STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	15G507	A. BUILDING 00 B. WING	12/11/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
VOCA CORPORATION OF INDIANA	2900 KENTUCKY AVE MADISON, IN 47250

(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	This visit was for the PCR (Post Certification Revisit) to the investigation of complaints #IN00417465 and #IN00417525 completed on 10/20/23. This visit was done in conjunction with the investigation of complaints #IN00422341 and #IN00422345. Complaint #IN0417465: Not Corrected. Complaint #IN00417525: Not Corrected. Dates of Survey: 12/4/23, 12/5/23, 12/6/23, 12/7/23, 12/8/23 and 12/11/23. Facility Number: 001021 Provider Number: 15G507 AIMS Number: 100245130 These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 1/3/24.	W 0000		
W 0102 Bldg. 00	483.410 GOVERNING BODY AND MANAGEMENT The facility must ensure that specific governing body and management requirements are met. Based on record review and interview, the facility failed to meet the Condition of Participation: Governing Body for 1 of 3 sampled clients (A). The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility's nursing services	W 0102	**W102: The governing body must ensure that specific governing body and management requirements are met.** **Corrective action:**	01/14/2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Anna Brison	Program Director	01/10/2024

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	proactively advocated for client A's health needs, to ensure staff implemented hygienic care of client A's body, to ensure client A's wound treatments and medications were administered as ordered and to ensure the facility's LPN (Licensed Practical Nurse) Nurse Manager consulted with a RN (Registered Nurse) regarding client A's advanced medical care needs. The governing body failed to ensure the facility met the Condition of Participation: Health Care Services for 1 of 3 sampled clients (A). Findings include: 1. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility's nursing services proactively advocated for client A's health needs, to ensure staff implemented hygienic care of client A's body, to ensure client A's wound treatments and medications were administered as ordered and to ensure the facility's LPN Nurse Manager consulted with a RN regarding client A's advanced medical care needs. Please see W104. 2. The governing body failed to meet the Condition of Participation: Health Care Services. The governing body failed to proactively advocate for client A's health needs, to ensure staff implemented hygienic care of client A's body, to ensure client A's wound treatments and medications were administered as ordered and to ensure the facility's LPN Nurse Manager consulted with a RN regarding client A's advanced medical care needs. Please see W318. This deficiency was cited on 10/20/23. The facility failed to implement a plan of systemic correction to prevent recurrence.		All staff have been trained on daily documentation, following client positioning/ toileting schedules and proper medication administration including treatment orders. All medication administration is now on QuickMar, an electronic system that can be easily monitored by all Nursing and Management and it sends alert notifications if any medications were not administered, and we can react immediately. **(Attachment A).** All staff trained on abuse/ neglect/ client rights/ reporting policy. **(Attachment B)** Nurse Manager, Beth Ruwe removed from any duties in the facility as a result of the 10/20/23 complaint survey and no longer provides nursing services or oversight in our facilities. Nurse Manager will receive a corrective action for failure to communicate with Hospice regarding client (A) care and treatment, failure to follow up on the 7/13/23 nurses note from Brandy Lacey regarding client (A) care and treatment. **(Attachment C)** Nurse, Brandy Lacey put in place to resume Nursing duties over the facility. Becky Hughes will remain the LPN Nurse over the remaining ICF facilities in our operation and will report to Executive Director and RN for consult and clinical concerns.	

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	This federal tag relates to complaints #IN00417465 and #IN00417525. 9-3-1(a)		ResCare State Director of Nursing Services, Jan Breedlove is overseeing the Nurse of the facility. Nurse trained on completing nursing responsibilities per policy and procedure; including documentation, skin assessments, wound care, timely nursing assessments, Physician orders, timely physician appointments and interventions, documentation of new orders including topical treatments are clear and reconciled and monitoring client's medical condition. **(Attachment D).** Nurse will complete a weekly audit to ensure all clients in the facility medical needs are addressed. **(Attachment E)** Nurse will notify the Rescare State Director of Nursing, Jan Breedlove of all medical concerns regarding all clients in the facility. **(Attachment F)** Program Director created an observation checklist to utilize during management and Nurse oversight visits. **(Attachment G)** ResCare Management observations are continuing at 5 days per week for no less than 60 days to continue increased monitoring in the facility. **(Attachment H)** Nurse oversight is completed 5 days a week physically and 2 days a week of calls/facetime to monitor documentation,	

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			medication administration and any medical issues that need addressed. **(Attachment I)** Lead Supervisor completes weekly checklist to monitor documentation completion. **(Attachment J**) Nurse and Program Manager trained to ensure communication is in place with any outside agency that is providing care to the clients in the facility. **(Attachment K)** Client (A) was discharged from the facility on 7/27/23. **(Attachment L)** All staff trained on reporting any issues within the facility, pest or rodent issues, issues with HVAC and ensuring doors are kept shut when possible to eliminate pests entering the facility. **(Attachment M)** Nurse, Program Manager, QIDP and Lead staff trained to ensure all trainings that are completed are written and not verbal trainings. **(Attachment N)** Quality Assurance Manager with oversight of the Rescare Operation Support Specialist and State Director of Nursing completed a thorough investigation regarding the Nurses note from 7/13/23 by Brandy Lacey and to determine if Neglect was substantiated and also not reported timely. Beth Ruwe and Brandy Lacey were suspended pending outcome of the	

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			investigation. **(Attachment O)** Quality Assurance Manager conducted an investigation to determine if there is was neglect in the care of client (A) as it related to the previous mortality investigation and details noted in the supporting documentation. Former Area Supervisor, Marly Mullikin was found to be neglectful in reporting the fly issue in the facility timely. **(Attachment P)** Former Area Supervisor Marly Mullikin termed from employment with Rescare on 12/4/23 due to failing to report the fly issue when she was notified on 7/21/23 resulting in an excess amount of flies in the facility and client (A) having maggots in his heel wound. Quality Assurance Manager will receive a corrective action for failure to thoroughly investigate the circumstances of client (A) care and treatment prior to his death.**(Attachment Q)** Quality Assurance Coordinator will receive a corrective action for failure to thoroughly investigate the circumstances of client (A) care and treatment prior to his death. **(Attachment R)** Quality Assurance Manager, Program Manager and QIDP will be complete investigation training on 1/9/24 and 1/10/24 to ensure all investigations are completed thoroughly. Staff will complete the Skin	

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			assessment on all clients each shift and report any skin related issues to the Nurse and Program Manager immediately. **(Attachment A)** Nurse will complete full body assessments weekly on all clients in the facility.**(Attachment S)** **Monitoring of Corrective Action:** The Program Director will report to the Executive Director any concerns noted on the weekly checks, observations and the daily monitoring for all clients in the facility. Skin Assessments are completed daily by staff on each shift and any skin issues are reported to the Nurse immediately upon noting an issue. Nurse will notify State Director of Nursing for all skin related issues. Nurse weekly check is sent to the Program Manager, Program Director, Executive Director and State Director of Nursing for review and monitoring. Management and Nurse observations are reviewed during the daily calls with Management for monitoring and review. Program Manager monitors the home schedule to ensure HR is updated of all hiring needs for the facility. House meetings are held	

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			monthly at the facility with all staff to review all client plans. Daily calls are held by ResCare Management including Quality Assurance, Nurse, State Director of Nursing, Operation Support Specialist, Program Manager and Executive Director to discuss documentation in the facility, medical concerns or issues, oversight observations conducted by management and Nursing staff and medication changes and orders. A weekly adverse call is conducted each week on Thursdays while the survey remains open and until all conditions are cleared. This team consists of Sr. Director Quality Support, Quality Assurance, Program Manager, Program Director, State Director of Nursing, Operation Support Specialist, Executive Director and Regional Director. All investigations will be reviewed by Rescare's Operation Support Specialist, Hank Overton, and peer reviewed by Rescare Management. QuickMar is monitored by the Nurse, Program Manager, Program Director, State Director of Nursing and Executive Director daily to ensure all medications are administered.	

