STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G745	A. BUILDING 00 B. WING	12/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RES CARE SOUTHEAST INDIANA	16611 SIMA GRAY RD HENRYVILLE, IN 47126

(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	This visit was for the Post Certification Revisit (PCR) to the pre-determined full recertification and state licensure survey conducted on 10/26/20. Dates of Survey: 12/3/20, 12/4/20 and 12/7/20. Facility Number: 011663 Provider Number: 15G745 AIM Number: 200902020 This deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 12/17/20.	W 0000		
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 observation, record review and interview for 1 of 2 sampled clients (#1), the governing body failed to exercise operating direction over the facility to 1) update client #1's Behavior Support Plan (BSP) and 2) ensure daily testing of the security system was completed as indicated in the approved plan of correction. Findings include: 1) On 12/3/20 at 10:36 AM, a review of the approved plan of correction (POC) was completed. The POC indicated an implementation date of 11/25/20 and under step 5 indicated, "The Behavioral Clinician will update [client #1's] BSP to specify client clothing will	W 0104	1.The Behavioral Clinician will update client#3 BSP to specify client clothing will not be removed from his person when per BSP other personal items are being removed from his possession. 2.The Behavioral Clinician will retrain all staff in the facility on client#3 updated BSP. 3.The Residential Manager will monitor home activities and client interactions daily to ensure there is no suspected ANE/Mistreatments of clients. 4.The Residential Manager, QIDP, Area Supervisor, and	01/06/2021

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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	not be removed from his person when per BSP other personal items are being removed from his possession". On 12/3/20 at 4:20 PM, client #1's record was reviewed. The record indicated the following: -BSP dated 10/13/20 indicated no revision had been made as indicated in the approved plan of correction. On 12/4/20 at 2:47 PM, staff training was provided for review dated 11/2/20. On 12/4/20 at 3:08 PM, the training record received was reviewed and indicated, "When items are removed from his (client #1) his room, he is not to have his clothes removed from his person. The only exception is when he is displaying sexual asphyxiation with clothing that would necessitate staff to have him change out of damaged clothing". On 12/4/20 at 10:40 AM, the Behavior Consultant (BC) was interviewed. The BC was asked about client #1's revised BSP. The BC stated, "The plan has not been updated, it's with the guardian". The BC was asked if the interdisciplinary team continued to work on client #1's BSP strategies. The BC stated, "Correct. If she wants to modify or change, I'll have to go back to the team". The BC indicated client #1's BSP required guardian approval and would also require review and approval by the Human Rights Committee. On 12/4/20 at 11:05 AM, the Program Manager (PM) was interviewed. The PM was asked about the status of client #1's BSP revision. The PM stated, "Yeah, I think they (interdisciplinary team) are working on approval". The PM		Program Manager will monitor home activities and client interactions to ensure there is no suspected ANE/Mistreatments of clients in the Facility and all plans are being followed as written. 5.The facility will ensure the entry chime feature on the permeant security system is operational, in the event of a malfunction a temporary door chime device will be used until repair will occur. 6.Staff will be retrained on the importance of the chime feature and why it needs to function properly, if the system fails to operate a repair order will be called in as soon as the situation allows not longer than 24 hours of the noted failure. 7.Staff will call 844-RESCARE to schedule a service call with Koorsen Fire and Security to repair the permeant system. 8.In the event of a system malfunction Koorsen Fire and Security will be contacted to inspect and test the Alarm System to ensure the audible alerts were functioning properly. The Program Manager received instructions on reset and testing from Koorsen. 9.Instructions for testing and resetting the security system was developed by Koorsen and staff trained on the procedure, a daily testing schedule was posted in the home by the Program Manager.	

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	indicated client #1's BSP continued to be reviewed at the team level and stated, "I need to follow up". 2) On 12/3/20 at 10:36 AM, a review of the approved plan of correction (POC) was completed. The POC indicated an implementation date of 11/25/20 and "Instructions for testing and resetting the security system was developed by [name of alarm company] and staff trained on the procedure, a daily testing schedule was posted in the home by the Program Manager". Observation was conducted on 12/3/20 at 4:57 PM to 6:13 PM. At 5:08 PM, the exterior doors were tested to see if an audible chime was made. The exterior doors were tested which included the front exterior door, day room A exterior door and day room B exterior door. All exterior doors chimed indicating the doors had been opened. This affected client #1. -At 5:11 PM, the Area Supervisor (AS) was asked if he was trained on resetting the security alarm system. The AS stated, "I was trained if I have a problem with the security alarms to call [name of alarm company]". The AS was asked for the daily testing schedule of the security system to review and indicated no daily testing schedule was available. -At 5:42 PM, the Qualified Intellectual Disabilities Professional (QIDP) entered the home. -At 5:48 PM, the QIDP was asked about the daily testing of the security system. The QIDP indicated a daily schedule to test the alarm was believed to be present at the home. The QIDP		10.Staff will ensure exterior doors positively latch if there is a malfunction preventing an exterior door from remaining closed staff will contact 844-RESCARE and schedule a work order. 11.The Residential Manager, QIDP, Area Supervisor, and Program Manager will check operation of the security system to ensure proper operation and notify Koorsen Fire and Security immediately if there is a system failure.	

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	stated, "We'll look for the daily check for the alarm system for you". The QIDP indicated further follow up was required. On 12/4/20 at 11:05 AM, the Program Manager (PM) was interviewed. The PM was asked about the daily testing schedule for the security system. The PM stated, "We had maintenance go out to make sure that it (security system) was functioning. I thought I had sent that (daily security check form). I thought it was out there. I'm going to send that out there today". The PM indicated further follow up was needed and that no daily security check form could be provided for review. This deficiency was cited on 10/26/2020. The facility failed to implement a systemic plan of correction to prevent recurrence. 9-3-1(a)			