

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

PRINTED: 11/28/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15G107		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 10/06/2023	
NAME OF PROVIDER OR SUPPLIER  CAREY SERVICES INC				STREET ADDRESS, CITY, STATE, ZIP COD 615 E NORTH ST HARTFORD CITY, IN 47348			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
W 0000  Bldg. 00	<p>This visit was for a pre-determined full recertification and state licensure survey.</p> <p>Dates of Survey: 10/3/23, 10/4/23, 10/5/23, and 10/6/23</p> <p>Facility Number: 000644 Provider Number: 15G107 AIMS Number: 100234170</p> <p>These deficiencies reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 10/31/23.</p>			W 0000			
W 0149  Bldg. 00	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview, the facility failed to implement its written policy and procedures to prevent neglect of clients #7 and #8.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 10/3/23 at 12:41 PM.</p> <p>The BDDS report dated 7/2/23 indicated it was reported the Community Living Manager (CLM) received a call from staff #1 that upon arrival at noon for her shift staff #2 was asleep on the couch and client #8 was still in bed and was soaked with urine. Staff #2 was suspended and an</p>			W 0149	<p>The Staff Development Coordinator / Trainings and Investigations and their designee(s) will complete a training to review Steve Corya's "Components of a Thorough Investigation" and review Carey Services Procedure 5.13.1 on Procedures for Investigating Reported Abuse, Neglect, Exploitation, Mistreatment and Infection Control by 11/10/2023.</p> <p>o Documents: Training Inservice, Investigative Report Checklist, Steve Corya's "Components of a</p>		11/10/2023

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

TITLE

(X6) DATE

Rachel Loft

Director of Residential Services

11/13/2023

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

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	<p>investigation started.</p> <p>The investigation summary dated 7/4/23 indicated the following:</p> <p>- "On 7/2/23, an allegation of neglect was reported to the CLM regarding [clients #7 and #8]. [Staff #1] reported that she reported to her shift at noon and [staff #2] 'jumped up off the couch' and had been sleeping.</p> <p>- "[Client #7] was found walking around the house in a wet depends."</p> <p>- "[Client #8] was found in bed soaked in urine through to the mattress. She had been in bed since around 9:00 PM the night before".</p> <p>- "It is substantiated that [staff #2] neglected [client #7] and [client #8]."</p> <p>The Investigation Summary dated 7/4/23 indicated neglect was substantiated against staff #2.</p> <p>On 10/3/23 at 12:55 pm, a review was conducted of the facility's 6/18/20 "Abuse, Neglect, and Exploitation Policy." The policy indicated "It is the policy of Carey Services to respect the rights of individuals served and protect them from possible mistreatment, abusive treatment, negligence, or exploitation on the part of staff, volunteers, or other individuals. Abusive treatment and/or negligence of responsibilities with respect to the welfare and safety of individuals are incompatible with the purpose of the agency. Failure of a staff member to immediately report abuse/neglect/exploitation/infection control violations of a client to agency administration also constitutes 'neglect' and is subject to disciplinary</p>				Thorough Investigation", Procedure 5.13.1 - Procedure for Investigating Reported Abuse, Neglect, Exploitation, Mistreatment and Infection Control		

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W 0153  Bldg. 00	<p>action up to and including termination. Detailed definitions of Abuse, Neglect, Mistreatment, Exploitation, and Infection Control Violations are covered in the definitions section of the procedure manual".</p> <p>On 10/6/23 at 9:00 AM, an interview was conducted with the Director of Residential Services (DRS). The DRS indicated staff #2 was suspended immediately pending an investigation when the incident was reported on 7/2/23. The DRS indicated staff are expected to report allegations of abuse, neglect or mistreatment immediately to a supervisor and their policy should be implemented. The DRS indicated staff #2 was written up on neglect and switched to a different shift where she would not be working alone.</p> <p>9-3-2(a)</p> <p>483.420(d)(2)</p> <p><b>STAFF TREATMENT OF CLIENTS</b></p> <p>The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.</p> <p>Based on record review and interview for 1 of 13 incident reports reviewed affecting client #4, the facility failed to ensure an incident of alleged abuse was immediately reported to the Bureau of Developmental Disabilities Services (BDDS) in accordance with state law.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations</p>			W 0153	<p>·Mandatory retraining on DDRS Incident Reporting and Carey Services Policies with regard to reporting regulations will occur with all applicable staff by the Director of Residential Services by 11/10/2023.</p> <p>·DDRS Incident Reporting and Management</p> <p>·Carey Policy 5.13 on</p>		11/10/2023