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			Completion Date: 1/14/24	
W 0104 Bldg. 00	483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based on record review and interview for 1 of 3 sampled clients (A), the governing body failed to exercise general policy, budget and operating direction over the facility to ensure to ensure the facility's nursing services proactively advocated for client A's health needs, to ensure staff implemented hygienic care of client A's body, to ensure client A's wound treatments and medications were administered as ordered and to ensure the facility's LPN (Licensed Practical Nurse) Nurse Manager consulted with a RN (Registered Nurse) regarding client A's advanced medical care needs. Findings include: 1. The governing body failed to ensure the facility's nursing services proactively advocated for client A's health needs, to ensure staff implemented hygienic care of client A's body and to ensure client A's wound treatments and medications were administered as ordered. Please see W331. 2. The governing body failed to ensure the facility's LPN Nurse Manager consulted with a RN regarding client A's advanced medical care needs. Please see W346. This deficiency was cited on 10/20/23. The facility failed to implement a plan of systemic correction	W 0104	**W104: The governing body will exercise general policy, budget, and operating direction over facility.** **Corrective action:** All staff have been trained on daily documentation, following client positioning/ toileting schedules and proper medication administration including treatment orders. All medication administration is now on QuickMar, an electronic system that can be easily monitored by all Nursing and Management and it sends alert notifications if any medications were not administered, and we can react immediately. **(Attachment A).** All staff trained on abuse/ neglect/ client rights/ reporting policy. **(Attachment B)** Nurse Manager, Beth Ruwe removed from any duties in the facility as a result of the 10/20/23 complaint survey and no longer provides nursing services or oversight in our facilities. Nurse Manager will receive a corrective action for failure to communicate	01/14/2024

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	to prevent recurrence. This federal tag relates to complaints #IN00417465 and #IN00417525. 9-3-1(a)		with Hospice regarding client (A) care and treatment, failure to follow up on the 7/13/23 nurses note from Brandy Lacey regarding client (A) care and treatment . **(Attachment C)** Nurse, Brandy Lacey put in place to resume Nursing duties over the facility following the complaint survey on 10/20/23. Becky Hughes will remain the LPN Nurse over the remaining ICF facilities in our operation and will report to Executive Director and RN for consult and clinical concerns. ResCare State Director of Nursing Services, Jan Breedlove is overseeing the Nurse of the facility. Nurse trained on completing nursing responsibilities per policy and procedure; including documentation, skin assessments, wound care, timely nursing assessments, Physician orders, timely physician appointments and interventions, documentation of new orders including topical treatments are clear and reconciled and monitoring client's medical condition. **(Attachment D).** Nurse will complete a weekly audit to ensure all clients in the facility medical needs are addressed. **(Attachment E)** Nurse will notify the Rescare State Director of Nursing, Jan Breedlove of all medical concerns	

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			regarding all clients in the facility. **(Attachment F)** Program Director created an observation checklist to utilize during management and Nurse oversight visits. **(Attachment G)** ResCare Management observations are continuing at 5 days per week for no less than 60 days to continue increased monitoring in the facility. **(Attachment H)** Nurse oversight is completed 5 days a week physically and 2 days a week of calls/facetime to monitor documentation, medication administration and any medical issues that need addressed. **(Attachment I)** Lead Supervisor completes weekly checklist to monitor documentation completion. **(Attachment J)** Nurse and Program Manager trained to ensure communication is in place with any outside agency that is providing care to the clients in the facility. **(Attachment K)** Client (A) was discharged from the facility on 7/27/23. **(Attachment L)** All staff trained on reporting any issues within the facility, pest or rodent issues, issues with HVAC and ensuring doors are kept shut when possible to eliminate pests entering the facility. **(Attachment M)** Nurse, Program Manager,	

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			QIDP and Lead staff trained to ensure all trainings that are completed are written and not verbal trainings.**(Attachment N)** Quality Assurance Manager with oversight of the Rescare Operation Support Specialist and State Director of Nursing completed a thorough investigation regarding the Nurses note from 7/13/23 by Brandy Lacey and to determine if Neglect was substantiated and also not reported timely. Beth Ruwe and Brandy Lacey were suspended pending outcome of the investigation. **(Attachment O)** Quality Assurance Manager conducted an investigation to determine if there is was neglect in the care of client (A) as it related to the previous mortality investigation and details noted in the supporting documentation. Former Area Supervisor, Marly Mullikin was found to be neglectful in reporting the fly issue in the facility timely. **(Attachment P)** Former Area Supervisor Marly Mullikin termed from employment with Rescare on 12/4/23 due to failing to report the fly issue when she was notified on 7/21/23 resulting in an excess amount of flies in the facility and client (A) having maggots in his heel wound. Quality Assurance Manager will receive a corrective action for failure to thoroughly investigate the circumstances of client (A) care	

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			and treatment prior to his death.**(Attachment Q)** Quality Assurance Coordinator will receive a corrective action for failure to thoroughly investigate the circumstances of client (A) care and treatment prior to his death. **(Attachment R)** Quality Assurance Manager, Program Manager and QIDP will be complete investigation training on 1/9/24 and 1/10/24 to ensure all investigations are completed thoroughly. Staff will complete the Skin assessment on all clients each shift and report any skin related issues to the Nurse and Program Manager immediately. **(Attachment A)** Nurse will complete full body assessments weekly on all clients in the facility. **(Attachment S)** **Monitoring of Corrective Action:** The Program Director will report to the Executive Director any concerns noted on the weekly checks, observations and the daily monitoring for all clients in the facility. Skin Assessments are completed daily by staff on each shift and any skin issues are reported to the Nurse immediately upon noting an issue. Nurse will notify State	

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			Director of Nursing for all skin related issues. Nurse weekly check is sent to the Program Manager, Program Director, Executive Director and State Director of Nursing for review and monitoring. Management and Nurse observations are reviewed during the daily calls with Management for monitoring and review. Program Manager monitors the home schedule to ensure HR is updated of all hiring needs for the facility. House meetings are held monthly at the facility with all staff to review all client plans. Daily calls are held by ResCare Management including Quality Assurance, Nurse, State Director of Nursing, Operation Support Specialist, Program Manager and Executive Director to discuss documentation in the facility, medical concerns or issues, oversight observations conducted by management and Nursing staff and medication changes and orders. A weekly adverse call is conducted each week on Thursdays while the survey remains open and until all conditions are cleared. This team consists of Sr. Director Quality Support, Quality Assurance, Program Manager, Program Director, State Director of Nursing, Operation Support Specialist,	

