

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

PRINTED: 09/03/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15G811		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 08/08/2024	
NAME OF PROVIDER OR SUPPLIER  RES-CARE 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
W 0000  Bldg. 00	<p>This visit was for a post certification revisit (PCR) to the pre-determined full recertification and state licensure survey completed on 7/5/24.</p> <p>Dates of Survey: August 7 and 8, 2024.</p> <p>Facility Number: 013405 Provider Number: 15G811 AIMS Number: 201267570</p> <p>These deficiencies also reflect state findings in accordance with 410 IAC 16.2-5. Quality Review of this report completed by #15068 on 8/15/24.</p>			W 0000			
W 0268  Bldg. 00	<p>483.450(a)(1)(i) CONDUCT TOWARD CLIENT</p> <p>These policies and procedures must promote the growth, development and independence of the client.</p> <p>Based on observation and interview for 2 of 4 sampled clients (#2 and #3) and 2 additional clients (#12 and #16), the facility failed to ensure client #2 wore clothes in the common area of the facility, had both shoes on correctly, his sweatshirt was on properly and his pocket wasn't hanging out of his pants; client #3's pants fit properly; client #12's hat was clean and client #16's shirt was clean.</p> <p>Findings include: Observations were conducted on 8/7/24 from 12:41 PM until 2:46 PM and from 3:51 PM until 5:35 PM.</p> <p>a. On 8/7/24 at 12:41 PM client #2 walked into the day room of the residential building. Client #2 had</p>			W 0268	<p>To correct the deficient practice all staff have received competency-based training regarding client dignity and facility cleanliness facilitated by the Executive Director. Additionally, a per shift will be assigned for client dignity and cleanliness as their sole duty. A cleaning list and dignity checklist will be completed daily and reviewed by the PM. Additional monitoring will be achieved by three times a day walk throughs by the PM, QAC, QIDP, or RM to ensure cleanliness and dignity. The administrative team will meet</p>		09/08/2024

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

TITLE

(X6) DATE

Patrick O'Heran

QAM

08/21/2024

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>a blanket wrapped around his body and had no clothing on underneath. SS (Site Supervisor) #3 redirected client #2 to his bedroom to get dressed. At 4:01 PM client #2 came into the day room wearing a hooded sweatshirt backwards and sweat pants with the pocket hanging out of the side of the pants. Client #2 had a left shoe on his right foot and did not have a shoe on his left foot. Client #2's ball of his left foot was black.</p> <p>b. At 1:04 PM clients #15 and #16 were in the gym tossing different sized balls with the QIDP (Qualified Intellectual Disabilities Professional). Client #16 had long white stains on the front of his sweatshirt. Client #16 was wearing the stained sweatshirt when observations ended at 5:35 PM.</p> <p>c. At 4:01 PM client #3 was walking around the front porch of the building carrying a small basketball. Client #3's pants were falling down exposing his buttocks. From 5:22 PM until 5:33 PM client #3 was sitting at the table in the recreational room with his buttocks exposed.</p> <p>d. At 4:09 PM client #12 was eating a snack in the dining room area. Client #12 was wearing a character stocking cap which had food particles dried on the stocking cap.</p> <p>An interview was conducted on 8/7/24 at 4:25 PM with Direct Support Professional (DSP) #14. DSP #14 stated, "Clothing should be clean, we prompt them to put on clean clothes, sometimes they refuse."</p> <p>An interview was conducted on 8/8/24 at 1:52 PM with the PM (Program Manager) and QAM (Quality Assurance Manager). The QAM stated, "Dignity of the clients should be maintained all the time."</p>				<p>monthly to discuss the need to increase, decrease, or discontinue the walk throughs. Also, the ED, or QAM will complete weekly reviews of the facility and daily checklists. Ongoing monitoring will be achieved by the administrative staff completing monthly site reviews</p>		

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W 0454  Bldg. 00	<p>This deficiency was cited on 7/5/24. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>483.470(l)(1) INFECTION CONTROL</p> <p>The facility must provide a sanitary environment to avoid sources and transmission of infections.</p> <p>Based on observation and interview for 4 of 4 sampled clients (#1, #2, #3 and #4) and 15 additional clients (#5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18 and #19), the facility failed to ensure the residential facility was clean and sanitary in order to avoid sources and transmission of infections.</p> <p>Findings include: An observation was conducted at the facility on 8/7/24 from 12:41 PM until 2:46 PM and from 3:51 PM until 5:35 PM. During the observations, 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, and #19:</p> <ul style="list-style-type: none"> <li>-The Pacer hallway had a strong smell of urine.</li> <li>-There was BM (Bowel Movement) on the wall nearest to the second shower in the shower room. There was also BM on the wall nearest the third shower in the shower room.</li> <li>-The trash can in the shower room was full with debris emitting a strong odor.</li> <li>-The corners of all 3 showers in the shower room had a brown substance starting at the floor and going mid-way up the wall tiles of the showers.</li> <li>-The chair rail on the Pacer hallway on both sides of the walls had black marks in various sizes from the rail to the floor.</li> <li>-The door to the staff storage closet in the day</li> </ul>			W 0454	<p>To correct the deficient practice all staff have received competency-based training regarding client dignity and facility cleanliness facilitated by the Executive Director. A once monthly deep cleaning will be completed by ResCare or contracted through an agency. Additionally, a per shift will be assigned for client dignity and cleanliness as their sole duty. A cleaning list and dignity checklist will be completed daily and reviewed by the PM. Additional monitoring will be achieved by three times a day walk throughs by the PM, QAC, QIDP, or RM to ensure cleanliness and dignity. The administrative team will meet monthly to discuss the need to increase, decrease, or discontinue the walk throughs. Also, the ED, or QAM will complete weekly reviews of the facility and daily checklists. Ongoing monitoring will be achieved by the administrative staff completing monthly site reviews</p>		09/08/2024

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	<p>room was dirty in various places. The dirty areas disappeared after staff cleaned the cabinet.</p> <p>-There was a chair in the dining room that was wet and smelled of urine.</p> <p>-The chair rail on the Colts hallway on both sides of the walls had black marks in various sizes from the rail to the floor.</p> <p>-There was a mop pad on the floor in the kitchen under the corner of the running dishwasher.</p> <p>-There were several bedrooms which had piles of dirty clothing on the floors.</p> <p>-There was a brown substance on the floor in client #12's bedroom along with a carton of milk and 2 styrofoam cups on the dresser.</p> <p>An interview was conducted on 8/7/24 at 12:50 PM with DSP (Direct Support Professional) #17. DSP #17 stated, "Staff are responsible for cleaning. The guys are supposed to do their bedrooms, but they don't like to."</p> <p>An interview was conducted on 8/8/24 at 1:52 PM with the PM (Program Manager) and QAM (Quality Assurance Manager). The QAM indicated staff should check the bathrooms and showers to ensure cleanliness throughout their shift and they should be cleaned as needed. The QAM indicated the staff and clients thoroughly cleaned the facility last night and today. The QAM stated, "Ultimately it is the RMs (Residential Managers) on shift who are responsible to ensure the facility is clean as well as the administrative staff. A good deep cleaning was needed. It should be this clean at all times".</p> <p>This deficiency was cited on 7/5/24. The facility failed to implement a systemic plan of correction to prevent recurrence.</p>						