

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

PRINTED: 02/11/2025
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G175		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/08/2025	
NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN				STREET ADDRESS, CITY, STATE, ZIP COD 3607 MIDDLE RD JEFFERSONVILLE, IN 47130			
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W 0000 Bldg. 00	<p>This visit was for a pre-determined full annual recertification and state licensure survey. This visit included the investigation of complaint #IN00447834.</p> <p>Complaint #IN00447834: Federal and state deficiency related to the allegation(s) was cited at W125.</p> <p>Survey dates: 1/2/25, 1/3/25, 1/6/25, 1/7/25 and 1/8/25.</p> <p>Facility Number: 000709 Provider Number: 15G175 AIM Number: 100243190</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 1/17/25.</p>			W 0000			
W 0125 Bldg. 00	<p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS</p> <p>Based on observation, record review and interview for 1 of 3 sampled clients (A), the facility failed to assess client A's legal status and the appropriateness of an active legal guardian and/or healthcare representative.</p> <p>Findings include:</p> <p>Confidential Interview (CI #1): CI #1 was asked about client A's skills and abilities in making informed decisions. CI #1 stated, "[Qualified Intellectual Disabilities Professional/QIDP] also questioned [client A] being emancipated. I know</p>			W 0125	<p>CNN/Provider Number:15G175 AIM Number: 100243190 Facility ID: 000709</p> <p>PROVIDER: ResCare Community Alternative Se In 4341 Security Parkway Suite 101 New Albany, IN 47150</p> <p>Survey Event ID CV8111</p>		02/08/2025

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

TITLE

(X6) DATE

Tracy Callahan

Program Manager

02/01/2025

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

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	<p>their paperwork is not legit". CI #1 was asked if she was a part of client A's interdisciplinary team (IDT). CI #1 indicated she was not, but aware of previous paperwork to obtain guardianship for client A was initiated by the family and it was unknown where this paperwork was or the status. CI #1 indicated an interest in being client A's legal advocate. CI #1 indicated members of client A's IDT were providing paperwork to other members of client A's family following the death of his brother which was not in client A's best interest financially or for his wellbeing. CI #1 indicated client A had limited skills in his ability to read and write and would require assistance with making informed decisions but was signing documents as an emancipated adult.</p> <p>An observation was conducted on 1/2/25 from 2:34 PM to 4:59 PM. Upon entering the group home, client A was participating in tabletop activities. At 3:06 PM, the financial accounting of client A's personal funds entrusted to the facility was requested for review. The Qualified Intellectual Disabilities Professional (QIDP) asked the Area Supervisor (AS) and Direct Support Team Leader (TL) for client A's financial ledgers and cash on hand for reconciliation. The AS indicated the clients residing at the group home did not spend money like other group homes and stated, "They don't do that". Following this statement, the TL stated to the QIDP, "Let me ask you a question [QIDP], if [client A's] family gave him money does he keep that or do we take that and put it up"? The QIDP explained the process for financial accounting of client A's personal funds to the AS and TL. The QIDP indicated client A received a monthly allotment of \$52.00 for personal expenditures and the need to account for debits and/or deposits.</p>				<p>3607 Middle Road, Jeffersonville DATE SURVEY COMPLETED: January 8, 2025</p> <p>W125 PROTECTION OF CLIENTS RIGHTS CFR(s):483.420(a)(4)</p> <p>The QIDP/AS will review the clients RFMS account to decide on a monthly amount for each client.</p> <p>The Area Supervisor will complete the IDT and money request for each client and turn those in to the business office.</p> <p>The AS/DSL will ensure that the clients spend their monthly amount when out in the community.</p> <p>The DSL will monitor/review the financial ledger weekly to ensure that proper accounting has been done and all receipts are accounted. The DSL will ensure the receipts are turned into the business office.</p> <p>The Area Supervisor will review client finances weekly to ensure the clients are getting out into the community, their finances are correct, and receipts are filled out properly.</p> <p>The Area Supervisor will make sure the receipts and their ledgers are turned in timely to the business office.</p> <p>The QIDP/Program manager will review the financials</p>		