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			Executive Director and Regional Director. All investigations will be reviewed by Rescare's Operation Support Specialist, Hank Overton, and peer reviewed by Rescare Management. QuickMar is monitored by the Nurse, Program Manager, Program Director, State Director of Nursing and Executive Director daily to ensure all medications are administered. **Completion Date: 1/14/24**	
W 0318 Bldg. 00	483.460 HEALTH CARE SERVICES The facility must ensure that specific health care services requirements are met. Based on record review and interview, the facility failed to meet the Condition of Participation: Health Care Services for 1 of 3 sampled clients (A). The facility's nursing services failed to proactively advocate for client A's health needs, to ensure staff implemented hygienic care of client A's body, to ensure client A's wound treatments and medications were administered as ordered and to ensure the facility's LPN (Licensed Practical Nurse) Nurse Manager consulted with a RN (Registered Nurse) regarding client A's advanced medical care needs. Findings include:	W 0318	**W318: The facility must ensure that specific health care services requirements are met.** **Corrective action:** All staff have been trained on daily documentation, following client positioning/ toileting schedules and proper medication administration including treatment orders. All medication administration is now on QuickMar, an electronic system that can be easily monitored by all Nursing and Management and it sends alert notifications if any	01/14/2024

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	1. The facility's health care services failed to ensure the nursing services proactively advocated for client A's health needs, to ensure staff implemented hygienic care of client A's body and to ensure client A's wound treatments and medications were administered as ordered. Please see W331. 2. The facility's health care services failed to ensure LPN Nurse Manager consulted with a RN regarding client A's advanced medical care needs. Please see W346. This deficiency was cited on 10/20/23. The facility failed to implement a plan of systemic correction to prevent recurrence. This federal tag relates to complaints #IN00417465 and #IN00417525. 9-3-6(a)		medications were not administered, and we can react immediately. **(Attachment A).** All staff trained on abuse/ neglect/ client rights/ reporting policy. **(Attachment B)** Nurse Manager, Beth Ruwe removed from any duties in the facility as a result of the 10/20/23 complaint survey and no longer provides nursing services or oversight in our facilities. Nurse Manager will receive a corrective action for failure to communicate with Hospice regarding client (A) care and treatment, failure to follow up on the 7/13/23 nurses note from Brandy Lacey regarding client (A) care and treatment. **(Attachment C)** Nurse, Brandy Lacey put in place to resume Nursing duties over the facility following the 10/20/23 complaint. Becky Hughes will remain the LPN Nurse over the remaining ICF facilities in our operation and will report to Executive Director and RN for consult and clinical concerns. ResCare State Director of Nursing Services, Jan Breedlove is overseeing the Nurse of the facility. Nurse trained on completing nursing responsibilities per policy and procedure; including documentation, skin assessments, wound care, timely nursing assessments, Physician	

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VOCA CORPORATION OF INDIANA	2900 KENTUCKY AVE MADISON, IN 47250

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			orders, timely physician appointments and interventions, documentation of new orders including topical treatments are clear and reconciled and monitoring client's medical condition. **(Attachment D).** Nurse will complete a weekly audit to ensure all clients in the facility medical needs are addressed. **(Attachment E)** Nurse will notify the Rescare State Director of Nursing, Jan Breedlove of all medical concerns regarding all clients in the facility. **(Attachment F)** Program Director created an observation checklist to utilize during management and Nurse oversight visits. **(Attachment G)** ResCare Management observations are continuing at 5 days per week for no less than 60 days to continue increased monitoring in the facility. **(Attachment H)** Nurse oversight is completed 5 days a week physically and 2 days a week of calls/facetime to monitor documentation, medication administration and any medical issues that need addressed. **(Attachment I)** Lead Supervisor monitors documentation daily and completes a weekly checklist to monitor documentation completion. **(Attachment J**) Nurse and Program Manager trained to ensure communication	

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			is in place with any outside agency that is providing care to the clients in the facility. **(Attachment K)** Client (A) was discharged from the facility on 7/27/23. **(Attachment L)** Program Director was notified that Hospice felt there was an issue with flies in the facility on 7/24/23. Program Director contacted Rule One Pest Control to go to the facility. Rule One Pest Control was in the facility on 7/25/23 and placed fly bait in the facility. **(Attachment T)** All staff trained on reporting any issues within the facility, pest or rodent issues, issues with HVAC and ensuring doors are kept shut when possible to eliminate pests entering the facility. **(Attachment M)** Nurse, Program Manager, QIDP and Lead staff trained to ensure all trainings that are completed are written and not verbal trainings.**(Attachment N)** Quality Assurance Manager with oversight of the Rescare Operation Support Specialist and State Director of Nursing completed a thorough investigation regarding the Nurses note from 7/13/23 by Brandy Lacey and to determine if Neglect was substantiated and also not reported timely. Beth Ruwe and Brandy Lacey were suspended pending outcome of the	

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			investigation. **(Attachment O)** Quality Assurance Manager conducted an investigation to determine if there was neglect in the care of client (A) as it related to the previous mortality investigation and details noted in the supporting documentation. Former Area Supervisor, Marly Mullikin was found to be neglectful in reporting the fly issue in the facility timely. **(Attachment P)** Former Area Supervisor Marly Mullikin termed from employment with Rescare on 12/4/23 due to failing to report the fly issue when she was notified on 7/21/23 resulting in an excess amount of flies in the facility and client (A) having maggots in his heel wound. Quality Assurance Manager will receive a corrective action for failure to thoroughly investigate the circumstances of client (A) care and treatment prior to his death.**(Attachment Q)** Quality Assurance Coordinator will receive a corrective action for failure to thoroughly investigate the circumstances of client (A) care and treatment prior to his death. **(Attachment R)** Quality Assurance Manager, Program Manager and QIDP will be complete investigation training on 1/9/24 and 1/10/24 to ensure all investigations are completed thoroughly. Staff will complete the Skin	

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			assessment on all clients each shift and report any skin related issues to the Nurse and Program Manager immediately. **(Attachment A)** Nurse will complete full body assessments weekly on all clients in the facility. **(Attachment S)** **Monitoring of Corrective Action:** The Program Director will report to the Executive Director any concerns noted on the weekly checks, observations and the daily monitoring for all clients in the facility. Skin Assessments are completed daily by staff on each shift and any skin issues are reported to the Nurse immediately upon noting an issue. Nurse will notify State Director of Nursing for all skin related issues. Nurse weekly check is sent to the Program Manager, Program Director, Executive Director and State Director of Nursing for review and monitoring. Management and Nurse observations are reviewed during the daily calls with Management for monitoring and review. Program Manager monitors the home schedule to ensure HR is updated of all hiring needs for the facility. House meetings are held	

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			monthly at the facility with all staff to review all client plans. Daily calls are held by ResCare Management including Quality Assurance, Nurse, State Director of Nursing, Operation Support Specialist, Program Manager and Executive Director to discuss documentation in the facility, medical concerns or issues, oversight observations conducted by management and Nursing staff and medication changes and orders. A weekly adverse call is conducted each week on Thursdays while the survey remains open and until all conditions are cleared. This team consists of Sr. Director Quality Support, Quality Assurance, Program Manager, Program Director, State Director of Nursing, Operation Support Specialist, Executive Director and Regional Director. All investigations will be reviewed by Rescare's Operation Support Specialist, Hank Overton, and peer reviewed by Rescare Management. QuickMar is monitored by the Nurse, Program Manager, Program Director, State Director of Nursing and Executive Director daily to ensure all medications are administered.	

