposition when he have the saked how often the facility. The SS incomposition in the saked how often the facility. The SS incomposition is supervised to the clients let them vent. The sassist with YSIS but discomposition in the same reduction of the clients at 12:18 PM, DS DSP #10 indicates the some of client #3 som	ave the area. The SS was a BT was present at the dicated the BT was there on sdays. The SS indicated the es (trainings) for staff to staff						

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G811			UILDING	onstruction 00	(X3) DATE COMPL 07/05 /	ETED	
NAME OF	PROVIDER OR SUPPLIEI	R			ADDRESS, CITY, STATE, ZIP COD BLOOMINGTON STREET		
RES-CA	RE INC				ICASTLE, IN 46135		
(X4) ID		STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	``	NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION		PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	COMPLETION DATE
IAG		ize additional target		IAG			DATE
		#10 was asked how she					
		to physical aggression. DSP					
	_	e tries to redirect and					
	preoccupy him v	with something else. DSP					
	1	ient #3's coping skills were					
	music and carry	ing balls around. DSP #10					
	was asked what	client #3's precursors were.					
	DSP #10 stated,	"He doesn't like being wet.					
	I'm drawing a bl	ank". DSP #10 was asked					
	if there was any	thing other than redirecting					
	client #3 address	sed in his BSP. DSP #10					
	stated, "The only	y thing popping in my head is					
	separate program	nming". DSP #10 was					
		nt #3's preventative					
	*	P #10 stated, "I can turn my					
	*	c will completely distract					
		was asked how she should					
		B's behaviors. DSP #10					
		d collective (sic)." DSP					
	· ·	ling him to stop would not					
		echnique". DSP #10					
		#3 should be escorted to his					
		spitting and flipping tables was unable to discuss					
		tion included in client #3's					
	_	26/24 at 11:02 AM, a					
		#4's record was conducted.					
		cated the following: No					
		rs for client #4's program					
		ere available for review.					
		d had monthly summaries					
			1				

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	NT OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G811	l í	JILDING	nstruction 00	(X3) DATE COMPL 07/05/	ETED
NAME OF	PROVIDER OR SUPPLIEF	R	•		ADDRESS, CITY, STATE, ZIP COD BLOOMINGTON STREET	•	
RES-CA	RE INC				ICASTLE, IN 46135		
(X4) ID		STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE		(X5)
PREFIX TAG	, and the second	ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION		PREFIX TAG	CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	COMPLETION DATE
	with only March	, April and May of 2024					
	available for rev	iew.On 6/27/24 at 9:57					
	AM, the Qualific	ed Intellectual Disabilities					
	Professional (QI	DP) and Quality Assurance					
	Manager (QAM)) were interviewed. The					
	QAM was asked	about client #4's record					
	indicating a lack	of quarterly reviews					
	available for rev	iew. The QAM stated,					
	"They should be	on Teams (electronic					
	system), just not	printed for the sample". At					
	10:48 AM, the Q	QIDP was asked about					
	client #4's progre	ess for goals and the					
	process for moni	itoring. The QIDP stated,					
	"Yes. I'm in the	process of learning the					
	system. The 100	's I've learned, the staff					
	have made notes	and sometimes indicate a					
	refusal. I've not l	had extensive training in this.					
	I've learned whe	n I put a goal in it asks how					
	many prompts. V	When the staff puts in 3					
	prompts or less t	he system puts the goal					
	completed (100%	%), even if the staff noted					
	refused. I've sind	ce learned there is drop box					
	and the DSPs (D	Pirect Support Professional)					
	can click non-co	mpliance and the client does					
	not get credit. Th	nere was a time when I was					
	checking the box	when the goal was 100%					
	and it kicks it ou	t. I did not know that. I'm					
	slowly learning	things to do and not to do					
	and it's distorting	g the data". The QIDP and					
	QAM indicated	client #4's progress for his					
	goals should be	maintained through quarterly					
	reviews, but the	data collection was not					
	1		1				1

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G811		A. BU	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING			(X3) DATE SURVEY COMPLETED 07/05/2024	
NAME OF I	PROVIDER OR SUPPLIEI	₹			ADDRESS, CITY, STATE, ZIP COD		
RES-CA	RE INC				BLOOMINGTON STREET ICASTLE, IN 46135		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	`	ICY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	COMPLETION
TAG		R LSC IDENTIFYING INFORMATION ne facility learning a new		TAG	DEFICIENCE		DATE
		lkeeping system.5. An					
		conducted on 6/26/24 from					
		AM. At 7:23 AM, client					
		e dayroom next to a chair to					
	1 1	s as he and Certified Nurse					
		#1) were taking a mop					
	•	Colts hallway back to the					
		of the mop bucket on Pacer					
	_	#6 stated to CNA #1,					
	1	nd removed his shoes next to					
		yroom. After removing his					
	<u> </u>	continued to walk with					
	CNA #1 down tl	ne Pacer hallway to return					
	the mop bucket	At 7:25 AM, client #6					
	returned to the d	ayroom and sat down in the					
	chair next to his	shoes. Client #6 used a dry					
	white washcloth	to wipe out the inside of his					
	wet shoes and pl	aced the shoes back onto					
	his feet. At 7:47	AM, client #6 approached					
	the surveyor and	l stated, "Can I show you					
	something"? The	e surveyor followed client #6					
	to his bedroom a	at the end of the Colts					
	hallway. Client #	#6 showed the surveyor his					
	bathroom door v	vithin his bedroom had a					
		"They locked this, so I can't					
	make it to the ba	throom in time". Client #6					
	1	nis bathroom door was					
		5 stated, "I have no idea".					
	•	IA #1 was asked if client					
		th urinary incontinence.					
	CNA #1 stated,	"Yes". CNA #1 was asked					

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STATEME	NT OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) M	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER		JILDING	00	COMPL		
		15G811	B. WI	NG		07/05/	/2024	
NAME OF I	PROVIDER OR SUPPLIEI	R			ADDRESS, CITY, STATE, ZIP COD			
RES-CA	DE INC				BLOOMINGTON STREET ICASTLE, IN 46135			
			ı		IOASTEE, IN 40100		1	
(X4) ID PREFIX		STATEMENT OF DEFICIENCIE NCY MUST BE PRECEDED BY FULL		ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE		(X5) COMPLETION	
TAG		R LSC IDENTIFYING INFORMATION		TAG	CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	ΤE	DATE	
	why client #6's b	pathroom door was required						
	to be locked pre-	venting him access to the						
	bathroom. The C	CNA #1 stated, "I was told						
	because of sexua	al behaviors with other						
	clients". CNA #	1 was asked when the						
	restriction for lo	cking client #6's bathroom						
	began. CNA #1	stated, "I want to say						
	sometime last w	eek". CNA #1 was asked if						
	there had been a	n incident which prompted						
	the need for lock	king client #6's bathroom						
	door. CNA #1 st	tated, "I want to say so, it						
	happened on day	ys (shift)". CNA #1 was						
	asked what incid	dent occurred that required a						
	restriction to loc	k client #6's bathroom door						
	and prevent acce	ess. CNA #1 stated, "Not						
	totally sure". CN	NA #1 was asked if she						
	knew which staf	f members worked during						
	the behavioral in	ncident she had referred to.						
	CNA #1 stated,	"No. I know [Program						
	Manager] would	l know more about the						
	incident though.	I would say they put the						
	lock on there in	the last week". CNA #1						
	was asked if clie	ent #6 was having urinary						
	incontinence bed	cause he could not make it to						
	the Colts hallwa	y bathroom timely. CNA #1						
	stated, "Yes". C	NA #1 was asked why						
	client #6 was on	an enhanced supervision						
	level as a one-to-one staffing assignment.							
	CNA #1 stated, "For taking objects and							
	inserting them in his private areas". CNA #1							
	was asked if this	s behavior was daily. CNA						
	#1 stated, "Not o	day to day I've been here						

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	IT OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G811	(X2) MULTIPLE CO A. BUILDING B. WING	onstruction 00	(X3) DATE SURVEY COMPLETED 07/05/2024				
NAME OF F	PROVIDER OR SUPPLIEF		STREET ADDRESS, CITY, STATE, ZIP COD 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135						
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	(X5) COMPLETION DATE				
	2 months and he	's not done it". At 8:00 AM,							
	CNA #1 comple	ted her shift and went off							
	duty.On 6/26/24	at 8:21 AM, client #6's							
	dayshift one-to-o	one staff, Direct Support							
	Professional (DS	SP #15), was interviewed.							
	DSP #15 was asl	xed if client #6 had							
	difficulty making	g it to the Colts hallway							
	bathroom due to	his bathroom door being							
	locked. DSP #15	stated, "For sure. He							
	waits a little too	long. He puts it off and puts							
	it off and then it'	s too late". DSP #15 was							
	asked how long	client #6's bathroom door							
	had been locked	denying access. DSP #15							
	stated, "Last wee	ek". DSP #15 was asked							
	why a lock had b	een installed denying							
	access to client #	6's bathroom. DSP #15							
	stated, "Maybe b	ecause of a room change.							
	He just changed	this month I'm not sure.							
	Maybe because of	of [client #12] so he does							
	not come into his	s room to hit him. It's a							
	bathroom that co	onnects to [client #12's]							
	room. [Client #1	2] has been having							
	behaviors. That	would be my guess".On							
	6/26/24 at 1:32 I	PM, a focused review of							
	client #6's record	l was conducted. The							
	review indicated	the following:Individual							
	Support Plan (IS	P) dated 10/11/23							
	indicated, "Indiv	idual Profile: [Client #6]							
	can take care of	his own hygiene							
	independently bu	it needs prompts to							
		e tasks such as brushing his							
	teeth, putting on	deodorant, and showering							