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	<p>On 1/2/25 at 3:10 PM, a review of the client's finances was conducted. The review indicated a form titled "Resource Ledger Sheet" was used for the accounting of client A's debit expenditures and/or deposits of his personal funds. Client A did not have a current resource ledger available for review. Client A's resource ledger indicated a zero balance with no transactions since November 2024.</p> <p>On 1/3/25 at 8:10 AM, the AS and TL were interviewed. The AS was asked if client A spent personal funds and his ability to make informed decisions about his finances. The AS stated, "No", and asked the TL "Have you"? The TL stated, "No. I use the P-card (debit card for the group home) and that's rarely". The AS and TL were asked about client A's ability to make informed decisions concerning his personal finances and spending. The AS stated, "I don't know how to answer that". The TL indicated client A could tell you what he would like to purchase but required assistance with making appropriate decisions and ensure he was not taken advantage of. The TL was asked if client A was an emancipated adult. The TL stated, "Yeah". The TL momentarily left to move her vehicle, and the AS was asked if client A could make informed decisions concerning his finances and spending. The AS stated, "I would say no". At 8:20 AM, the TL returned and was asked about client A's skills and abilities to make informed decisions. The TL stated, "He tells us what he wants. He tells us he wants new things like a car. I think he feels he could purchase a car and drive. I asked him who was going to drive it. He can tell us on some things". The TL was asked if client A required assistance with managing his personal finances. The TL stated, "Yeah".</p>				<p>throughout the month to ensure the clients are getting out into the community to spend their funds.</p> <p>Persons Responsible: AED, Quality Assurance Manager, QA Coordinator/QIDP Manager, Program Manager, Area Supervisor, QIDP, Direct Support lead, and DSP.</p> <p>DATE OF COMPLETION: February 8, 2025</p>		

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	<p>On 1/3/25 at 1:30 PM, a review of client A's record was conducted. The review indicated the following:</p> <p>Individual Support Plan (ISP) dated 4/14/24 indicated, "Interdisciplinary Team Members: [Client A]...". Client A's ISP did not indicate a guardian, healthcare representative and/or legal advocate to assist him with financial and/or medical decision making. Client A's ISP did not indicate if he was an emancipated adult who could make informed decisions.</p> <p>Dental Consult dated 1/3/24 indicated, "Reason for Visit: Dental Exam... Did not have #2, #5 extracted due to lack of ID (identification)... Refer to oral surgeon to eval (evaluate) tissue... and eval #2, #5 for ext (extraction)..."</p> <p>Dental Consult dated 2/22/24 indicated, "Reason for Visit: Dental... Extraction #2, #5 w/ (with) local anesthesia next visit. See post op (operation) instructions. Need POA (Power of Attorney) for consent..."</p> <p>On 1/3/25 at 1:48 PM, the Nurse was interviewed. The Nurse was asked about client A's dental recommendation indicating the need to extract teeth under sedation and consent required from a legal advocate prior to the procedure. The Nurse stated, "I have followed up and the dental office refused to do the procedure. He was seen on 2/27/24 and needed a POA". The Nurse indicated client A needed a legal advocate to obtain consent prior to the dental provider performing the medical procedure using sedation to extract his teeth.</p> <p>On 1/7/25 at 1:02 PM, the Quality Assurance Manager (QAM) was interviewed. The QAM was</p>						

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	<p>asked about client A's legal status and his skills and abilities to make informed decisions with his finances and the indication from the dental consult a Power of Attorney was needed to give consent for sedation to be able to perform a dental extraction of his teeth. The QAM stated, "Right, if we have a medical professional saying he needs an advocate more follow-up is needed to find someone to help him make decisions". The QAM indicated more follow-up was needed to ensure client A was assessed for an appropriate active legal guardian, power of attorney, and/or healthcare representative.</p> <p>On 1/8/25 at 1:33 PM, the QIDP and Program Manager (PM) were interviewed. The QIDP and PM were asked about client A's legal status and the appropriateness of an active legal guardian and/or healthcare representative. The QIDP stated, "I was told he was emancipated, and he had a healthcare rep (representative). We don't have any legal documentation". The QIDP was asked about client A's assessed skills and abilities in making informed decisions. The QIDP indicated an informed consent assessment had been conducted and provided a copy for review.</p> <p>On 1/8/25 at 1:47 PM, a review of client A's informed consent assessment dated 3/1/24 indicated the following: "A. Medical: Routine care, dental, and medical... 1. Does the individual have the ability to understand?... No... 2. Is the individual likely to act responsibly?... No... 3. Does the individual require supervision?... Yes... Needs assistance in this area?... Yes...</p>						