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			Completion Date: 1/14/24	
W 0331 Bldg. 00	483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. Based on record review and interview for 1 of 3 sampled clients (A), the facility's nursing services failed to proactively advocate for client A's health needs, to ensure staff implemented hygienic care of client A's body and to ensure client A's wound treatments and medications were administered as ordered. Findings include: Client A's Hospital Hospice Record was reviewed on 12/7/23 at 12:00 PM. Client A's Hospital Health Hospice Visit Note (HHHVN) dated 7/24/23 indicated Hospice Registered Nurse Case Manager (HRNCM) #1 completed a visit on 7/24/23. The HHHVN indicated, "[Client A] lying in bed at time of arrival. [Client A] unclothed. Had covers over him. Large amount (of) flies buzzing around the room and crawling on [client A]. Vitals obtained and assessments completed. Heel boots removed from feet. Maggots noted in heel boot of right foot. Dressing to R (right) heel removed. Maggots falling out of wound. Remaining wounds assessed. No maggots. Notified staff that I would be calling [client A's guardian] and requesting transfer to hospital. Wounds redressed. Staff member (not specified) notified facility nurse. Gave [client A] his 2 PM med's with a Norco (pain relief). Visit concluded. [HRNCM #1] returned to	W 0331	**W331**: The facility must provide clients with nursing services in accordance with their needs. **Corrective action:** All staff have been trained on daily documentation, following client positioning/ toileting schedules and proper medication administration including treatment orders. All medication administration is now on QuickMar, an electronic system that can be easily monitored by all Nursing and Management and it sends alert notifications if any medications were not administered, and we can react immediately. **(Attachment A).** All staff trained on abuse/ neglect/ client rights/ reporting policy. **(Attachment B)** Nurse Manager, Beth Ruwe removed from any duties in the facility as a result of the 10/20/23 complaint survey and no longer provides nursing services or oversight in our facilities. Nurse Manager will receive a corrective action for failure to communicate	01/14/2024

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	office. [Client A's guardian] contacted and permission obtained to send [client A] to hospital. [Hospital Doctor (HD)] notified and order obtained to admit for pain and symptom management." The HHHVN indicated, "1805 (6:05 PM) arrived to hospital to assess [client A]. Med list provided to [HRN (Hospital Registered Nurse)]. [HRN] stated no further maggots had been found in woulds (sic). Order put in for wound consult. [RN PCT (unknown)] stated [client A] had eaten 100% of supper. States [client A] appeared very hungry. [Client A's guardian] to arrange for alternative placement." The HHHVN indicated, "[HRNCM #1] was constantly shooing flies off of the patient/[client A]. Staff had been warned at previous visit that wounds would be infested with maggots if they did not get the flies under control." Client A's HHHVN dated 7/21/23 indicated HRNCM #2 completed a visit on 7/21/23. The 7/21/23 HHHVN indicated, "[Client A] has multiple flies in room. [HRNCM #2] discussed a treatment option with staff to rid the room of flies to open wounds and risk of maggot infestation. Staff (unspecified) reports they will discuss with their boss. [HRNCM #2] instructed staff on floating heels, turning and repositioning. Staff voices understanding. Staff denies further needs and voices understanding of emergency plan." Client A's Pre-Hospital (Ambulance) Report dated 7/25/23 indicated the following on 7/24/23: -"Call received from [HRNCM #1], the patient's hospice nurse for a [age, gender], to be admitted to [hospital]. This was to be a direct admit to room ..., for pain and symptom management. [HRNCM #1] stated that there were maggots in [client A's]		with Hospice regarding client (A) care and treatment, failure to follow up on the 7/13/23 nurses note from Brandy Lacey regarding client (A) care and treatment. **(Attachment C)** Nurse, Brandy Lacey put in place to resume Nursing duties over the facility following the 10/20/23 complaint. Becky Hughes will remain the LPN Nurse over the remaining ICF facilities in our operation and will report to Executive Director and RN for consult and clinical concerns. ResCare State Director of Nursing Services, Jan Breedlove is overseeing the Nurse of the facility. Nurse trained on completing nursing responsibilities per policy and procedure; including documentation, skin assessments, wound care, timely nursing assessments, Physician orders, timely physician appointments and interventions, documentation of new orders including topical treatments are clear and reconciled and monitoring client's medical condition. **(Attachment D).** Nurse will complete a weekly audit to ensure all clients in the facility medical needs are addressed. **(Attachment E)** Nurse will notify the Rescare State Director of Nursing, Jan Breedlove of all medical concerns	

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	wound." -"Arrival on scene, found [client A] lying in a bed with no sheets on it. Draw sheets that were on the bed were heavily soiled. [Client A] was in a very warm room with no clothing on. There was a strong smell of decay and many flies were swarming. 'Moon boots' (protective boots) were seen lying on the floor. [Client A] was able to voice complaint of pain but wasn't able to tell us exactly where or rate it on the pain scale." HCNO (Hospital Chief Nursing Officer), HRNCM #1 and Home Health Hospice Administrator (HHHA) were interviewed on 12/7/23 at 11:36 AM. HRNCM #1 indicated she was an RN (Registered Nurse) and case manager. HRNCM #1 indicated she had provided care and treatment to client A while at the group home. HRNCM #1 indicated she had witnessed flies in the group home. HRNCM #1 indicated she had seen the doors at the home open with staff standing in the doorways smoking while she was at the home. HRNCM #1 stated during her visits at the home client A's room was "dirty with feces on the blinds and walls". HRNCM #1 indicated she had communicated and documented her concerns regarding the flies with ResCare staff. HRNCM #1 indicated she was aware of HRNCM #2's communication and documentation of concerns regarding the flies with ResCare staff. HRNCM #1 indicated she did not recall or document a specific staff, date or time of communication. HRNCM #1 indicated she had not met or directly communicated with ResCare's nursing staff. HRNCM #1 indicated on 7/24/23 she was providing wound care to client A and found maggots in the wounds on his right heel. HRNCM #1 stated, "They were warned about the		regarding all clients in the facility. **(Attachment F)** Program Director created an observation checklist to utilize during management and Nurse oversight visits. **(Attachment G)** ResCare Management observations are continuing at 5 days per week for no less than 60 days to continue increased monitoring in the facility. **(Attachment H)** Nurse oversight is completed 5 days a week physically and 2 days a week of calls/facetime to monitor documentation, medication administration and any medical issues that need addressed. **(Attachment I)** Lead Supervisor monitors documentation daily and completes a weekly checklist to monitor documentation completion. **(Attachment J**) Nurse and Program Manager trained to ensure communication is in place with any outside agency that is providing care to the clients in the facility. **(Attachment K)** Client (A) was discharged from the facility on 7/27/23. **(Attachment L)** Program Director was notified that Hospice felt there was an issue with flies in the facility on 7/24/23. Program Director contacted Rule One Pest Control to go to the facility. Rule One Pest Control was in the facility on	