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	IT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G811	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING			(X3) DATE SURVEY COMPLETED 07/05/2024	
NAME OF I	PROVIDER OR SUPPLIEF	· R	•		ADDRESS, CITY, STATE, ZIP COD		
RES-CAI	RE INC				BLOOMINGTON STREET ICASTLE, IN 46135		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	` ·	ICY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG		R LSC IDENTIFYING INFORMATION	+	TAG	DEFICIENCY)		DATE
	•	vement in personal hygiene					
		Support Plan (BSP) dated					
		d, "Rights Restrictions: (one-to-one staffing)					
	-	rm's reach staff supervision					
		e to an extensive history of					
		items and ingesting non-food					
		for shower/restroom					
	` `	hen he is in his bedroom,					
	• '	om sweep to look for small					
		nen position themselves in the					
		rvise [client #6] (door open).					
		be alone with him in his					
		ent #6's] extensive history of					
	_	against his staff. When					
		eep, staff will be positioned					
	= =	with the door open. While					
		g, if [client #6] requests that					
		ed, there will be a room					
		can close the door and					
	_	have 5-minute checks to					
	make sure he is i	not engaging in self-harming					
	acts[Client #6's	s] restroom will be locked,					
	and he will use t	he hallway restroom only to					
	prevent sexually	inappropriate behaviors in					
	the shared restro	om. When using the					
	restroom or show	wering, the 1:1 will do a					
	visual sweep of	the restroom/shower to look					
	for any items that	at can be used for self-harm					
	(these items show	uld be removed). The staff					
	will then position	n themselves in the hallway					
	outside the restro	oom/shower while [client					

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	NT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G811	A. BU	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 07/05/2024	
NAME OF I	PROVIDER OR SUPPLIEF	·	•		ADDRESS, CITY, STATE, ZIP COD BLOOMINGTON STREET		
RES-CA	RE INC				ICASTLE, IN 46135		
(X4) ID		STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE		(X5)
PREFIX TAG	`	ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION		PREFIX TAG	CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	COMPLETION DATE
	#6] use the restro	oom/shower. Staff are to					
	handle hygiene p	products".Human Rights					
	Committee (HR	C) approval dated 6/6/24					
	indicated, "Restr	riction/Modification: [Client					
	#6] will not use	the passthrough restroom in					
		I will instead use the hallway					
		stroom will be visually					
		rior to useReason for					
		ification [Client #6] has a					
	1	lly acting out with peers and					
	_	uggestions to peers. This					
		being made so that [client #6]					
		room to meet up with peers					
	1	able of giving consent to					
		s. The visual sweep of the					
		g recommended due to					
		ory of engaging in self-injury					
		d in the restroom".On					
		AM, the Program Manager					
		y Assurance Manager					
		erviewed. The PM and					
	_	d about client #6's					
		ny access to his bathroom					
		om and having urinary					
		idents. The PM indicated					
		RC approval for the					
		ny access to the bathroom in					
		e PM was asked why client					
	_	restriction when he was on a					
		ing level of supervision. The					
		ent #6 had made false					
	allegations of a s	sexual nature and for					

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	VT OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G811	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 07/05/2024	
NAME OF I	PROVIDER OR SUPPLIER		1306 S	ADDRESS, CITY, STATE, ZIP COD BLOOMINGTON STREET NCASTLE, IN 46135		
(X4) ID PREFIX		STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPR	(X5) COMPLETION	
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION	TAG	DEFICIENCY)	DATE	
	self-injury due to	a history of putting foreign				
	objects in parts of	of his body and then stated,				
	"The team needs	to review that (restriction				
	1	he PM was asked to clarify				
	if the interdiscip	linary team needed to review				
	client #6's behav	ioral strategies and the staff				
	knowledge for cl	ient #6's purpose of his				
	restrictions. The	PM stated, "Yeah, we can				
	have a meeting of	on that". The PM was asked				
	if there had been	an incident which required				
	client #6's bathro	oom access be locked. The				
	PM stated, "It's (bathroom restriction)				
	probably the fals	e allegations". The QAM				
	was asked if furt	her follow was needed to				
	review client #6'	s bathroom restriction and				
	staff knowledge	for behavioral restrictions.				
	The QAM stated	, "Right. I have to follow up				
	with [Behavior C	Clinician]". On 6/26/24 at				
	3:07 PM, the Bel	havior Consultant (BC) was				
	interviewed. The	BC indicated client #6 had				
	a BSP (Behavior	Support Plan) to manage				
	client #6's target	ed behaviors which included				
	but were not lim	ited to self-harm,				
	inappropriate sex	cual behavior towards his				
	peers and false re	eporting of allegations				
	against staff. The	e BC indicated client #6 was				
	on 1:1 (one to or	ne staffing ratio) during				
	wake hours. The	BC indicated staff should				
	complete room s	weeps when client #6 was				
	_	room while positioning				
		e hallway and not alone in				
	the room with cl	ient #6. The BC indicated				

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	IT OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G811	(X2) MULTIPLE CO A. BUILDING B. WING	ONSTRUCTION 00	(X3) DATE SURVEY COMPLETED 07/05/2024
NAME OF F	ROVIDER OR SUPPLIER		1306 S	ADDRESS, CITY, STATE, ZIP COD BLOOMINGTON STREET NCASTLE, IN 46135	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	(X5) COMPLETION DATE
W 0240 Bldg. 00	and staff could could be allow client #6 to minutes at a time restroom located bedroom was a substantial bedroom was a substantial bedroom was a substantial bedroom was a substantial bedroom. The Boutilized the hallow complete a sweethen position the monitor client #6 working with client and supervision put working with client and supervision property working with client and supervision property working with client and supervision property working with client supervision property working with client supervision was 10 to 4 facility failed to ensure address client #1's supervision was 12:40 PM until 5:30 in the recreational but the put working wor	GRAM PLAN gram plan must describe ons to support the individual ence. on, record review and sampled clients (#1), the oure a plan was developed to	W 0240	To correct the deficient practi the QIDP and BC have been trained to ensure appropriate client specific plans are in pla A smoking schedule has been developed for #1. To ensure others were affected, /BC will review all client plans to ensure appropriate plans are in place Additional monitoring will be achieved by the QAM conduct weekly QIDP meetings to discall current plans and client issues. Ongoing monitoring will be achieved by the QIDP, BC reviewing each specific needs	and ce. n no re e. eting cuss

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	T OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER		JILDING	00	COMPL	
		15G811	B. W	ING		07/05/	2024
NAME OF F	PROVIDER OR SUPPLIER	3			ADDRESS, CITY, STATE, ZIP COD		
					BLOOMINGTON STREET		
RES-CAI	RE INC			GREEN	ICASTLE, IN 46135		
(X4) ID		STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX		CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	COMPLETION
TAG		R LSC IDENTIFYING INFORMATION		TAG			DATE
		At 8:24 AM client #1 exited			least quarterly and as needed.		
	#1 was observed to	g unit to the front porch. Client					
	#1 was observed to	be vaping.					
	Client #1's record re	eview was completed on					
		I. Client #1's BSP (Behavior					
	Support Plan) dated	· ·					
	* *	edures/Training: [Client #1] is a					
		ing smoking guidelines should					
		ient must be dressed					
		e weather (no shorts in winter,					
	· · · · · · · · · · · · · · · · · · ·	uld not receive a smoke break					
	· ·	ring a behavior that he has					
		out 20 minutes or until they no other important tasks					
	taking place at the t	-					
		that the staff and client need to					
		smoke break doesn't conflict					
		chedule." The BSP did not					
	address client #1's s	smoking schedule.					
		AM, the Program Manager					
		fied Intellectual Disability					
		Quality Assurance Manager					
		iewed. The QIDP stated, ecifically we start at 8:30 then					
		that. We adjusted the whole					
		that goes out at 8:15 and then					
		8:30. We split into groups for					
		'M stated, "the schedule is					
	documented in the	BSP." The PM stated, "the					
	plan should be spec	ific."					
144.0040							
W 0249	483.440(d)(1)	ENACNITATION					
Bldg. 00	PROGRAM IMPL						
ыug. uu		terdisciplinary team has t's individual program plan,					
		eceive a continuous active					
		n consisting of needed					
		services in sufficient					