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W 0154  Bldg. 00	<p>were reviewed on 10/3/23 at 12:41 PM and indicated the following:</p> <p>On 7/20/23 at 12:53 PM, "a report was made in meeting today that staff told [client #4] 'to sit my butt down' and staff was suspended immediately." This was not reported to BDDS until 7/25/23.</p> <p>On 10/3/23 at 12:32 PM, the Community Living Manager (CLM) was interviewed and indicated the timeframe for reporting incidents to BDDS was 24 hours. The CLM was unsure why the report was not filed within 24 hours.</p> <p>9-3-2(a)</p> <p>483.420(d)(3)</p> <p><b>STAFF TREATMENT OF CLIENTS</b></p> <p>The facility must have evidence that all alleged violations are thoroughly investigated. Based on record review and interview for 1 of 3 sampled clients (client #1), the facility failed to ensure an investigation was thoroughly conducted into a fall resulting in an emergency room (ER) visit.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 10/3/23 at 12:41 PM.</p> <p>The BDDS report dated 7/2/23 indicated: "[Client #1] had voiced she was dizzy and then fell. Writer advised that [client #1] needed to be evaluated at the emergency room (ER). She was taken to [hospital name]. [Client #1] had labs drawn, a chest x-ray and a cat scan (CT) of the head completed."</p>			W 0154	<p>reporting Abuse, Neglect, Mistreatment, Exploitation and Infection Violations</p> <p><i>o Documents: Training Inservice, Carey Services Policy 5.13.1 – Abuse, Neglect, Mistreatment, Exploitation, and Infection Violations.</i></p> <p>The Staff Development Coordinator / Trainings and Investigations and their designee(s) will complete a training to review Steve Corya's "Components of a Thorough Investigation" and review Carey Services Procedure 5.13.1 on Procedures for Investigating Reported Abuse, Neglect, Exploitation, Mistreatment and Infection Control by 11/10/2023.</p> <p><i>o Documents: Training Inservice, Steve Corya's "Components of a Thorough Investigation", Procedure 5.13.1 - Procedure for Investigating Reported Abuse, Neglect, Exploitation, Mistreatment and</i></p>		11/10/2023

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W 9999  Bldg. 00	<p>During the record review on 10/5/23 at 2:30 PM, no investigation into the incident was located.</p> <p>On 10/6/23 at 9:00 AM, an interview was conducted with the Director of Residential Services (DRS). The DRS indicated because this was a medical issue she did not believe it needed to be investigated.</p> <p>9-3-2(a)</p> <p>State Findings</p> <p>The following Community Residential Facilities for Persons with Developmental Disabilities rule was not met:</p> <p>460 IAC 9-3-2(c)(3) Resident Protections</p> <p>(c) The residential provider shall demonstrate that its employment practices assure that no staff person would be employed where there is: (3) conviction of a crime substantially related to a dependent population or any violent crime. The provider shall obtain, as a minimum, a bureau of motor vehicles record, a criminal history check as authorized in IC 5-2-5-5 [IC 5-2-5 was repealed by P.L.2-2003, Section 102, effective July 1, 2003. See IC 10-13-3-27.], and three (3) references. Mere verification of employment dates by previous employers shall not constitute a reference in compliance with this section.</p> <p>This state rule was not met as evidenced by:</p> <p>Based on record review and interview for 1 of 3 personnel files reviewed, the facility failed to</p>			W 9999	<p>Infection Control</p> <p>The Human Resources Manger will complete a training to review 460 IAC 9-3-2 (c)(3) and Procedure 9.9.5 – Verification of Staff Qualifications by 11/10/2023.</p> <p><i>o Documents: Employee Reference on File Inservice, Procedure 9.9.5 – Verification of Staff Qualifications.</i></p>		11/10/2023

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	<p>ensure three reference checks for staff #1 were obtained prior to staff #1 working in the home.</p> <p>Findings include:</p> <p>On 10/5/23 at 10:20 AM, a review of the employee files was completed and indicated the following:</p> <p>Direct Support Professional (DSP) #1's record indicated there was only one reference check completed.</p> <p>On 10/5/23 at 11:35 AM, the Human Resources Manager (HRM) indicated new hires are required to bring in 2 business and 1 personal references on the first day of training week. The HRM indicated DSP #1 moved from [state] and all her references were in [state]. Therefore, the Talent Acquisition Assistant was going to call to get the references completed. The HRM stated "we normally let each other know if someone else in human resources (HR) needs to complete the reference phone calls, unfortunately that did not happen with [DSP #1], and we missed it."</p> <p>9-3-2(c)(3)</p>						