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	<p>B. Medical: Elective procedures and surgery...</p> <p>1. Does the individual have the ability to understand?... No...</p> <p>2. Is the individual likely to act responsibly?... No...</p> <p>3. Does the individual require supervision?... Yes...</p> <p>Needs assistance in this area?... Yes...</p> <p>F. Financial: Individual knows where he/she gets his/her money and how much they have to spend...</p> <p>1. Does the individual have the ability to understand?... No...</p> <p>2. Is the individual likely to act responsibly?... No...</p> <p>3. Does the individual require supervision?... Yes...</p> <p>Needs assistance in this area?... Yes...</p> <p>On 1/8/24 at 2:13 PM, the QIDP and PM were interviewed. The QIDP and PM were asked about the conflicting information from record review and interviews indicating client A was an emancipated adult, but also a person who would require assistance with making decisions both financially and medically and a dental recommendation to sedate and extract teeth requiring consent from a legal advocate. The PM and QIDP indicated client A did not have a legal advocate. The PM stated, "Basically we need to keep his information confidential until legal documentation is produced. Once [previous healthcare representative] passed no one provided legal documentation".</p> <p>This federal tag relates to complaint #IN00447834.</p>						

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W 0126 Bldg. 00	<p>9-3-2(a)</p> <p>483.420(a)(4) PROTECTION OF CLIENTS RIGHTS</p> <p>Based on record review and interview for 3 of 3 sampled clients (A, B and C) and 4 additional clients (D, E, F and G), the facility failed to ensure clients A, B, C, D, E, F and G had the opportunity to spend personal funds during their community outings.</p> <p>Findings include:</p> <p>An observation was conducted on 1/2/25 from 2:34 PM to 4:59 PM. Upon entering the group home, clients A, B, C, D, E, F and G were participating in tabletop activities and crafting. At 3:06 PM, the financial ledgers of clients A, B, C, D, E, F and G were requested for review. The Qualified Intellectual Disabilities Professional (QIDP) asked the Area Supervisor (AS) and Direct Support Team Leader (TL) for the clients' financial ledgers and their cash on hand for reconciliation. The AS indicated the clients residing at the group home did not spend money like other group homes and stated, "They don't do that". Following this statement, the TL stated to the QIDP, "Let me ask you a question [QIDP], if [client A's] family gave him money does he keep that or do we take that and put it up for them (all clients)"? The QIDP explained the process for financial accounting of clients A, B, C, D, E, F and G's personal funds to the AS and TL. The QIDP indicated clients A, B, C, D, E, F and G received a monthly allotment of \$52.00 a month for personal expenditures and the need to account for debits and/or deposits.</p> <p>On 1/2/25 at 3:10 PM, a review of the clients'</p>			W 0126	<p>CNN/Provider Number:15G175 AIM Number: 100243190 Facility ID: 000709</p> <p>PROVIDER: ResCare Community Alternative Se In 4341 Security Parkway Suite 101 New Albany, IN 47150</p> <p>Survey Event ID CV8111 3607 Middle Road, Jeffersonville DATE SURVEY COMPLETED: January 8, 2025</p> <p>W126 PROTECTION OF CLIENTS RIGHTS CFR(s):483.420(a)(4)</p> <p>The QIDP/AS will review the clients RFMS account to decide on a monthly amount for each client.</p> <p>The Area Supervisor will complete the IDT and money request for each client and turn those in to the business office.</p> <p>The AS/DSL will ensure that the clients spend their monthly amount when out in the community.</p> <p>The DSL will monitor/review</p>		02/08/2025

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	<p>finances was conducted. The review indicated a form titled "Resource Ledger Sheet" was used for the accounting of clients A, B, C, D, E, F and G's debit and/or deposits for personal funds. Clients A, B, C, D, E, F and G did not have current resource ledgers available for review. Client B had no resource ledger(s) and clients A, C, D, E, F and G's resource ledgers indicated a zero balance with no transactions since November 2024.</p> <p>On 1/3/25 at 8:10 AM, the AS was interviewed. The AS was asked about the financial accounting of clients A, B, C, D, E, F and G's personal funds. The AS stated, "Right. I called my Program Manager. She's going to get with me and go over things with more training. I guess they do get a monthly allowance. I thought it was just the P-card (debit card for the group home) and spenddowns". The AS was asked about the clients' opportunities to spend personal funds. The AS stated, "No" and asked the TL "Have you"? The TL stated, "No. I use the P-card and that's rarely".</p> <p>On 1/7/25 at 1:02 PM, the Quality Assurance Manager (QAM) was interviewed. The QAM was asked about clients A, B, C, D, E, F and G's opportunities to spend personal funds in the community and the lack of documentation from the resource ledgers to demonstrate these activities. The QAM indicated the individual resident fund management service (RFMS) statements tracked the clients' debits and/or deposits and would be provided for those for review and stated, "Yeah, they're supposed to use that (resource ledger) whenever spending money (client personal funds)... I can pull the RFMS ledgers. It would show if they did any spending like using their funds. It should show up if they're using a P-card or check for cash".</p>				<p>the financial ledger weekly to ensure that proper accounting has been done and all receipts are accounted. The DSL will ensure the receipts are turned into the business office.</p> <p>The Area Supervisor will review client finances weekly to ensure the clients are getting out into the community, their finances are correct, and receipts are filled out properly.</p> <p>The Area Supervisor will make sure the receipts and their ledgers are turned in timely to the business office.</p> <p>The QIDP/Program manager will review the financials throughout the month to ensure the clients are getting out into the community to spend their funds.</p> <p>Persons Responsible: AED, Quality Assurance Manager, QA Coordinator/QIDP Manager, Program Manager, Area Supervisor, QIDP, Direct Support lead, and DSP.</p> <p>DATE OF COMPLETION: February 8, 2025</p>		