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	NT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G811	A. BU	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 07/05/2024	
NAME OF I	PROVIDER OR SUPPLIER			1306 S	ADDRESS, CITY, STATE, ZIP COD BLOOMINGTON STREET NCASTLE, IN 46135		
(X4) ID PREFIX TAG	(EACH DEFICIEN REGULATORY OF	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION DATE
TAG	number and frequest achievement of the individual program Based on observation interview for 2 of 4 and 2 additional clie failed to implement Plan (BSP) and clie Support Plan (ISP) informal opportunit. Findings include: 1. An observation won 6/24/24 from 3:00 client #3 was singing PM, client #3 was singing PM, client #3 was singing PM, client #3 walked bedroom door then tablet up off the table. At 3:42 PM, the building spitting Direct Support Profile him to stop spitting down the hall to the bathroom door. At around in the dayroom with E a football while pact surveyors, staff and #3 ran into the kitch Yelling was heard of #19 fell out of the danded on the ground covering her left ey stated to client #3, '	ency to support the e objectives identified in the n plan. on, record review and sampled clients (#2 and #3) ents (#8 and #9), the facility client #3's Behavior Support ents #2, #8 and #9's Individual objectives during formal and	W	TAG 0249	To correct the deficient practicall staff have been trained on BSP, ISP, and dining plan. habeen trained intervening, coacand modeling. Additional monitoring will be achieved by daily administrative observation to ensure staff are implementiall policies, procedures, documentation, and plans as written. The administrative tewill evaluate the observation frequency monthly to determine the observations should continue decrease, or increase. The administrative team will meet to discuss any needs or incide follow up in the facility. The left be will meet weekly with the Ecompleting observations to discuss any client's needs, statraining, and any training the Emay need. Ongoing monitoring be achieved by the administrateam completing monthly facil site reviews, record reviews, a quarterly quality and safety reviews for incident patterns, fup, and thoroughness.	ee, each s ching, ons ng am ne if nue, daily ent ad 3C g will tive ity	08/04/2024

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	NT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G811	A. B	IULTIPLE CO UILDING 'ING	nstruction 00	(X3) DATE COMPI 07/05	LETED
NAME OF I	PROVIDER OR SUPPLIE	R		1306 S	ADDRESS, CITY, STATE, ZIP COD BLOOMINGTON STREET CASTLE, IN 46135		
(X4) ID PREFIX		STATEMENT OF DEFICIENCIE NCY MUST BE PRECEDED BY FULL		ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD	BE	(X5) COMPLETION
TAG	`	R LSC IDENTIFYING INFORMATION		TAG	CROSS-REFERENCED TO THE APPRO DEFICIENCY)	PRIATE	DATE
		DSP #19 with getting ice for					
		PM, client #3 was outside					
		oom windows. At 4:20 PM,					
	1 .	when client #3 was in the					
		ip a bucket of soapy water and					
	_	vit. DSP #19 stated, "I tried to					
		e slammed his head back and hit					
	my head. I saw sta	ars after, but I'm, okay". At 4:23					
		e back inside with DSP #10,					
	slammed the kitche	en door and spit towards his					
	peers. DSP #10 rai	ised her voice and stated,					
	"[Client #3]". The	Behavior Technician (BT) was					
	leaning against a w	indow ledge in the day room.					
	Client #3 walked b	y the television and used the					
	football he was car	rying to hit the television					
	(safety box with tel	levision inside). At 4:25 PM,					
	client #3 continued	spitting towards staff and					
	peers. DSP #10 res	sponded by raising her voice					
	and stating, "[Clien	nt #3] stop". Client #3					
	responded by kicki	ng the couch and continuing					
	-	I, client #3 went into the					
		ed the door shut. DSP #10					
		"Quit spitting. Get out". Client					
		vl of cooked vegetables and					
		oor. DSP #10 stated with a					
		m, go. You just threw a whole					
		ent #3], go to your room".					
		d spitting at his peers and staff					
		OSP #14 intervened and client #3					
		pit in his face. Client #3 picked					
		w it then pushed a large trash					
		and DSP #14 physically					
		o his room. Clients #1, #2 and					
	-	room and were not prompted to					
		e BT continued to lean against					
		d not intervene. At 4:34 PM,					
		s room with DSP #11 and DSP					
		irt was torn around the neck.					
		ning to music. At 4:37 PM,					
	client #3 was in his	s bedroom continuously yelling					1

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	OF CORRECTION	IDENTIFICATION NUMBER 15G811	A. BUILI B. WING	DING	00	COMPL 07/05/	ETED
NAME OF I	PROVIDER OR SUPPLIEF				DDRESS, CITY, STATE, ZIP COD		
RES-CA	RE INC				BLOOMINGTON STREET CASTLE, IN 46135		
(X4) ID		STATEMENT OF DEFICIENCIE		D	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	· ·	ICY MUST BE PRECEDED BY FULL		EFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATION OF THE APPROPRIATION	ΓE	COMPLETION
TAG		R LSC IDENTIFYING INFORMATION	Т	AG	DEFICIENCY)		DATE
	"f***" which could	be heard in the dayroom.					
	At 4:44 PM, client	#3 went to the medication room					
		ed medication) assessment.					
	1	client #3's PRN PO (by mouth)					
	medication for beha	avior control was administered					
	by the Licensed Pra	actical Nurse (LPN) #3. At 4:48					
	PM, client #3 was i	n the dayroom without staff.					
	Client #3 sat down	to eat dinner. Client #3 took					
		applesauce off of his plate and					
		10. Client #3 ate the potatoes					
	I	4:51 PM, client #3 paced in					
		holding a football and singing.					
	_	vere watching television and					
	_	Client #3 picked up a carton of					
		ring it then threw the empty					
		Staff did not prompt him to continued leaning against the					
		e dayroom. At 4:53 PM, client					
	_	kitchen and slammed the door.					
		or back up and client #3 was					
	_	lked around the kitchen. Client					
	_	en then walked past the Quality					
		r (QAM) and purposely					
		en threw his football at the BT					
	and charged after h	er. Staff intervened to prevent					
	him from making c	ontact with the BT. Client #3					
	walked past client #	#4 and spit in his face. Client					
		ff his face and stated,					
		Client #3 was prompted to go					
		indicated staff should have					
	_	nold which is where staff's					
		round his arms and the other					
		been prompted to leave the					
		client #3 went in the kitchen					
		pted to escort him out the front					
		m. Client #18 was in the room #3, "That's right, throw it					
		#3, "I nat's right, throw it n't care. P****". Client #3					
	, ,	dayroom then went to his					
	unew a chair in the	uayroom men went to ms					

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	NT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G811	l í	ILDING	nstruction <u>00</u>	(X3) DATE : COMPL 07/05/	ETED
NAME OF I	PROVIDER OR SUPPLIEF			1306 S	DDRESS, CITY, STATE, ZIP COD BLOOMINGTON STREET CASTLE, IN 46135		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION]	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION DATE
	room. At 5:06 PM, door with DSP #14 5:09 PM, client #3 outside) in the dayr glass to break from outside with him ar continued leaning of dayroom. Client #1 client #3 hit the wir smoke out there with out there with him, p***** all over the At 5:15 PM, DSP #3. DSP #19 came #11 and client #3 pt DSP #19 was walking then slammed shut. back inside with DS #18 stood up and w slammed the door. dayroom. DSP #10 to calm down and f walking at a fast par client #3 walked by Client #20 ignored walked up to client around his neck to loud voice, "[Client and client #18 were and threatening pee were present in the leaning against the and did not interver started spitting all contains the stated in a loud voice please". Client #3 in the hall and entering followed client #3 in item out of the branch is neck to be a stated in a loud voice please". Client #3 in the hall and entering followed client #3 in item out of the branch is neck to be a stated in a loud voice please". Client #3 in item out of the branch is neck to be a stated in a loud voice please". Client #3 in item out of the branch is neck to be a stated in a loud voice please". Client #3 in item out of the branch is neck to be a stated in a loud voice please". Client #3 in item out of the branch is neck to be a stated in a loud voice please".	client #3 went out the front and paced around the yard. At punched a window (from oom several times causing the top to bottom. DSP #14 was ad did not intervene. The BT on the window ledge inside the 8 was in the dayroom when adow and stated, "Y'all make me th him, I will f*** him up. If I'm I'll beat his a**. He f***** place and he doesn't care". 14 remained outside with client inside the front door with client inside the front door with elient ushed the door closed while ng through and the door hit her At 5:21 PM, client #3 came SP #14 following him. Client ent to his bedroom and Client #3 paced around the stated to client #3, "You need focus". Client #3 responded by the client #20 and pushed him. The client #20 and pushed him. The client #3. At 5:28 PM, client #3 #10 and wrapped his arms and him. DSP #10 stated in a th #3]". At 5:29 PM, client #3 The both in the dayroom yelling responded by room. DSP #10 The both in the dayroom The BT continued window ledge in the dayroom The BT continued window ledge in the dayroom The BT continued window ledge in the dayroom The BT continued The both in the dayroom The BT continued The bot					

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING 00 COMPLETED 15G811 B. WING 07/05/2024 STREET ADDRESS, CITY, STATE, ZIP COD NAME OF PROVIDER OR SUPPLIER 1306 S BLOOMINGTON STREET **RES-CARE INC** GREENCASTLE, IN 46135