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	flies." HRNCM #1 indicated she contacted client A's guardian and arranged for client A to be admitted to the hospital for treatment. HRNCM #1 indicated client A had poor hygiene during her visits. HRNCM #1 indicated client A would be naked with no adult incontinence brief in his bed with no mattress cover. HRNCM #1 indicated she had been in the home at times with 1 staff member present with 3 to 4 other clients present. HRNCM #1 stated she "felt like [client A's] needs were too great for the group home setting." HRNCM #1 indicated she had made attempts to train and educate group home staff on client A's treatments. HRNCM #1 stated client A's group home staff were not cooperative with her education attempts and "they walked out" of the room at times when attempting to give instructions and communicate. HHHA indicated the HD and hospice IDT (Interdisciplinary Team) were aware of client A's case prior to the 7/24/23 hospital admission. HHHA indicated the hospice IDT had concerns regarding the care and treatment client A was receiving in his home. HHHA indicated when client A was admitted to the hospital on 7/24/23 with maggots in his wounds the hospital contacted APS (Adult Protective Services) to file a report. HHHA indicated APS advised they would not open an investigation since client A was being moved out of the home and into a long-term care facility. Site Lead (SL) was interviewed on 12/6/23 at 8 PM. SL indicated she had worked in the group home with client A during the summer of 2023. SL indicated the home was hot and PD (Program Director) was notified. SL initially indicated she was uncertain of the time period, either May or later in July of 2023. SL later stated, "Think it was		7/25/23 and placed fly bait in the facility. **(Attachment T)** All staff trained on reporting any issues within the facility, pest or rodent issues, issues with HVAC and ensuring doors are kept shut when possible to eliminate pests entering the facility. **(Attachment M)** Nurse, Program Manager, QIDP and Lead staff trained to ensure all trainings that are completed are written and not verbal trainings.**(Attachment N)** Quality Assurance Manager with oversight of the Rescare Operation Support Specialist and State Director of Nursing completed a thorough investigation regarding the Nurses note from 7/13/23 by Brandy Lacey and to determine if Neglect was substantiated and also not reported timely. Beth Ruwe and Brandy Lacey were suspended pending outcome of the investigation. **(Attachment O)** Quality Assurance Manager conducted an investigation to determine if there was neglect in the care of client (A) as it related to the previous mortality investigation and details noted in the supporting documentation. Former Area Supervisor, Marly Mullikin was found to be neglectful in reporting the fly issue in the facility timely. **(Attachment P)** Former Area Supervisor Marly Mullikin termed from employment	

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	the summer. Yes. It (air conditioning) froze up. We left the doors open before and let the house air out and such and never had issues before. It needed service." SL indicated while client A was receiving hospice services his wound care orders changed from staff completing bandage changes from twice a day to the hospice nurse changing the bandages once a week. SL indicated the hospice nurse was at the home (7/21/23). SL indicated she was the only staff at the home and was outside on the home's porch. SL stated, "She was telling us we got to keep the door shut. When she notified me, she had left (the) bandage off his foot; left it open." SL stated, "Think fly landed on (his) foot" in that timeframe. SL stated, "Yes, ended up (with) eggs in his heels." SL indicated client A went to the hospital for direct admit. SL indicated the home did have flies during the time period. SL stated, "Got worse than ever saw." SL indicated the previous area supervisor bought plug in insect devices. SL indicated client A had a PRN order for pain on his genitals and around the catheter. SL indicated client A had an order for Nystatin (anti-fungal) Powder for yeast. SL stated, "The whole time it was a constant fight to keep clean and had some sores around it." SL indicated client A's genitals should be washed and kept clean on a daily basis. SL indicated she was not aware of concerns or incidents of client A's hygiene not being completed. Client A's record was reviewed on 12/6/23 at 4:00 PM. Client A's Nursing Notes indicated the following: -Nurse #1 entry dated 7/13/23 at 5:32 PM indicate,		with Rescare on 12/4/23 due to failing to report the fly issue when she was notified on 7/21/23 resulting in an excess amount of flies in the facility and client (A) having maggots in his heel wound. Quality Assurance Manager will receive a corrective action for failure to thoroughly investigate the circumstances of client (A) care and treatment prior to his death.**(Attachment Q)** Quality Assurance Coordinator will receive a corrective action for failure to thoroughly investigate the circumstances of client (A) care and treatment prior to his death. **(Attachment R)** Quality Assurance Manager, Program Manager and QIDP will be complete investigation training on 1/9/24 and 1/10/24 to ensure all investigations are completed thoroughly. Staff will complete the Skin assessment on all clients each shift and report any skin related issues to the Nurse and Program Manager immediately. **(Attachment A)** Nurse will complete full body assessments weekly on all clients in the facility. **(Attachment S)** **Monitoring of Corrective Action:**	

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	"Visited [client A] at him today for routine f/c (Foley catheter) change. I found him in bed. He had clean dressings to bilateral feet but did make constant c/o's (complaints) of foot pain, tingling, burning, etc (sic) during our initial visit. Feet were elevated so that heels are off the bed and that seemed to calm [client A]. I removed clothing after explaining to [client A] what I was doing and noted [client A's] f/c was tucked between his legs, when I pulled the f/c and his penis out there was immediate foul odor and noted poor hygiene (body cheese present) (unknown). During peri-care prior to the f/c change, [client A] cried out and constantly told me it hurt to wipe his penis off. Explained to him that getting cleaned up may actually make it feel better. Upon wiping the 'cheese' away; skin on penis left raw and bleeding. Urethral meatus (external portion of urethra) red and inflamed. Soft tissue on penis inflamed and sore. Spoke with staff on duty [DSP (Direct Support Professional) #1 and DSP #2] and explained to them that despite the placement of a f/x [client A] needs f/c care and peri-care every shift. I explained that his foreskin needs pulled back and cleaned every shift and that his hygiene was very poor this evening. F/c placed to BSD (bedside), draining clear yellow urine. Notified staff that [client A] was ready to get out of bed." -Nurse #1 entry on 7/14/23, at 9:49 AM indicated, "Notified [NM (Nurse Manager)] of my visit to see [client A] yesterday and the poor hygiene and skin condition of penis." Client A's Nursing Notes did not indicate documentation of follow-up or additional review of client A's hygiene or health needs after the 7/13/23 allegations. Client A's MAR (Medication Administration		The Program Director will report to the Executive Director any concerns noted on the weekly checks, observations and the daily monitoring for all clients in the facility. Skin Assessments are completed daily by staff on each shift and any skin issues are reported to the Nurse immediately upon noting an issue. Nurse will notify State Director of Nursing for all skin related issues. Nurse weekly check is sent to the Program Manager, Program Director, Executive Director and State Director of Nursing for review and monitoring. Management and Nurse observations are reviewed during the daily calls with Management for monitoring and review. Program Manager monitors the home schedule to ensure HR is updated of all hiring needs for the facility. House meetings are held monthly at the facility with all staff to review all client plans. Daily calls are held by ResCare Management including Quality Assurance, Nurse, State Director of Nursing, Operation Support Specialist, Program Manager and Executive Director to discuss documentation in the facility, medical concerns or issues, oversight observations conducted by management and	