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W 0140 Bldg. 00	<p>On 1/7/25 at 3:45 PM, a review of clients A, B, C, D, E, F and G's RFMS accounting dated 10/1/24 through 1/7/25 was conducted. The review indicated routine social security and interest deposits with debits for trust and/or burial accounts, liabilities and life insurance. Clients B, C and D's RFMS statements did not indicate any debits for personal spending in the community. Clients A, E, F and G's RFMS statements indicated two or less opportunities back to 10/1/24 to spend personal funds in the community as:</p> <p>Client A - "11/19/24... [name of store] ... \$797.43"... Client E - "11/25/24... Thanksgiving Lunch... \$7.00... 11/26/24... [name of store]... \$911.45"... Client F - "11/25/24... Thanksgiving Lunch... \$7.00"... Client G - "11/25/24... Thanksgiving Lunch... \$7.00..."</p> <p>On 1/8/25 at 1:33 PM, the QIDP was interviewed. The QIDP was asked about clients A, B, C, D, E, F and G's opportunities to spend their personal funds. The QIDP stated, "No. People are spending for them unless it's the spenddowns, I think they're participating. Outside the spenddowns, there is no documentation they're going to spend their personal money". The QIDP was asked about the \$7.00 debits indicated for a Thanksgiving lunch. The QIDP indicated this money was used to participate in a Thanksgiving meal at clients E, F and G's Day Service location.</p> <p>9-3-2(a) 483.420(b)(1)(i) CLIENT FINANCES</p> <p>Based on record review and interview for 3 of 3</p>			W 0140	CNN/Provider Number:15G175		02/08/2025

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	<p>sampled clients (A, B and C) and 4 additional clients (D, E, F and G), the facility failed to ensure a full and complete accounting of clients A, B, C, D, E, F and G's personal funds entrusted to the facility.</p> <p>Findings include:</p> <p>An observation was conducted on 1/2/25 from 2:34 PM to 4:59 PM. Upon entering the group home, clients A, B, C, D, E, F and G were participating in tabletop activities and crafting. At 3:06 PM, the financial ledgers of clients A, B, C, D, E, F and G were requested for review. The Qualified Intellectual Disabilities Professional (QIDP) asked the Area Supervisor (AS) and Direct Support Team Leader (TL) for all of the clients' financial ledgers and their cash on hand for reconciliation. The AS indicated the clients residing at the group home did not spend money like other group homes and stated, "They don't do that". Following this statement, the TL stated to the QIDP, "Let me ask you a question [QIDP], if [client A's] family gave him money does he keep that or do we take that and put it up for them (all clients)"? The QIDP explained the process for financial accounting of clients A, B, C, D, E, F and G's personal funds to the AS and TL. The QIDP indicated clients A, B, C, D, E, F and G received a monthly allotment of \$52.00 a month for personal expenditures and the need to account for debits and/or deposits.</p> <p>On 1/2/25 at 3:10 PM, a review of the clients' finances was conducted. The review indicated a form titled "Resource Ledger Sheet" was used for the accounting of clients A, B, C, D, E, F and G's debit and/or deposits for personal funds. Clients A, B, C, D, E, F and G did not have current resource ledgers available for review. Client B had</p>				<p>AIM Number: 100243190 Facility ID: 000709</p> <p>PROVIDER: ResCare Community Alternative Se In 4341 Security Parkway Suite 101 New Albany, IN 47150</p> <p>Survey Event ID CV8111 3607 Middle Road, Jeffersonville DATE SURVEY COMPLETED: January 8, 2025</p> <p>W140 CLIENT FINANCES CFR(s): 483.420(b)(1)(i)</p> <p>The QIDP/AS will review the clients RFMS account to set a monthly amount for each client.</p> <p>The Area Supervisor will complete the IDT and money request for each client and turn those in to the business office.</p> <p>The AS/DSL will ensure that the clients spend their monthly amount when out in the community.</p> <p>The DSL will monitor/review the financial ledger weekly to ensure that proper accounting has been done, and all receipts are accounted for. The DSL will ensure the receipts are turned into the business office.</p> <p>The Area Supervisor will</p>		