(X4) ID	SUMMARY STATEMENT OF DEFICIENCIE	ID	PROVIDER'S PLAN OF CORRECTION	(X5)
PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	COMPLETION
TAG	REGULATORY OR LSC IDENTIFYING INFORMATION	TAG	DEFICIENCY)	DATE
	the dayroom. Client #3 grabbed client #11's fruit			
	and ate it. DSPs in the area did not intervene.			
	DSP #11 stated, "I'll go get you another one,			
	[client #11]". DSP #11 returned with 2 bags of			
	fruit, one for client #11 and one for client #3.			
	At 5:45 PM, the Executive Director (ED) opened			
	the door at the end of the hallway and prompted			
	the clients to go to the other building (not client			
	#3). Staff assisted with getting most of the clients			
	to the other building away from client #3. Clients			
	#20, #14 and an unknown client did not leave the			
	dayroom. Client #18 was in the front yard with			
	staff present. At 5:47 PM, client #3 was going in			
	and out of his peers bedrooms without redirection			
	from staff. At 5:48 PM, client #3 stood at the back			
	door yelling loudly and staff did not redirect him.			
	As client #3 was walking towards the dayroom, he			
	got in client #14's face and yelled. DSP #10			
	stated, "Back up" to client #3. At 5:58 PM, client			
	#3 went to the art room where some of his peers			
	were working on activities. Client #3 paced			
	around the room while carrying a basketball. DSP			
	#19 was with him. Client #3 was prompted to			
	color a picture. Client #3 declined. Client #4			
	stated, "I'm sick of his s***". At 6:04 PM, client			
	#3 was prompted to do a puzzle. Client #3			
	declined and continued pacing around the room.			
	At 6:07 PM, client #3 charged after the surveyor			
	who was visiting with client #9 as he colored a			
	picture. The surveyor got up and moved to a			
	different area and client #3 followed. Client #3			
	attacked the Program Manager (PM) by hitting			
	her, grabbing her shirt and pulling her watch off			
	her wrist. The PM got on the walkie talkie and			
	stated, "I need male staff to the art room now".			
	The PM asked the surveyor to leave the art room			
	for safety due to client #3 targeting the surveyor.			
	The surveyor left the art room and the other			
	clients in the room were prompted to leave the			

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	NT OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G811	ľ	UILDING	nstruction 00	(X3) DATE COMPL 07/05/	ETED
NAME OF I	PROVIDER OR SUPPLIEI	₹		1306 S	NDDRESS, CITY, STATE, ZIP COD BLOOMINGTON STREET CASTLE, IN 46135		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI, DEFICIENCY)	ATE	(X5) COMPLETION DATE
	b****". Client #3 PM and the QAM. surveyor, "Is he (cl hang out with you g was heard over the #14] or [DSP #11] unidentified voice of "[DSP #11] is on he Qualified Intellectur (QIDP) was standir indicated client #3 injection five minut "He's been like this observation was en From 6:43 PM to 6 surveyors isolated if was safe to leave as down the hallway. conference room an occasionally crackit out. The ED indicated and pushed the QII ground and hit his lead the ED indicated cle gym and it was safe building. The ED to building and to the left the conference the floor leaning up of ice on his head. QAM came out of was okay now that him. The QAM income of the emergency re On 6/26/24 at 9:40	client #4 stated, "F*** that was in the art room with the Client #9 stated to the ient #3) done yet? I want to guys". At 6:21 PM, the PM walkie-talkie stating, "[DSP to the art room now". An on the walkie-talkie stated, is way". At 6:38 PM, the hal Disabilities Professional and outside the art room and he received an IM (intramuscular) tes ago. The QIDP stated, at times, but not often". The ded at 6:43 PM. 1:57 PM, the ED had two of the in the conference room until it is client #3 was pacing up and The ED stood inside the had observed client #3 by and the door open and looking atted client #3 took off running DP causing him to fall to the head on the wall. At 6:57 PM, ient #3 was cornered in the effor the surveyors to leave the walked the surveyors out of the parking lot. As the surveyors room, the QIDP was sitting on the against the wall holding a bag. The PM was with him. The the bathroom and indicated he he didn't have blood all over dicated he was taking the QIDP boom to be evaluated. AM, the facility's incident is were reviewed and indicated.					
	l ale following.						

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	NT OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G811	(X2) MULTIPLE CO A. BUILDING B. WING	onstruction 00	(X3) DATE SURVEY COMPLETED 07/05/2024
NAME OF I	PROVIDER OR SUPPLIEI		1306 S	ADDRESS, CITY, STATE, ZIP COI BLOOMINGTON STREE NCASTLE, IN 46135	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE GCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APP DEFICIENCY)	ULD BE COMPLETION
	dated 6/25/24 indic [client #3] was (sic #12) and punched her precursors. Despite [client #3] with his calm himself. Then administered a behanceded medication assist [client #3] with himself down. Nursunoted no injuries. [client #3] with himself down. Nursunoted no injuries. [client #3] with himself down. Nursunoted no injuries. [client #3] started yelling as Staff attempted to relate the staff (DSP #19) in [client #3], no injurcheck (sic) initiated programming with A BDS report dated at 6p, [client #3] with aggressive. Staff at unsuccessful. While peer on his right and surveyor. [Client #3] hitting staff. At this guardian and HRC approved 3 person intervention). Staff with his coping skii and administered a PRN. Staff was abl	Disabilities Services) report ated, "On 6/24/24 at 3:24pm,) walked behind peer (client him in the back with no staff attempting to assist coping skills he was unable to nurse assessed him and avioral PO (by mouth) PRN (as for behavior). Staff was able to the coping skills and he calmed se assessed [client #3] and Client #3] returned to normal 16/25/24 indicated, "On 6/24/24 #3] was walking around the ed into the kitchen. Then [client and hitting the countertops. redirect [client #3] out of the athrew his head back and hit head. The nurser (sic) assessed ries noted, neuro (neurological) d. [Client #3] returned to normal no further issues". 16/26/24 indicated, "On 6/24/24 has physically and verbally tempted to de-escalate but was be in art room, [client #3] hit m and was targeting state had was targeting state as started throwing objects and as time, trained staff initiated a (human rights committee) supine hold (behavioral attempted to assist [client #3] lls. The nurse assessed him behavioral IM (intramuscular) he to assist [client #3] with the calmed himself down. He was			

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STATEMENT OF DEFICIENCIES XI) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G811		(X2) MULTIPLE C A. BUILDING B. WING	ONSTRUCTION 00	(X3) DATE SURVEY COMPLETED 07/05/2024		
NAME OF E	PROVIDER OR SUPPLIER		1306 S	ADDRESS, CITY, STATE, ZIP COI B BLOOMINGTON STREET NCASTLE, IN 46135		
(X4) ID	ı	STATEMENT OF DEFICIENCIE	ID	PROVIDER'S PLAN OF CORRECT	TION	(X5)
PREFIX TAG	`	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APP DEFICIENCY)	JLD BE	COMPLETION DATE
	released from the hominutes. Nurse assessinguries. Once releated hallway and pushed in gym he became wable to calm [client regular programming.] A PRN (as needed and dated 6/24/24 indicated the follow.] A PRN evaluation of LPN #3 administered Benadryl 50 mg IM. On 6/26/24 at 1:53 reviewed. Client #3's 6/24/24 indicated the follow. "Target Behaviors and "Verbal Aggression others, cursing, three profanity, etc. [Client yell at no one in par no one is in the vicin.]	election in the second seed [client #3] and noted no seed [client #3] ran down the legion in the leg			ROPRIATE	
	"Property Destructi- items, throwing cha kicking items or do- damage to objects/i of becoming frustra	on: any time he is punching irs/items, breaking furniture, ors, or causing irreparable tems. [Client #3] has a history ted with completing rowing items or objects that				

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G811 A. BUILDING 00 B. WING			COMPLETED 07/05/2024			
NAME OF I	PROVIDER OR SUPPLIER		1306 S	DDRESS, CITY, STATE, ZIP COD BLOOMINGTON STREET CASTLE, IN 46135		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION DATE
	attempts at hitting p kicking or scratchin weapons, pulling ha produce or have the to others. Spitting of frequency at previo he has been hysical who he feels have 'v physically aggressiv he wants from other very aggressive tow also grabbed the dri When highly agitate in several acts of ag "Instigation: Includ- or to get peers to en "Boundary Violatio defined as any time the personal space of than an arm's reach moving away after space. Also include non-threatening way not leave a mark or when [client #3] is a demonstrating other Includes episodes o peers by the arm in not leave a mark/inj manner that is not for "Replacement Beha staff for help: Any time he asks ap him get the items or	on: Any occurrence or seople, spitting on them, g at others, using objects as air, pinching, or behaviors that potential to produce an injury on others occurred at a high us placements. Historically, by (sic) aggressive to those wronged' him. He can also be we when he is not getting what is. He has a history of being rard his mother and he has ver during vehicle transports. Each, he may attempt to engage gression toward peers". The sattempts to get peers upset gage in target behaviors". The sattempts to get peers upset gage in target behaviors. The sattempts of there is and not a verbal prompt for personal is acts of touching others in a set of touching others in a set of touching others in a set of aggression). If grabbing/holding staff or a non-forceful manner (does urry) or poking staff in a corceful". The sattention that he desires or a coping skills instead of				

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NAME OF F	ROVIDER OR SUPPLIEI	R		1306 S I	DDRESS, CITY, STATE, ZIP COD BLOOMINGTON STREET CASTLE, IN 46135		
(X4) ID PREFIX	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL R I SC IDENTIFYING INFORMATION		ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION
TAG	engaging in the targe positive social reinsthat he is attempting behaviors. This campraise, high fives, cambout his behaviors. This campraise, high fives, cambout his behaviors. If [client #3] is exhemated has engaged in physical assigned staff will be protection of other responsibility is to able to hit/kick/spit staff should stay be peers that he may hencourage [client #where he would be safety". "Preferences Assessinging. Dislikes: In others. When he feed demands of him". "Precursors: Verbal aggression a identified as precur issues. When he en will: See above restriction assigned staff for [campaigned] and volume, do not irritation. Ignore the get into a back-and	get behavior. Staff should offer forcement to [client #3] anytime g to use his replacement be given through verbal or other positive statements		TAG	CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	DATE
	help. He is more likes	ers. Ask him how you can tely to calm down if he feels I by his staff. Remind him that him so that he can reach his					