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	Record) dated July 2023 indicated the following: -"Cath Care. Clean cath tubing and Penis with soap and water." Client A's MAR indicated client A's catheter and penis should be cleaned with soap and water on the first, second and third shifts daily. The record was blank with no documentation on third shift on 7/7/23, second shift on 7/9/23, third shift on 7/12/23, second shift on 7/13/23, third shift on 7/13/23, second shift on 7/17/23, third shift on 7/20/23 and third shift on 7/21/23. -"Glydo Gel (pain relief) 2%. Apply 11 milliliters topically to site around catheter as directed as needed for pain." The review did not indicate documentation of administration of client A's PRN for pain relief regarding his catheter/penis. Nurse #1 was interviewed on 12/7/23 at 2:46 PM. Nurse #1 indicated she had been assigned as the group home nurse in October 2023. Nurse #1 indicated her role included reviewing doctor consultation notes, ensuring orders were followed and being available for staff regarding client health needs. Nurse #1 indicated she reviewed staff documentation regarding meal intake tracking, treatment and bowel tracking. Nurse #1 stated, "Yes, (documentation) ongoing problem." Nurse #1 indicated she had assisted with nursing coverage at the home prior to October 2023. Nurse #1 indicated she had worked in the home with client A. Nurse #1 indicated NM (Nurse Manager) asked her to assist with client A's catheter change on 7/14/23. Nurse #1 indicated she went to client A's home and DSPs #1 and #2 were present in the		Nursing staff and medication changes and orders. A weekly adverse call is conducted each week on Thursdays while the survey remains open and until all conditions are cleared. This team consists of Sr. Director Quality Support, Quality Assurance, Program Manager, Program Director, State Director of Nursing, Operation Support Specialist, Executive Director and Regional Director. All investigations will be reviewed by Rescare's Operation Support Specialist, Hank Overton, and peer reviewed by Rescare Management. QuickMar is monitored by the Nurse, Program Manager, Program Director, State Director of Nursing and Executive Director daily to ensure all medications are administered. **Completion Date: 1/14/24**	

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	15G507	A. BUILDING 00 B. WING	12/11/2023

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	home at the time. Nurse #1 stated she "Verbally talked to them as soon as left his room. Got him cleaned up and had a pow-wow with them about the state that I found him in. No way they could convince me that he'd had any peri-area washed that day." Nurse #1 stated, "Said they (would) do better, and I went off and I let [NM] know about it." Nurse #1 indicated she was not aware of a PRN (As needed) topical medication for pain relief. Nurse #1 indicated a PRN medication should be administered as ordered by the physician. Nurse #1 indicated she was not aware of any follow-up regarding client A's care related to 7/14/23. Nurse #1 later indicated QIDP (Qualified Intellectual Disability Professional) followed-up after client A's death (8/28/23) but was uncertain on the details of their conversation or date. Nurse #1 indicated she had not assisted with client A's personal care prior to the 7/14/23 incident and was not aware of other incidents of poor hygiene. Nurse #1 indicated she did not recall client A's room being hot or having flies. Nurse #1 stated, "The day I was there changing the catheter the dressing on his heels look like just changed. Weird to see nice clean bandages and the rest of him in icky state." Nurse #1 stated, "[Client A] (had) extra skin (foreskin) that needed to be cleaned under. Foul smelling as soon as (I) pulled (his) britches down. And once gotten cleaned up. (Penis) red and raw were not cleaned properly and not kept dry appeared to me (sic)." NM was interviewed on 12/7/23 at 5:19 PM. NM indicated Nurse #1 had called her and reported what she had seen at the home on 7/14/23. NM indicated Nurse #1 was covering for her and had gone to the home to complete a scheduled catheter change. NM stated, "She hadn't been there. She was kind of in shock at what she had seen. She didn't know that we were already			

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	dealing with those basically." When asked if Nurse #1's call was to report concerns with his hygiene, NM stated, "No, I took the phone call more of a shock. Cause that's when I was out sick. And so, I took the phone call as more of her being in shock because of being sick I didn't give her a report. I told her a catheter needed to be changed, that type of thing. So, I was taking the phone call that she was more in shock (about) what she had seen and when I told her that yes it had been an issue and he had been treated we had at doctors, medicine and different things she proceeded to tell me she had informed staff of the importance of really giving good care and following the orders." When asked if she had completed any follow-up on Nurse #1's concerns or retraining, NM stated, "No, cause she had told me that she had spoken to the staff when she was in the home." NM indicated client A had an order for his catheter/genital area to be washed daily and a PRN for Glydo gel for pain relief around his catheter site. Executive Director (ED) and State Director of Nursing (SDON) were interviewed on 12/8/23 at 11:30 AM. SDON indicated she was an RN. SDON indicated she was not involved and had not consulted with the LPN (Licensed Practical Nurse) NM regarding client A's wound or hospice care. SDON stated, "They have communicated to me the thing (7/14/23 nurse note) looked at now." SDON indicated Nurse #1's 7/14/23 report would need further clarification and communication to determine if her concerns were neglect or if further medical follow-up or staff training were needed.			

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	ED indicated failure to provide care and treatment for a client's health needs was neglect. ED indicated she was aware of maggots being found in client A's heels. ED indicated hospice had been involved, unwrapped his wounds on a Friday (7/21/23) and returned to the home on Monday (7/24/23) and noticed the maggots. ED indicated agency staff had not unwrapped client A's wound dressing and had been directed not to from 7/21/23 through 7/24/23. Client A's record was reviewed on 12/6/23 at 4:00 PM. Client A's MAR (Medication Administration Record) dated July 2023 indicated the following: -"Wet to dry dressings to bilateral heels use normal saline to 4 inch by 4 inch cover with gauze." The review indicated documentation of facility staff completing the wound dressing on 1st and 2nd shifts through 7/23/23 when the order was changed on 7/24/23. Client A's 7/19/23 Medical Consult form indicated the following: -"Wound care 2 times weekly. Bilateral heels Medi honey (wound gel). (illegible wound coverings). Nurse to change two times a week. Caregiver (staff) will be taught next visit. May change PRN once dressing is taught." The facility's BDS (Bureau of Disabilities Services) and investigations were reviewed on 12/4/23 at 4:03 PM. Investigative Summary not dated indicated the following: -"[Client A, age and gender] passed away 8/28/23			