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	<p>no resource ledger(s) and clients A, C, D, E, F and G's resource ledgers indicated a zero balance with no transactions since November 2024. The review indicated the following:</p> <p>1) Client A's 11/8/24 resource ledger indicated a balance of \$0.00. Client A's actual cash on hand balance was \$6.00. A current financial ledger with monthly debits and/or deposits was not available for review.</p> <p>2) Client B had no resource ledger(s) available for review. A current financial ledger with monthly debits and/or deposits was not available for review.</p> <p>3) Client C's 11/1/24 resource ledger indicated a balance of \$0.00. Client C's actual cash on hand balance was \$0.00. A current financial ledger with monthly debits and/or deposits was not available for review.</p> <p>4) Client D's 11/8/24 resource ledger indicated a balance of \$0.00. Client D's actual cash on hand balance was \$0.00. A current financial ledger with monthly debits and/or deposits was not available for review.</p> <p>5) Client E's 11/1/24 resource ledger indicated a balance of \$0.00. Client E's actual cash on hand balance was \$0.00. A current financial ledger with monthly debits and/or deposits was not available for review.</p> <p>6) Client F's 11/1/24 resource ledger indicated a balance of \$0.00. Client F's actual cash on hand balance was \$0.00. A current financial ledger with monthly debits and/or deposits was not available for review.</p>				<p>review client finances weekly to ensure the clients are getting out into the community, their finances are correct, and receipts are filled out properly.</p> <p>The Area Supervisor will make sure the receipts, and their ledgers are turned in timely to the business office.</p> <p>The QIDP/Program manager will review the financials throughout the month to ensure the clients are getting out into the community to spend their funds.</p> <p>Persons Responsible: AED, Quality Assurance Manager, QA Coordinator/QIDP Manager, Program Manager, Area Supervisor, QIDP, Direct Support lead, and DSP.</p> <p>DATE OF COMPLETION: February 8, 2025</p>		

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	<p>7) Client G's 11/1/24 resource ledger indicated a balance of \$0.00. Client G's actual cash on hand balance was \$0.00. A current financial ledger with monthly debits and/or deposits was not available for review.</p> <p>On 1/3/25 at 8:10 AM, the AS was interviewed. The AS was asked about the financial accounting of clients A, B, C, D, E, F and G's personal funds. The AS stated, "Right. I called my Program Manager. She's going to get with me and go over things with more training. I guess they do get a monthly allowance. I thought it was just the P-card (debit card for the group home) and spenddowns". The AS indicated the use of the resource ledger should have occurred accurately and clients A, B, C, D, E, F and G's personal funds should be accounted for.</p> <p>On 1/7/25 at 1:02 PM, the Quality Assurance Manager (QAM) was interviewed. The QAM was asked about clients A, B, C, D, E, F and G's lack of accounting for personal funds, the \$52.00 monthly allowance, and the lack of the client resource ledgers to ensure accounting of personal funds entrusted to the facility. The QAM stated, "Yeah, they're supposed to use that (resource ledger) whenever spending money (client personal funds)". The QAM was asked how clients A, B, C, D, E, F and G's financial ledgers should be maintained. The QAM stated, "If they're getting funds monthly, they should be maintaining the ledgers". The QAM indicated clients A, B, C, D, E, F and G's personal funds entrusted to the facility should be accurately maintained and accounted for.</p> <p>On 1/8/25 at 1:33 PM, the QIDP was interviewed. The QIDP was asked about the accounting of clients A, B, C, D, E, F and G's personal funds</p>						