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	MENT OF DEFICIENCIES AN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G811	A. B	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 07/05/2024	
	OF PROVIDER OR SUPPLIES	R	STREET ADDRESS, CITY, STATE, ZIP COD 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135				
(X4) II PREFI TAG	K (EACH DEFICIEN REGULATORY O	STATEMENT OF DEFICIENCIE NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION DATE
	to yell, with as little repeat that you war only do so if he is to attempt to resolve to game plan as to how Praise him for his in has calmed (ie: 'I ke proud of you for catabout this' etc. If the in a calm and neutrotechnique that he countries that he countries are take 10 deep breath we can talk'. A staff them (in the oppositive walk. If he does not and continues being redirect peers away. Attempt to find out attempt to resolve to with his input. If [convironment due to instigation of peers common area, thus to his peers, for his be physically redirect you're. SAFE I'M intervention) always restrictive measure. "Preventative Proces Separate programin If [client #3] is enguagerssion or instiguation of be actived an assigned staff we give [client #3] check the staff was give [client #3] check the staff was give [client #3] check the staff was given that you was given to take him to can yell or be actived an assigned staff we give [client #3] check the staff was given that you was given the staff was given that you was given to take him to can yell or be actived an assigned staff we give [client #3] check the staff was given that you wa						

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	T OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	l í	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER		UILDING	00	COMPL		
		15G811	B. W	ING		07/05/	2024	
NAME OF P	PROVIDER OR SUPPLIER		•	1306 S	ADDRESS, CITY, STATE, ZIP COD BLOOMINGTON STREET ICASTLE, IN 46135	•		
KES-CAI	NE INC			GREEN	CASTLE, IN 40133			
(X4) ID		STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX	,	ICY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	COMPLETION	
TAG		R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY		DATE	
		Speak to him in a calm, at all times. Do not take any						
		r physical aggression (or any						
		rsonally. Anytime he is						
		riate behaviors provide						
		raise. When giving him						
		s they should be: Given in a						
	clear and concise m	nanner/one step at a time. Done						
	in the form of a que	estion and not a demand. Short						
	and to the point. Fro	equently bring up positive						
	-	ny/week or progress. [Client						
		to music and a tablet has						
	been provided for h	im".						
	"D 4' D 1							
	"Reactive Procedure							
	For Physical Aggre Destruction/Self Inj							
		nsure the health and safety of						
		nmediate environment. Redirect						
		a different area of the						
		im to stop the behavior. If he						
		redirect him to a safe location						
	-	with him and praise him for						
	-	If the behavior continues block						
	all attempts of aggre	ession and attempt to redirect,						
	if the behavior cont	inues and he is placing himself						
		implement YOU'RE SAFE I'M						
	SAFE (YSIS) begin	nning with the least restrictive						
	measures							
	F D 1 37' 1	-4:/II1T 1 I						
		ations/Unwelcome Touch: In a						
		ontational manner, ask [client peer more space, staff can say						
		I get a little more personal						
	-	rget, we keep our hands to						
		e tone light when redirecting.						
		tivity to [client #3] to distract						
		e touch. Notify administration						
		on all appropriate forms".						
		11 1						

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	of correction identification number 15G811	A. BUILDING B. WING	00 00	COMPLETED 07/05/2024
NAME OF I	PROVIDER OR SUPPLIER	1306 S	ADDRESS, CITY, STATE, ZIP COD BLOOMINGTON STREET ICASTLE, IN 46135	
(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 APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE
	On 6/24/24 at 4:31 PM, the Quality Assurance Manager (QAM) was interviewed in the day room. The QAM indicated client #3 was on normal supervision until he becomes agitated then he becomes assigned staff. The QAM indicated client #3 should get separate programming when his behavior is escalating. The QAM stated, "That (separate programming) ends up in a disaster. They should attempt to get him (client #3) out". The QAM indicated if client #3 refused to leave the area then staff should assist with getting the other clients to a different area. On 6/26/24 at 3:07 PM, the Behavior Consultant (BC) was interviewed. The BC reviewed the target behaviors in client #3's BSP and stated, "We have seen all of these behaviors in [client #3] at least once". The BC indicated client #3's replacement behaviors were to ask for help and to use coping skills instead of target behaviors. The BC was asked about client #3's coping skills. The BC stated, "Being away from whatever the environment is that set him off. Leaving an overstimulated area, go outside, gym to shoot hoops, just to get away from whatever upset him. He has more and more target behaviors when he is still in the same environment. Do something to acknowledge what he wants. Praise him for telling him what he needs, verbal praise, high 5, staff should say tell me what you need". The BC was asked to explain assigned staff. The BC stated, "Typically for [client #3] we are talking about separate programming. Once he hits one client he's probably going to go after someone else. Especially with the spitting. We are probably going to leave the building. It is someone in place to prevent that from happening. It's not typically an escort unless he is creating a situation in the day room. If he is getting everyone riled up they can escort him to another area. He likes going to			

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	NT OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G811	ľ	UILDING	NSTRUCTION 00	(X3) DATE COMPI 07/05	LETED
NAME OF F	PROVIDER OR SUPPLIEI	2	STREET ADDRESS, CITY, STATE, ZIP COD 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135				
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B: CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	: IATE	(X5) COMPLETION DATE
TAG	other places. They be escorted to his redanger to his peers' precursors were verification. The BG starting to escalate going nowhere but environment calm. annoyed. It's not gin crisis and we too was asked how staff displayed precursor between him and paggressive. Remin Trying to get them you really need? Dyou hungry? Have Staff should model Offer 10 breaths to Staff should be thir throughout the shiff BC indicated client implemented as wr additional training: #3's BSP. On 6/27/24 at 10:00 was interviewed. To client #3's behavior I would have to loo sets him off. You chim for a smile and your face and spit a had a lot of verbal as	do have in his plan that he can com or a calm area if he is a '. The BC indicated client #3's		TAG	DETECT!		DATE
	will set in motion a will randomly spit, at you out of the bl	whole big set of events. He at times he will launch his ball ue, randomly knock things cated she wasn't sure if he did					

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	INT OF DEFICIENCIES N OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G811	ľ	JILDING	nstruction <u>00</u>	(X3) DATE COMPL 07/05/	ETED
	PROVIDER OR SUPPLIEF		•	1306 S	ADDRESS, CITY, STATE, ZIP COD BLOOMINGTON STREET CASTLE, IN 46135		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	λΤΕ	(X5) COMPLETION DATE
	wonder if [client #3 multitude of person make him snap". T address client #3's pindicated client #3 the area if he displa peers were in the sactient #3 refused to request the other client #3 refused to request the other client #3 refused to request the safety. The surveyeduring the aforement the SS how staff shindicated she was nincident, but she we out of the area, utili would have ensured encouraged to leave client #3's supervision when he behaviors and his an encourage him to be asked how often the facility. The SS indexide Mondays and Thurs BT brings in-service review, she observed store for the clients let them vent. The assist with YSIS but the clients. On 6/27/24 at 12:18 DSP #10 indicated PM with client #3. client #3's target be and spitting. DSP # additional target be how she should respirate process.	ention. The SS stated, "I I) is fighting through a alities. The slightest thing can the SS was asked how to obysical aggression. The SS should be prompted to leave yed target behaviors and his me room. The SS indicated if leave the area, staff should tents to leave the area for their or reviewed what occurred ntioned observation and asked ould have responded. The SS of working during the ould have escorted client #3 zed YSIS if needed then she if the other clients were the area. The SS indicated ton level changes to assigned the engages in one of his target ssigned staff should save the area. The SS was the BT was present at the dicated the BT was there on stadys. The SS indicated the test (trainings) for staff to the staff should shades clients, does the token and takes clients for walks to SS indicated the BT does not the she worked 8:00 AM to 8:00 DSP #10 indicated some of thaviors were hitting, kicking the was unable to verbalize thaviors. DSP #10 was asked bond to physical aggression. She tries to redirect and					

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	NT OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G811	l í	ILDING	nstruction 00	(X3) DATE COMPL 07/05 /	ETED
NAME OF	PROVIDER OR SUPPLIER		•	1306 S I	DDRESS, CITY, STATE, ZIP COD BLOOMINGTON STREET CASTLE, IN 46135	•	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	F	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION DATE
	indicated client #3's carrying balls arour client #3's precurso doesn't like being w #10 was asked if th redirecting client #3's pre #10 stated, "The on separate programm about client #3's pre #10 stated, "I can to completely distract she should react to stated, "Calm and c stated, "Calm and c stated, "Telling him effective technique should be escorted and flipping tables discuss specific info BSP. 4. Observations we 6/24/24 from 1:00 I from 5:50 AM to 9: AM. On 6/24/24 at 2:28 with a whole banan of the banana, then peel on the floor. On 6/25/24 at 9:02 placed a container of milk on the table in opened a muffin an table laying it on to #2 picked up the wl with his fingers put while the rest of the onto the floor. Cliented	a something else. DSP #10 a coping skills were music and ad. DSP #10 was asked what as were. DSP #10 stated, "He wet. I'm drawing a blank". DSP ere was anything other than addressed in his BSP. DSP ly thing popping in my head is ing". DSP #10 was asked eventative procedures. DSP arm my phone on. Music will him". DSP #10 was asked how client #3's behaviors. DSP #10 ollective (sic)." DSP #10 to stop would not be an '. DSP #10 indicated client #3 to his room if he was spitting over. DSP #10 was unable to ormation included in client #3's re conducted at the facility on PM to 3:29 PM and on 6/25/24 15 AM and 10:46 AM to 11:42 PM client #2 sat at the table a. Client #2 ate a few big bites threw part of the banana and AM SS (Site Supervisor) #2 of dry cereal and a carton of front of client #2. SS #2 d placed the muffin on the p of the plastic wrapper. Client note muffin fell into his lap and at #2 used his fingers to grab a al. He brought his hand to his					