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	under hospice care at the [long term care facility]. Hospice care was provided by [second hospice agency]. [Client A] was discharged from ResCare to the [long term care facility] on 7/27/23." -"[NM] stated [client A] was declining in all aspects of medical and was in and out of the hospital for various reasons. [NM] stated some days he was with it and talkative but other days he was out of it. [NM] stated the team met several times to discuss hospice care to see if it was an option to keep him comfortable. [NM] stated she attended the PCP (Primary Care Physician) appointment to discuss hospice and stated the PCP felt due to all medical issues hospice was a good choice. [NM] stated at the appointment with the PCP [client A] told the doctor he wanted to be comfortable. [NM] stated [client A] was admitted to hospice and they took over all medical care including the wound care. [NM] stated she felt the wound care hospice switched [client A] to, was not appropriate care for the wounds he had and stated this switch in wound care led to an in-patient hospice stay and at that time guardian chose a new hospice/nursing home. [NM] stated she visited him at the nursing home one day and he seemed to be resting comfortably." -"[Nurse #1] stated, she saw [client A] one time to replace the cap on his catheter and stated when she arrived at the home [client A] was wide awake and wanting to get out of bed. [Nurse #1] stated she needed him to stay in bed to change the catheter cap, she cleaned him first before changing the catheter cap. [Nurse #1] stated the tip of his penis was red and irritated. [Nurse #1] stated she told both staff on duty that she felt like personal hygiene could be becoming an issue and reminded staff that they should be doing catheter care (cleaning) each shift. [Nurse #1] stated his			

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	heels had clean, nice dressing on them. [Nurse #1] stated [NM] was out sick and she was filling in for her." The Investigative Summary's factual findings included: -"MARs/TARs (Treatment Administration Records): Medications given per order. -"Nurse's documentation (Case Notes): 2023-07-13 05:32 pm - [Nurse #1]. Visited consumer at home today for routine f/c change. I found him in bed. He had clean dressings to bilateral feet but did make constant c/o's of foot pain, tingling, burning, etc. during our initial visit. Feet were elevated so that heels are off the bed and that seemed to calm consumer. I removed clothing after explaining to [client A] what I was doing and noted consumer f/c was tucked between his legs, when I pulled the f/c and his penis out there was immediate foul odor and noted poor hygiene (body cheese present). During peri-care prior to the f/c change, consumer cried out and constantly told me it hurt to wipe his penis off. Explained to him that getting cleaned up may actually make it feel better. Upon wiping the 'cheese' away; skin on penis left raw and bleeding. Urethral meatus red & inflamed. Soft tissue on penis inflamed and sore. Spoke with staff on duty, [DSP #1 and DSP #2] & explained to them that despite the placement of a f/c, consumer needs f/c care & peri-care every shift. I explained that his foreskin needs pulled back and cleaned every shift and that his hygiene was very poor this evening. F/C placed to BSD, draining clear yellow urine. Notified staff that consumer was ready to get out of bed." -"Nurse's documentation (Case Notes): 2023-07-14 09:49 am - [Nurse #1]. Notified NM of my visit to			

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	see consumer yesterday and the poor hygiene and skin condition of penis." -"Nurse's documentation (Case Notes) 2023-07-19 09:25 am - [NM] Appointment: Reason: Hospice Provider: [hospital] Hospice Results: Nurse visit gave orders for bilateral heels to be changed per hospice nurse and PRN." -"Nurse's Documentation (Case Notes) 2023-07-20 09:49 am - [NM] In home today completed medical review. All appts up to date and/or scheduled. Vitals WNL (within normal limits) weight being monitored. Appetite good, regular bm's noted, regular sleep pattern noted. Hospice nurse visiting twice a week. All orders are being dealt with hospice. More lethargic today while in the home. Did speak to me some but was very sleepy. On-going monitoring of health." "Physician's Orders: His physician orders were under review by hospice and had not been changed." -"Training Records: Hospice training completed on 7/13/23 per [NM]. Hospice nurse visit on 7/19/23 noted bilateral heels wound care 2 times per week changed order to Medi honey noted hospice nurse to change 2 times weekly. Hospice nurse further noted would teach next visit may change PRN once dressing change taught. Staff did not receive dressing change training per the hospice nurse." -"Hospice nurse visited on 7/14/23, 7/19/23, 7/21/23 and 7/24/23. The hospice nurse noted at her visit on 7/19/23 bilateral heels - wound care 2x			

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	wk., Medi honey ACE/ABD (unknown), nurse to change 2x weekly. It will be taught next visit may change PRN once dressing is taught. Vital signs, full assessment completed. No needs. At her visit on 7/21/23 hospice nurse noted pressure wounds to bilateral heels, left elbow. She noted numerous flies, fear of getting maggots in wound beds, suggest fly strips. He needs turned every 2 hours and needs to be floated. Foley catheter flushes easily and return of 60 ML flushed into Foley catheter. Foley catheter stat lock needs to stay in place. Needs peri care for pencil lesions. Will reevaluate next visit. When the hospice nurse visited on 7/24/23 while changing his heel bandages she found maggots in the wound on his right heel. She referred him for direct admission to [hospital] hospice care for care of the right heel. He was admitted to [hospital] hospice care on 7/24/23 for care of right heel wound." -"Conclusion: [Client A] was experiencing a general decline of health. Team met to discuss his medical decline and agreed to seek medical consult for recommendations for care needed. Team discussed possible hospice care need and PCP agreed. [Client A] was referred to hospice care, evaluation completed, and he entered hospice care on 7/13/23. [Client A's] medication regimen remained the same with the addition of the comfort kit. [Client A's] medication regimen was under review of the hospice doctor. Medication orders were followed. Based on interview and record review, ResCare staff followed all standard operating procedures in the care of [client A]." The Investigative Summary did not address or reconcile NM's 7/19/23 nursing note with HRNCM #1's order change with her 7/20/23 nursing note.			

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	NM's 7/20/23 nursing note indicated, "In home today. Completed medical review." The NM did not address or follow-up with HRNCM #1 or hospice to clarify the 7/19/23 order change. The review did not indicate documentation of analysis of NM's follow-up, communication or advocacy with hospice to proactively and collaboratively ensure staff were trained regarding his wound care needs. The review did not indicate analysis or factual findings related to medication and treatment errors identified during Nurse #1's 7/13/23 visit with concerns of client A's hygiene and wound care. The review did not indicate analysis or factual findings regarding NM's response to the 7/13/23 concerns. The review did not indicate analysis or factual findings regarding HRNCM #2's 7/21/23 concerns regarding flies in the home and the agency's awareness and corrective measures to abate the insects. The review indicated client A had a written treatment order change on 7/19/23 from HRNCM #1. Client A's 7/2023 MAR indicated staff constituted documentation of twice daily wet to dry bandage changes after the 7/19/23 order. The review did not provide analysis, reconciliation or factual findings regarding when client A's bandages were changed after 7/21/23. PM and NM were interviewed on 12/6/23 at 8:50 AM. NM indicated HRNCM #1 wrote on a 7/19/23 consult she was changing client A's wound treatment from a daily wet to dry wound treatment completed twice daily by staff to a 2 time weekly Medi honey treatment to be completed by the hospice staff. NM indicated when HRNCM #1			