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W 0154 Bldg. 00	<p>entrusted to the facility and the lack of resource ledgers. The QIDP stated, "Yes, that should be accounted for. Any money going in or out. They have to keep up with that documentation". The QIDP indicated clients A, B, C, D, E, F and G's personal funds entrusted to the facility should be accurately maintained and accounted for.</p> <p>9-3-2(a)</p> <p>483.420(d)(3) STAFF TREATMENT OF CLIENTS</p> <p>Based on record review and interview for 3 of 3 sampled clients (A, B and C) and 2 additional clients (E and F), the facility failed to thoroughly investigate a pattern of client to client physical aggression and a pattern of falls and/or injuries of unknown origin to rule out potential abuse and/or neglect with supports and services based on fact finding to develop either a substantiated or unsubstantiated conclusion with recommendation for how to prevent future reoccurrence of these type of incidents.</p> <p>Findings include:</p> <p>On 1/3/25 at 11:15 AM, a review of the facility's Bureau of Disabilities Services (BDS) incident reports and accompanying investigation summaries was conducted. The review indicated the following affecting clients A, B, C, E and F:</p> <p>1) BDS incident report dated 11/22/24 indicated, "It was reported [client A] slipped while getting (sic) the shower. Staff assisted [client A] in getting up and assessed him for signs of injury with none being noted. The nurse was notified and requested [client A] be transported to urgent care for evaluation. Plan to Resolve: [Client A]</p>		W 0154	<p>CNN/Provider Number:15G175 AIM Number: 100243190 Facility ID: 000709</p> <p>PROVIDER: ResCare Community Alternative Se In 4341 Security Parkway Suite 101 New Albany, IN 47150</p> <p>Survey Event ID CV8111 3607 Middle Road, Jeffersonville DATE SURVEY COMPLETED: January 8, 2025</p> <p>W 154 STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(3) The QAM will ensure that the QIDP(s) are retrained on completing thorough investigations to develop a substantiated or unsubstantiated conclusion to rule out potential ANE for support and</p>		02/08/2025	

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	<p>was evaluated and discharged home. Discharge diagnosis: Elbow injury, left initial encounter - dime sized scratch on left elbow covered with a band-aid. Discharge instructions: Follow-up with PCP (primary care physician) as needed. Return if you have worsening pain or for any other concerns. Staff have been trained on the discharge instructions. [Client A] showed no signs of pain or discomfort. Staff will continue to monitor [client A], follow all plans in place including discharge instructions and ensuring the floor of the shower is dry before stepping in, and will notify the team of any changes...".</p> <p>No investigation was available for review.</p> <p>2) BDS incident report dated 10/14/24 indicated, "Staff reported [client C] was displaying physical aggression and property damage throughout the day on 10/13 towards staff and housemate. [Client C] threw a plastic planter towards [client A], which hit him in his leg, then threw a cup of juice at [client A]. Plan to Resolve: Staff used verbal redirection and implemented You're Safe I'm Safe (YSIS/behavioral intervention) twice during aggression with [client C]. There were no injuries reported as a result of the aggression. Staff will continue to follow plans in place and report any further incidents to the team...".</p> <p>No investigation was available for review.</p> <p>3) BDS incident report dated 10/9/24 indicated, "It was reported [client C] was getting off the van at home when he kicked his shoes off before stepping on the first step and slipped hitting his back and bottom on the van steps. Staff assessed for injuries noting 3 scratches approximately an inch long and a red area approximately a 1.5-inch-wide red area on his lower back. Staff</p>				<p>services and the development of recommendations to prevent the recurrence of a pattern of client-to-client physical aggression, falls, and/or injuries of unknown origin.</p> <p>The QIDP will ensure all investigations are thorough to determine a conclusion that either substantiates or unsubstantiates ANE and that recommendations are made to ensure corrective measures are in place to prevent reoccurrence.</p> <p>The QIDP/Area Supervisor will ensure any and all training on recommendations are completed with the staff and the rest of the team.</p> <p>Persons Responsible: AED, Quality Assurance Manager, QA Coordinator/QIDP Manager, Program Manager, Area Supervisor, QIDP, Direct Support lead, and DSP.</p> <p>DATE OF COMPLETION: February 8, 2025</p>		