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	VT OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G811		UILDING	nstruction 00	(X3) DATE COMPL 07/05/	ETED
NAME OF F	PROVIDER OR SUPPLIEF		•	1306 S	DDRESS, CITY, STATE, ZIP COD BLOOMINGTON STREET CASTLE, IN 46135		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	ATE	(X5) COMPLETION DATE
	mouth getting a few while the rest of the onto the floor. Clier around the day roor come back to the ta the table and grabbe ate while walking a AM client #2 sat on Client #2 stood up a grabbed a handful coasked client #2 to si walk around while of the emptying a sandwid 1 inch by 2 inch pie into a bowl. DSP #1 Client #2 sat at the cantaloupe with his stood up and went to Client #2's record walk. Client #2's Dining I following: "Food Texture: 1/4 inch chopped Food should be most stood up and went to Specific Skills to Merchant property and a slow pace. Food to be cut into Sit upright at table it	repieces of cereal in his mouth cereal fell into his lap and at #2 stood up and walked in. SS #2 asked client #2 to ble. Client #2 walked over to ed a handful of dry cereal and round the day room. At 9:09 the couch in the day room. and went over to the table and of dry cereal and ate it. SS #2 to down. Client #2 continued to eating his dry cereal. #2 went into the kitchen. DSP exitchen with client #2 the size bag of cut cantaloupe in ces and whole strawberries. At left to assist another client. Eable unsupervised eating fingers. At 10:53 AM client #2 to his room and got into bed. Plan dated 10/2023 indicated the est and tender aintain/Acquire: the meal prep and cleanup. dereminders to eat and drink at the first pieces.					

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MU	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BUI	LDING	00	COMPLETED	
		15G811	B. WIN	IG		07/05	/2024
		.	<u> </u>	STREET A	ADDRESS, CITY, STATE, ZIP COD		
NAME OF I	PROVIDER OR SUPPLIE	R			BLOOMINGTON STREET		
RES-CA	RE INC			GREEN	ICASTLE, IN 46135		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX		NCY MUST BE PRECEDED BY FULL	F	REFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG	REGULATORY OI	R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
	Cl:4 #2!- II:-1- D:	sk Plan for Choking or					
	_)/23/23 indicated the following:					
	_	oking or Aspiration and Illness					
		jurious Behaviors) of Causing					
		After Eating and then					
	Consuming the Em	_					
	Expected Outcome	: [Client #2] will not choke,					
	aspirate or consum	e any non-food substances					
	causing same throu	gh 10/2024.					
	Ensure [client #2's] SAFETY first.						
	1. [Client #2] wi	ll have 1 on 1 staffing assigned					
		cut up his food into ¼ inch					
		vent him from eating too fast or					
	too much in one se						
		onitor for indication he is trying					
		regurgitate and redirect him to					
	stop behavior"						
	of the party	1 ' C (N) \ 1 (1					
		ehavior Support Plan) dated					
	· ·	'Restrictions: meal/snack					
		[client #2's] food must be cut due to his choking risk and his					
	^	nimself. He is on thin liquids.					
		will be available to help keep					
	[client #2's] clothin						
	Lenent 112 3] Clothin	.5 CICUII					
	The BC (Behavior	Clinician) was interviewed on					
		The BC indicated client #2 has					
	an assigned staff ac	cross all shifts. The BC					
	indicated staff show	ald cut up client #2's food and					
	be in line of sight v	when he is eating.					
	The PM (Program)	Manager) was interviewed on					
		I. The PM indicated client #2's					
		ted for his food to be cut into					
		ne PM indicated staff should					

STATEMENT OF DEFICIENCIES X1) PRO		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CO		(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER 15G811	A. BUILDING B. WING	00	COMPLETED 07/05/2024	
		100011			01700/2024	
NAME OF I	PROVIDER OR SUPPLIER	1		ADDRESS, CITY, STATE, ZIP COD BLOOMINGTON STREET		
RES-CAI	RE INC		GREENCASTLE, IN 46135			
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE	ID	PROVIDER'S PLAN OF CORRECTION	(X5)	
PREFIX	``	CY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA		
TAG		LSC IDENTIFYING INFORMATION	TAG	DEFICIENCY)	DATE	
	follow client #2's pl	an as written.				
	#2 indicated client inch pieces includir DSP #10 was interv DSP #10 indicated	yed on 6/27/24 at 10 AM. SS #2's food should be cut into 1/4 ag fresh fruit. riewed on 6/27/24 at 12:18 PM. client #2's sandwiches should bes. DSP #10 was asked if				
	other foods needed	to be cut up.				
W 0268 Bldg. 00	CONDUCT TOWARD CLIENT		W 0268	To correct the deficient practic all staff have been trained clied dignity. The following has been put in place to prevent recurre A will be assigned daily to instand ensure each client is maintaining their dignity. The will review daily and rectify an issues noted. Additional monitoring will be achieved by	ent en ence: pect PM y	
	6/24/24 from 1:00 I 5:50 AM to 9:15 Al and on 6/27/24 from a. On 6/24/24 at 2:4 off in the hall. The DSP #10 assisted hi clothes. Client #2 c	re conducted at the facility on PM to 3:29 PM, on 6/25/24 from M and 10:46 AM to 11:42 AM in 11:52 AM to 12:18 PM. 12 PM client #2 took his pants BC (Behavior Technician) and im into his room to change his ame out of his room without ent #2 walked on his tip toes.		daily administrative observation to ensure staff are implementiall policies, procedures, documentation, and plans as written. The administrative teamill evaluate the observation frequency monthly to determine the observations should continued ecrease, or increase. The administrative team will meet to discuss any or incident follow in the facility. Ongoing monitoring will be achieved by	ons ing am ne if nue, daily	

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On 6/25/24 at 8:40 PM client #2 was assisted in

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administrative team completing

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STATEMENT OF DEFICIENCIES		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		ONSTRUCTION	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	JILDING	00	COMPL	ETED
		15G811	B. W	ING	_	07/05/	2024
3143 m o= :	DROLUBER OF STATE		-	STREET A	ADDRESS, CITY, STATE, ZIP COD		
NAME OF I	PROVIDER OR SUPPLIEF	{		1306 S	BLOOMINGTON STREET		
RES-CA	RE INC			GREEN	ICASTLE, IN 46135		
(X4) ID		STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	,	ICY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	COMPLETION
TAG		R LSC IDENTIFYING INFORMATION	+	TAG			DATE
	-	er smearing feces on his body. #2 returned to the day room			monthly facility site reviews,		
		cks on. The balls of client #2's			record reviews, and quarterly quality and safety reviews for		
	were black following				incident patterns, follow up, ar	nd	
	were black followin	ig ins shower.			thoroughness.	iu	
	b. On 6/24/24 at 2:5	51 PM client #11 entered the					
	day room. Client #11 had long brown stains on the						
	front of his shirt. D						
	Professional) #2 inc	dicated client #11 had ice cream					
		m. DSP #2 assisted client #11					
	_	ls. Client #11 was wearing the					
		he observation ended at 3:29					
	PM.						
	c. On 6/24/24 at 3:1	0 PM client #12 walked into the					
		a gray sweatshirt with food					
		s on the front of his sweatshirt.					
	Client #12 was wea	ring the stained shirt when the					
	observation ended a						
	On 6/25/24 at 7:25	AM client #12 ate his breakfast					
	at the dining room	table. Client #12 had bits of					
		nis beard. At 7:28 PM client #12					
	•	om with cereal and milk in his					
		ling onto his shirt. At 7:40 PM					
) #1 asked DSP #7 to help					
	_	mouth. At 8:08 AM client #12					
		day room watching a video on					
	-	drooling and his shirt was wet.					
	watching the video.	#12 continued to drool while					
	watening the video.						
	d. On 6/25/24 at 7:3	30 AM client #10 was in the day					
	room with his short						
	On 6/27/24 at 11:57	7 AM client #10 ate his lunch of					
	chicken salad. At 12	2:12 PM client #10 was in the					
	day room with chic	ken salad around the corners					
	of his mouth.						
		Assurance Manager) was 7/24 at 9:57 AM. The QAM					