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	told staff and documented on her consult she would complete training with staff to complete the new Medi honey treatment for PRN changes. NM indicated HRNCM #1 did not update the physician orders or complete the staff training. NM indicated hospice was managing client A's medication regimen. NM indicated her role included in-servicing staff to follow the directives of hospice. NM indicated hospice was to be staff's first point of contact and she would remain in the communication loop. NM indicated HRNCM #1 returned to the home on 7/24/23 there were maggots in client A's right heel wounds. NM indicated client A was sent to the hospital via ambulance by hospice. NM indicated she had not seen maggots in client A's wounds. NM indicated client A's wounds were in the same dressing HRNCM #2 applied on 7/21/23 on 7/24/23 when HRNCM #1 found the maggots. PM and NM indicated they were not aware of reports of flies. NM indicated there had been medication errors and staff should be monitoring documentation. NM stated, "Found out through Investigation (death investigation) staff failed to change MARS. Weren't touching bandages but were signing (the) MAR." QIDP (Qualified Intellectual Disability Professional) was interviewed on 12/6/23 at 10:16 AM. QIDP indicated she had been in the group home during the July 2023 timeframe and had not experienced high temperatures in the home. QIDP indicated she had not been made aware of reports or concerns of high temperatures in the home. QIDP indicated if staff had concerns of the temperature in the home a work order should be completed and PM (Program Manager) should be made aware. QIDP indicated the home did have flies due to the doors being left open. QIDP stated the flies were "not excessive." QIDP indicated			

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	HRNCM #2 had been at the home on Friday 7/21/23 and HRNCM #1 had returned to the home on Monday 7/24/23. QIDP stated on the 7/21/23 visit regarding HRNCM #2's concerns about flies, "no one said anything." QIDP indicated the undated Investigative Summary did not address if staff were aware of the HRNCM #2's concerns. QIDP indicated she was at the home on Monday 7/24/23. QIDP indicated when she arrived at the group home the former AS (area supervisor) had purchased an electrical plug-in device to eradicate the flies. QIDP indicated HRNCM #1 came to the home on 7/24/23 to complete care for client A and found maggots in the wounds on his right heel. QIDP indicated client A was sent to the ER (Emergency Room) and did not return to the group home. QIDP indicated client A began in-home hospice care on 7/13/23. QIDP indicated staff was to be trained by the hospice nurse regarding wound care but this training was not completed prior to his 7/24/23 hospital admission and discharge. QIDP indicated she had completed the Investigative Summary and located a separate electronic copy with a signature/completion date of 9/19/23. QIDP indicated client A's medications were under review by hospice. QIDP indicated there was not analysis or factual findings related to the NM's oversight, communication and advocacy of client A's health with hospice to resolve staff training issues or clarification of treatment orders. QIDP indicated the Investigative Summary did not have an analysis or factual findings related to client A's PRN usage. This deficiency was cited on 10/20/23. The facility failed to implement a plan of systemic correction to prevent recurrence. This federal tag relates to complaints #IN00417465 and #IN00417525.			

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	9-3-6(a)			
W 0346 Bldg. 00	483.460(d)(4) NURSING STAFF If the facility utilizes only licensed practical or vocational nurses to provide health services, it must have a formal arrangement with a registered nurse to be available for verbal or onsite consultation to the licensed practical or vocational nurse. Based on record review and interview for 1 of 3 sampled clients (A), the facility's LPN (Licensed Practical Nurse) Nurse Manager failed to consult with a RN (Registered Nurse) regarding client A's advanced medical care needs. Findings include: The facility's nursing services failed to proactively advocate for client A's health needs, to ensure staff implemented hygienic care of client A's body and to ensure client A's wound treatments and medications were administered as ordered. Please see W331. This deficiency was cited on 10/20/23. The facility failed to implement a plan of systemic correction to prevent recurrence. This federal tag relates to complaints #IN00417465 and #IN00417525. 9-3-6(a)	W 0346	**W346:** The facility must utilize registered nurses as appropriate and required by State law to perform the health services specified in this section. **Corrective action:** Nurse Manager, Beth Ruwe removed from any duties in the facility as a result of the 10/20/23 complaint survey and no longer provides nursing services or oversight in our facilities. Nurse Manager will receive a corrective action for failure to communicate with Hospice regarding client (A) care and treatment, failure to follow up on the 7/13/23 nurses note from Brandy Lacey regarding client (A) care and treatment . **(Attachment C)** LPN Nurse Brandy Lacey is the Nurse over the facility following the complaint survey on 10/20/23. Becky Hughes will remain the LPN Nurse over the remaining ICF facilities in our operation and will	01/14/2024

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			report to Executive Director and RN for consult and clinical concerns. LPN Nurse reports to the State Director of Nursing, Jan Breedlove regarding all medical issues at the facility. Nurse trained on completing nursing responsibilities per policy and procedure; including documentation, skin assessments, wound care, timely nursing assessments, Physician orders, timely physician appointments and interventions, documentation of new orders including topical treatments are clear and reconciled and monitoring client's medical condition. **(Attachment D).** Nurse, Program Manager, QIDP and Lead staff trained to ensure all trainings that are completed are written and not verbal trainings.**(Attachment N)** Nurse oversight is completed 5 days a week physically and 2 days a week of calls/facetime to monitor documentation, medication administration and any medical issues that need addressed. **(Attachment I)** Nurse completes a weekly check to ensure all medical needs are addressed. **(Attachment E)** Nurse will complete full body assessments weekly on all clients in the facility. **(Attachment S)** Nurse and Program Manager trained to ensure communication	

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	15G507	A. BUILDING 00 B. WING	12/11/2023

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			is in place with any outside agency that is providing care to the clients in the facility. **(Attachment N)** Quality Assurance Manager with oversight of the Rescare Operation Support Specialist and State Director of Nursing completed a thorough investigation regarding the Nurses note from 7/13/23 by Brandy Lacey and to determine if Neglect was substantiated and also not reported timely. Beth Ruwe and Brandy Lacey were suspended pending outcome of the investigation. **(Attachment O)** **Monitoring of Corrective Action:** Nurse weekly checks will be sent to the Area Supervisor, Program Manager, State Director of Nursing and Program Director for monitoring and review. Skin Assessments are completed daily by staff on each shift and any skin issues are reported to the Nurse immediately upon noting an issue. Nurse will notify State Director of Nursing for all skin related issues. Nurse weekly check is sent to the Program Manager, Program Director, Executive Director and	

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			State Director of Nursing for review and monitoring. Management and Nurse observations are reviewed during the daily calls with Management for monitoring and review. Daily calls are held by ResCare Management including Quality Assurance, Nurse, State Director of Nursing, Operation Support Specialist, Program Manager and Executive Director to discuss documentation in the facility, medical concerns or issues, oversight observations conducted by management and Nursing staff and medication changes and orders. A weekly adverse call is conducted each week on Thursdays while the survey remains open and until all conditions are cleared. This team consists of Sr. Director Quality Support, Quality Assurance, Program Manager, Program Director, State Director of Nursing, Operation Support Specialist, Executive Director and Regional Director. **Completion Date: 1/14/24**	