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	<p>notified the nurse. Plan to Resolve: Staff assisted [client C] with putting his shoes on before walking into the house. [Client C] was able to walk without complications. The red area on his back resolved and the superficial scratches did not require first aid. [Client C] denied complaints of pain or discomfort. Staff will continue to monitor [client C], follow his plans in place, and notify his team of any changes..."</p> <p>No investigation was available for review.</p> <p>4) BDS incident report dated 10/8/24 indicated, "Staff reported when they checked on [client C] at 5:30 PM, they found him lying on his bedroom floor but had not heard him fall. Staff assisted [client C] up and assessed for injuries noting a dime-sized abrasion on his right forearm and near his left eye. Staff notified the nurse and transported [client C] to the ER (emergency room) for evaluation. Plan to Resolve: [Client C] was evaluated and discharged home. Discharge diagnosis: Head injury. Imaging completed resulting normal. Discharge instructions: Follow up with PCP. Staff will continue to monitor implementing head tracking and notify the nurse of any changes. No incidents of pain, discomfort, or dizziness have been reported. IDT (Interdisciplinary Team) met and will request HRC (Human Rights Committee) approval to implement a bed alarm for safety..."</p> <p>No investigation was available for review.</p> <p>5) BDS incident report dated 9/21/24 indicated, "It was reported [client B] was upset displaying aggression about not being able to make contact with his father and was redirected to his bedroom. [Client B] then came to the living room and hit a housemate (client F) in the shoulder. Staff</p>						

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	<p>implemented one-person YSIS physical redirection to his room. [Client B] then came up behind staff and began choking staff. Staff attempted YSIS without success but was able to request a second staff call police for assistance prompting [client B] to let go. Police arrived at the site and talked with [client B]. The nurse was notified and requested [client B] be transported to [name of hospital] for psychiatric evaluation. Plan to Resolve: [Client B] was evaluated and discharged home. Discharge diagnosis: Adjustment disorder with disturbance of conduct, intellectual functioning disability. Discharge instructions: FU (follow-up) with specialist and PCP within 2 to 3 days. Staff have been trained on the discharge instructions. Staff will continue to monitor [client B], follow his plans in place which include HRC approved YSIS for physical aggression, and notify his team of any changes. Staff assess [client F] with no signs of injury noted. [Client F] denied complaints of pain or discomfort. Staff will continue to monitor [client F], follow his plans in place, and notify his team of any changes...".</p> <p>No investigation was available for review.</p> <p>6) BDS incident report dated 8/4/24 indicated, "It was reported [client A] had gone to the bathroom and on his way back to bed he fell to the floor. Staff attempted to get [client A] (sic) from the floor, but [client A] appeared unable to stand. Plan to Resolve: Staff contacted the nurse then called EMS (emergency medical services). EMS arrived and transported [client A] to the ER at [name] hospital. [Client A] was evaluated and admitted to the hospital for observation. ResCare will maintain contact with the hospital and prepare for discharge...".</p> <p>No investigation was available for review.</p>						

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	<p>7) BDS incident report dated 8/2/24 indicated, "It was reported [client A] was getting socks out of his bin when his walker fell to the side causing [client A] to fall onto his bottom hitting his back on a drawer resulting in... bruise on his upper right shoulder blade approximately 3-inches long and a bruise approximately a 2-inches long. [Client A] was able to get up. Then as [client A] was turning around to walk back toward his bedroom, he fell backwards again onto his bottom. Staff were able to assist [client A] with getting up and into the bathroom to sit down. Staff notified the nurse who requested EMS be called to transport [client A] to the ER for evaluation. Plan to Resolve: [Client A] was evaluated and discharged home. Discharge diagnosis: Musculoskeletal pain. Discharge instructions included patient education on fall prevention in the home and to follow up with PCP in 3 to 5 days. Staff have been trained on the discharge instructions. [Client A] has denied complaints of pain or discomfort. Staff will continue to monitor [client A], follow his plans in place, and notify the nurse of any changes...".</p> <p>No investigation was available for review.</p> <p>8) BDS incident report dated 7/22/24 indicated, "It was reported staff was assisting [client C] to his bedroom to get changed. [Client C] appeared to lose his balance and fell hitting his head on a chair. Plan to Resolve: Staff contacted EMS and [client C] was transported to the ER for evaluation/treatment. [Client C] sustained a 1 cm laceration on the top right side of his head. [Client C] received two staples to close the wound. Staff will continue to monitor [client C] and report any further issues to the nurse. An investigation will be completed and an IDT will be held to determine if any plans need to be changed...".</p>						