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY					
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER		LDING	00	COMPLETED	
		15G811	B. WIN	_		07/05/20	Z4
NAME OF F	PROVIDER OR SUPPLIER				ADDRESS, CITY, STATE, ZIP COD		
RES-CAF	RE INC				BLOOMINGTON STREET CASTLE, IN 46135		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	`	CY MUST BE PRECEDED BY FULL	F	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE C	OMPLETION
TAG		LSC IDENTIFYING INFORMATION	-	TAG	DEFICIENCY)		DATE
		hould be changed right after soiled. The QAM indicated					
		ompted to change their					
	_	ered assistance if needed.					
	2. An observation w	vas conducted on 6/24/24 from					
		A. During the observation client					
		at the dayroom and dining					
		g the residential area, client #2					
	Professional (DSP #	porch with Direct Support					
	Troicissional (DSI 7	, 10).					
	At 1:23 PM, client	#2 and DSP #16 returned from					
	the front porch to the	ne dining room. At 1:39 PM,					
	client #2 was observed to be wearing his shorts						
		the button and zipper to his					
	shorts located on hi	s backside.					
	At 2:00 PM, client	#2 returned from his bedroom					
		ent #2's shorts had been					
	reversed and he was	s now wearing them correctly.					
		#2 returned to the front porch					
	with DSP #16.						
	At 2:09 PM. client	#2 returned inside to the					
		#16 stated, "No, we need to					
	leave your pants on	". Client #2 and DSP #16					
	returned to client #2	2's bedroom and shut the door.					
	At 2:22 PM client:	#2 and DSP #16 came out of					
		and returned to the dayroom.					
		#2 walked down the Pacer					
	· · ·	t Support Professional (DSP					
	1	o the dayroom. Client #2 sat					
	1	the dayroom before getting up					
		chen at 2:35 PM. Client #2 from the kitchen. DSP #19					
		ith eating pieces of an orange					
	and a banana.						

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY					
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER		UILDING	00	COMPLETED	
		15G811	B. W	ING		07/05/	2024
NAME OF P	PROVIDER OR SUPPLIEF		-	1306 S	NDDRESS, CITY, STATE, ZIP COD BLOOMINGTON STREET CASTLE, IN 46135		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDENCE N. AN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL		PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	ATE	COMPLETION
TAG	REGULATORY OF	LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)	\\\L	DATE
		#2 ran down the Colts hallway					
		ech (BT) followed and					
	redirected client #2	back toward the dayroom.					
	At 2:43 PM, client #2's shorts fell down from his						
		self in the Pacer hallway. Direct					
		#10) ran down the hallway and					
	* *	e clothes". DSP #10 returned					
	_	anded the BT a pair of black					
	_	and a grey shirt. Client #2 was					
	not wearing socks of	or shoes.					
	1 . 2 . 40 PM 5 . 1'	wa 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
	· · · · · · · · · · · · · · · · · · ·	#2 ran down the Pacer hallway					
		, "[Client #2] no" and ran after hallway. Client #2 returned to					
		t down on a sofa next to client					
		ed, "Man, look at the bottom of					
		w why you guys don't have					
		he bottoms of client #2's feet					
	were black and soil	ed.					
		#2 paced throughout the					
	1 -	#18 stated, "Ok buddy, sit					
	and soiled.	s of client #2's feet were black					
	anu soncu.						
	At 2:54 PM, client	#2 walked down the Pacer					
		stated, "Where are you going					
		our shirt on". At 2:55 PM,					
	client #2 took his sh	nirt off and pulled his pants off.					
		18 unlocked the laundry room					
		ome in here, let's put some					
		2 was not wearing socks or					
	shoes. Client #2 wa bottoms of his feet.	s not prompted to clean the					
	bottoins of his feet.						
	On 6/27/24 at 9:57	AM, the Program Manager					
		Assurance Manager (QAM)					
	l ' ' - ' - ' - ' - ' - ' - ' - ' - ' -	The PM and QAM were					
		le of the observation of client					

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPL			(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BUILDING	G	00	COMPLETED 07/05/2024	
		15G811	B. WING			07/05	/2024
NAME OF	PROVIDER OR SUPPLIE	R	130	6 S B	DDRESS, CITY, STATE, ZIP COD BLOOMINGTON STREET CASTLE, IN 46135		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIE	NCY MUST BE PRECEDED BY FULL	PREFE	X	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG	REGULATORY O	R LSC IDENTIFYING INFORMATION	TAG		DEFICIENCY)		DATE
		g worn backwards and the					
		black from being soiled and					
		dignity should be maintained.					
		es". The PM and QAM were					
		ould ensure client #2's dignity					
		he QAM stated, "Prompting					
		ds on assistance if needed".					
	3. Observations were conducted on 6/25/24 from						
		6 AM at the residential living					
	unit and from 8:35 AM until 9:10 AM at the outside agency owned workshop. At 8:23 AM client #1 went to his bedroom and returned with a blue hooded sweatshirt that had white substances						
	down the front of the sweatshirt. At 8:24 AM client #1 exited the building with staff for the outside agency workshop. At 8:42 AM client #1						
	1	agency workshop working on					
		ets for a local car part factory.					
		ring the dirty blue hooded					
	sweatshirt.	ring the dirty olde hooded					
		conducted on 6/25/24 at 9:10					
		(Day Service Coordinator). The					
		usually come in wearing the					
	same clothing they	had on the previous day."					
	On 6/27/24 at 9:57	AM, the Program Manager					
	(PM) and Quality	Assurance Manager (QAM)					
	were interviewed.	The PM and QAM were					
	provided an examp	ole of the observation of client					
		g dirty and asked if client #1's					
	1	naintained. The PM stated,					
		nd QAM were asked how staff					
		nt #1's dignity was maintained.					
		'Prompting and providing					
	hands on assistanc	e if needed".					
W 0436	483.470(g)(2)						
	SPACE AND EQ	UIPMENT					
Bldg. 00	The facility must	furnish, maintain in good					

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	IT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER A. BUILDING 00 B. WING			(X3) DATE SURVEY COMPLETED 07/05/2024		
NAME OF P	PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP COD 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135				
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION DATE
IAU	repair, and teach informed choices eyeglasses, hearing communications and devices identified team as needed because of the additional client (#90 client #1's adaptive worn and to ensure for knee pads and a during a fall were within the morning routines. 1. Observations were the strength of the resider observed to not be a process of the team of	clients to use and to make about the use of dentures, ng and other aids, braces, and other by the interdisciplinary by the client. on, record review and sampled clients (#1), plus 1 o), the facility failed to ensure supports for hearing aids were client #9's adaptive supports helmet to prevent injury from while he ambulated during the conducted on 6/24/24 from the partial living area. Fill was sitting on the front stial living area. Client #1 was wearing hearing aids. At 4:49 in the recreational building client #1 was observed to not aids. Conducted on 6/25/24 from AM at the residential living AM until 9:10 AM at the led workshop. At 7:17 AM common area of the residential 1 was observed to not be less. At 7:20 AM client #1 went on to receive his morning #1 was observed to not be less. At 8:25 AM client #1 exited it with staff for the outside	W	0436	To correct the deficient practice all staff have been trained in A clients adaptive equipment ne and procedures. The nursing has been trained ensuring all doctor recommendations are completed. Client #1 has an appointment scheduled with a hearing specialist on 8-6-24. RN will ensure all recommendations are. To en no others were affected the RI review all client charts to ensure all recommendations are completed, as well as all client adaptive equipment to ensure are utilized appropriately. Additional monitoring will be achieved by daily administrative backieved by daily administrative observations to ensure staff at implementing all policies, procedures, documentation, a plans as written. The administrative team will evaluate the observation frequency monito determine if the observation should continue, decrease, or increase.	Ill eds staff The sure N will re they re at	08/04/2024
	be wearing hearing	Client #1 was observed to not aids. At 8:42 AM client #1 was by workshop working on					

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	JILDING	00	COMPLETED	
		15G811	B. W	ING _		07/05/2024	
				STREET	ADDRESS, CITY, STATE, ZIP COD		
NAME OF P	PROVIDER OR SUPPLIEF	t			BLOOMINGTON STREET		
RES-CAF	RE INC				ICASTLE, IN 46135		
INLO-OAI	VE IIVO		-	SINEEN			,
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	ATE	COMPLETION
TAG		LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
		s for a local car part factory.					
		rved to not be wearing hearing					
		client #1 returned to the					
	-	nit. Client #1 was observed to					
	not be wearing hearing aids.						
	C1:						
		eview was completed on					
		The ISP (Individualized					
	* *	1 5/15/24 indicated, "Adaptive					1
		Client #1's Medical Consult					
		23 indicated, "Patient is a					
	candidate for hearing	ig aids.					
	An interview was c	onducted with the QIDP					
		ual Disabilities Professional)					
		Assurance Manager). The					
		nt #1] does not have hearing					
	-	of". The QAM stated, "to my					
		ring instrument has not been					
	followed up."	ing marament has not seen					
	ionowea ap.						
	2, Observations we	re conducted on 6/25/24 from					
		M and on 6/26/24 from 6:55 AM					
		g these morning observations					
	_	ake for his morning routine and					
		room to the dayroom carrying					1
		elmet with him. Client #9					
		he dining room table and					
		during his morning meals.					
		nd and ambulate during his					
		nrow away trash and return his					
	plate and utensils to	the kitchen without wearing					
	his helmet. During	the first observation on 6/25/24					
	at 6:47 AM, client #	#9 attempted to ambulate from					
	his dining table tow	ard the trash can and fell onto					
	a dining room table	hitting the left side of his					
	torso against a table	c. Client #9 was not wearing					
	his knee pads or hel	met. The Executive Director					1
	used a verbal promp	ot with client #9 to put on and					
		apport devices. At 6:49 AM,					