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	<p>No investigation was available for review.</p> <p>9) BDS incident report dated 6/8/24 indicated, "It was reported [client E] was sitting at the dining room table when he got up and flipped his chair over. As [client E] was walking out of the kitchen, he hit [client B] on the back. No injuries were reported. Plan to Resolve: Staff verbally redirected [client E] to his room to calm...".</p> <p>No investigation was available for review.</p> <p>On 1/7/25 at 1:02 PM, the Quality Assurance Manager (QAM) was interviewed. The QAM was asked about thorough investigations to develop a substantiated or unsubstantiated conclusion to rule out potential abuse and/or neglect for supports and services and the development of recommendations to prevent the reoccurrence of a pattern of client-to-client physical aggression, falls, and/or injuries of unknown origin. The QAM indicated a recent retraining with the Qualified Intellectual Disabilities Professionals (QIDPs) had occurred and stated, "Yeah, I had a training with the Qs (QIDPs) about shifting gears that the IDT (interdisciplinary team) covered it, but any pattern or outcome (injuries) would need to be investigated to rule out ANE (abuse, neglect and/or exploitation)". The QAM indicated further follow-up was being conducted to ensure patterns of incidents such as client-to-client physical aggression, falls, and injuries of unknown origin would be thoroughly investigated to determine a conclusion that substantiated and/or unsubstantiated abuse and/or neglect with the development of recommendation to ensure corrective measures to prevent reoccurrence of these type of incidents.</p>						

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W 0356 Bldg. 00	<p>9-3-2(a)</p> <p>483.460(g)(2) COMPREHENSIVE DENTAL TREATMENT</p> <p>Based on record review and interview for 1 of 3 sampled clients (A), the facility failed to ensure a dental recommendation for the extraction of client A's teeth was resolved and/or conducted.</p> <p>Findings include:</p> <p>On 1/3/25 at 1:30 PM, a review of client A's record was conducted. The review indicated the following:</p> <p>Individual Support Plan (ISP) dated 4/14/24 indicated, "Interdisciplinary Team Members: [Client A]...". Client A's ISP did not indicate a guardian, healthcare representative and/or legal advocate to assist him with medical decision making.</p> <p>Dental Consult dated 1/3/24 indicated, "Reason for Visit: Dental Exam... Did not have #2, #5 extracted due to lack of ID (identification)... Refer to oral surgeon to eval (evaluate) tissue... and eval #2, #5 for ext (extraction)..."</p> <p>Dental Consult dated 2/22/24 indicated, "Reason for Visit: Dental... Extraction #2, #5 w/ (with) local anesthesia next visit. See post op (operation) instructions. Need POA (Power of Attorney) for consent..."</p> <p>On 1/3/25 at 1:48 PM, the Nurse was interviewed. The Nurse was asked about client A's dental recommendation indicating the need to extract teeth under sedation and consent required from a legal advocate prior to the procedure. The Nurse</p>			W 0356	<p>CNN/Provider Number:15G175 AIM Number: 100243190 Facility ID: 000709</p> <p>PROVIDER: ResCare Community Alternative Se In 4341 Security Parkway Suite 101 New Albany, IN 47150</p> <p>Survey Event ID CV8111 3607 Middle Road, Jeffersonville DATE SURVEY COMPLETED: January 8, 2025</p> <p>W 356 COMPREHENSIVE DENTAL TREATMENT CFR(s): 483.460(g)(2) The nurse/AS/DSL will work together to ensure that all recommendations from comprehensive dental treatment services are taken care of in a timely manner. The team will assess clients to determine if they need a guardian, HRC or legal advocate to assist them in making medical decisions. The team will reach out to family members or state appointed</p>		02/08/2025

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G175		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/08/2025	
NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN				STREET ADDRESS, CITY, STATE, ZIP COD 3607 MIDDLE RD JEFFERSONVILLE, IN 47130			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>stated, "I have followed up and the dental office refused to do the procedure. He was seen on 2/27/24, needed a POA". The Nurse indicated client A needed legal representation for consent prior to the dental provider performing the dental extraction.</p> <p>On 1/7/25 at 1:02 PM, the Quality Assurance Manager (QAM) was interviewed. The QAM was asked about client A's legal status and his skills and abilities to make informed decisions and the indication from the dental consult a Power of Attorney was needed to give consent for sedation to be able to perform a dental extraction of his teeth. The QAM stated, "Right, if we have a medical professional saying he needs an advocate more follow-up is needed to find someone to help him make decisions". The QAM indicated more follow-up was needed to ensure client A's dental recommendation for the extraction of his teeth was conducted.</p> <p>9-3-6(a)</p>				<p>guardian programs to find an advocate for any clients that need that assistance.</p> <p>Persons Responsible: AED, Quality Assurance Manager, QA Coordinator/QIDP Manager, Program Manager, Area Supervisor, QIDP, Nurse, Direct Support lead, and DSP.</p> <p>DATE OF COMPLETION: February 8, 2025</p>		