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	EMENT OF DEFICIENCIES LAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G811	ľ	UILDING	nstruction <u>00</u>	(X3) DATE COMPL 07/05 /	ETED
	OF PROVIDER OR SUPPLIE	R		1306 S	DDRESS, CITY, STATE, ZIP COD BLOOMINGTON STREET CASTLE, IN 46135		
(X4) II PREFI TAG	X (EACH DEFICIEN	STATEMENT OF DEFICIENCIE NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION DATE
	client #9 in the day pads and helmet to During the second 6/26/24 at 7:21 AM and helmet in his he the dayroom as he Direct Support Proverbal prompt with dayroom to assist he and helmet on. At at a dining room ta when he removed he with the some Client #9 was not we ambulated to and ficient #9 gathered his morning meal aback to the table. Chelmet as he ambulated at a dining room the thing of the second his morning meal aback to the table. Chelmet as he ambulated to and ficient #9 to indicate the rag. Client #9 to indicate the second his here are cleaned the AM, the Program of through the dayroom stating to client #9. Client #9 returned his helmet and the on his head. On 6/27/24 at 9:16 #9's record was conthe following: Individual Support	fessional (DSP #7) assisted room with placing on his knee wear while he ambulated. morning observation on 1, client #9 carried his knee pads ands from his bedroom out to began his morning routine. fessional (DSP #6) used a client #9 to sit down in the tim with placing his knee pads 7:28 AM, client #9 was seated ble eating his morning meal his helmet. At 7:34 AM, client able and ambulated to the of his dishes and returned. Wearing his helmet as he room the kitchen. At 7:36 AM, his napkin and wrappers from and went to the trash can and client #9 was not wearing his lated to throw away his trash. #6 used a verbal prompt with the he needed to use a cleaning le where he had eat his the standard of the room the wearing his helmet at the table with the rag. At 7:38 Manager (PM) was passing m and used a verbal prompt. "Get your helmet on please". To the dining room table to get PM assisted him with placing it AM, a focused review of client inducted. The review indicated Plan (ISP) dated 10/25/23 h: Dresses and undresses self					

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	NT OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G811	(X2) MULTIPLE C A. BUILDING B. WING	onstruction <u>00</u>	(X3) DATE SURVEY COMPLETED 07/05/2024
NAME OF F	PROVIDER OR SUPPLIER		1306 S	ADDRESS, CITY, STATE, ZIP COD B BLOOMINGTON STREET NCASTLE, IN 46135	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	(X5) COMPLETION DATE
		nbulates independently (losses			
	Outcome: [Client #!] through 5/2025 A assistance or suppor and activities of dai to also make sure th	1 5/15/24 indicated, "Expected 9's] safety will be maintained ctions: 1) Staff to provide rt with ambulation (walking) ly living as needed 4) Staff that he is wearing his soft knee pads during waking			
	was interviewed. TI #9's adaptive suppo should wear his kne stated, "At all times when he is sitting de client #9's adaptive he was ambulating.	AM, the Program Manger (PM) ne PM was asked about client rt devices and when he re pads and helmet. The PM and the can take it (helmet) off rown". The PM was asked if devices should be worn when The PM stated, "Yes. He can reproduce the position of the put the part of t			
W 0454	483.470(I)(1) INFECTION CON				
Bldg. 00	sampled clients (#1 additional clients (# #13, #14, #15, #16, facility failed to ens sanitary in order to transmission of infe Findings include: 1) An observation v	oid sources and fections. on and interview for 4 of 4, #2, #3 and #4) and 16 15, #6, #7, #8, #9, #10, #11, #12, #17, #18, #19 and #20), the sure the facility was clean and avoid sources and	W 0454	To correct the deficient practice all staff have been trained on infection control and cleanlines the facility. The administrative team will conduct twice daily w throughs of the facility to ensur cleanliness and infection control Additional monitoring will be achieved by daily administrative observations to ensure staff are implementing all policies, procedures, documentation, ar	as of alk e bl. e e

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STATEMEN	STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) M	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. B	UILDING	00	COMPL	LETED	
		15G811	B. W	ING		07/05	/2024	
				STREET /	ADDRESS, CITY, STATE, ZIP COD	<u> </u>		
NAME OF I	PROVIDER OR SUPPLIEI	R			BLOOMINGTON STREET			
RES-CA	RE INC				ICASTLE, IN 46135			
INLO-OA				OKLLIN				
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX	(EACH DEFICIEN	NCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	ATE.	COMPLETION	
TAG		R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE	
		ent #3 engaged in spitting on			plans as written. The			
	1	rniture and towards staff and			administrative team will evalua	ate		
	peers numerous times. The spit landed on the floor, on the furniture and on staff and peers.				the observation frequency mo	nthly		
					to determine if the observation			
		or encourage client #3 to clean			should continue, decrease, or			
	_	This affected clients #1, #2,			increase. Ongoing monitoring			
		#9, #10, #11, #12, #13, #14, #15,			be achieved by the administra			
	#16, #17, #18, #19 and #20.				team completing monthly facil	ity		
					site reviews			
		was conducted on 6/26/24 from						
		M. At 7:23 AM, client #6						
	stopped in the dayroom next to a chair to remove							
	his shoes as he and Certified Nurse Assistant							
		ing a mop bucket from the Colts						
		e storage location of the mop						
		llway. Client #6 stated to CNA						
	-	and removed his shoes next to a						
		m. After removing his shoes,						
		to walk with CNA #1 down the						
	Pacer hallway to re	turn the mop bucket.						
		#6 returned to the dayroom						
		e chair next to his shoes. Client						
		e washcloth to wipe out the						
		oes and placed the shoes back						
	onto his feet.							
	1	WC 1 1 1 1						
		#6 approached the surveyor						
	1	show you something"? The						
	•	client #6 to his bedroom at the						
		llway. Client #6 showed the						
	•	oom door within his bedroom						
		ed, "They locked this, so I can't						
	make it to the bath	room in time".						
	A+ 7.40 ANA CINTA	#1 was saled if all + #6 ! 1						
	At 7:48 AM, CNA #1 was asked if client #6 had issues with urinary incontinence. CNA #1 stated,							
	-							
		s asked about prevention of						
		incontinence and need to mop						
	up accidents due to	his bathroom door being	1					

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. B	UILDING	00	COMPL	ETED
		15G811	B. W	ING		07/05/2024	
		<u> </u>		STREET A	ADDRESS, CITY, STATE, ZIP COD		
NAME OF I	PROVIDER OR SUPPLIER	R			BLOOMINGTON STREET		
RES-CAI	RF INC				ICASTLE, IN 46135		
	ı			<u> </u>			1
(X4) ID		STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX		ICY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG		R LSC IDENTIFYING INFORMATION	_	TAG	DEFICIENCY)		DATE
		ated, "I would say we prompt					
		e bathroom. It's really in the					
	morning when he first gets up. This was the first time I was his one to one. It's not every morning".						
	On 6/26/24 -+ 1 22	DM a facused maximum of allique					
	On 6/26/24 at 1:32 PM, a focused review of client #6's record was conducted. The review indicated						
		iducted. The review indicated					
	the following:						
	Individual Support	Plan (ISP) dated 10/11/23					
		ual Profile: [Client #6] can					
		n hygiene independently but					
		omplete hygiene tasks such as					
	brushing his teeth, putting on deodorant, and showering Needs: Needs improvement in						
	personal hygiene sk	-					
	personal nygrene sa						
	On 6/27/24 at 9:57	AM, the Program Manager					
		Assurance Manager (QAM)					
		The PM and QAM were asked					
		actices of client #6's shoes					
	_	p water used to clean urine, the					
		eturned to the storage closet in					
		and client #6's use of a dry					
		clean the wetness from the					
		and placing them back on his					
		l, "The [shoes] should be					
		nfectant cleaner". The PM and					
		who should assist to ensure					
		had occurred. The PM stated,					
	_	have offered". The PM and					
	QAM were asked w	vhy staff should have					
	· ·	AM stated, "For the safety of					
		M stated, "It's a biohazard".					
	3. Observations we	re conducted at the facility on					
	6/24/24 from 1:00 I						
	On 6/24/24 at 1:28	PM the QIDP (Qualified					
	Intellectual Disabili	ity Professional) unlocked a					
	closet at the end of	the Pacers hallway. There					

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	T OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G811	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 07/05/2024		
NAME OF PROVIDER OR SUPPLIER RES-CARE INC				1306 S	ADDRESS, CITY, STATE, ZIP COD BLOOMINGTON STREET ICASTLE, IN 46135		
1					10/10/12/2, 117 10/100		
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIE			ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI	re (COMPLETION
TAG		R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
	were two mop buck	tets with a mop inside each					
	bucket. The water is	n the mop bucket was a dark					
	brown color. The Q	IDP indicated sometimes there					
	is an odor in the Pacers hallway due to the mop						
	water.						
	At 2:28 PM client #2 sat at the table and staff placed a peeled banana directly on the table without a plate or napkin under the banana. The table was not sanitized prior to staff placing the banana on the table.						
	Assurance Manager at 9:57 AM. The PM a plate or napkin no The PM indicated the should be implement effective infection of	Manager) and QAM (Quality r) were interviewed on 6/27/24 M indicated food should be on by placed directly on the table. The infection control practices and the table control practices should be teet the clients from infection.					

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