

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G247	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/20/2023
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NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP COD 2401 CORNWELL DR 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 complaints #IN00409199, #IN00418483 and #IN00419787.</p> <p>Complaint #IN00409199: Federal and state deficiency related to the allegation(s) is cited at W149.</p> <p>Complaint #IN00418483: Federal and state deficiency related to the allegation(s) is cited at W149.</p> <p>Complaint #IN00419787: Federal and state deficiency related to the allegation(s) is cited at W149.</p> <p>Survey dates: 11/13/23, 11/14/23, 11/15/23, 11/16/23, 11/17/23 and 11/20/23.</p> <p>Facility Number: 000769 Provider Number: 15G247 AIM Number: 100248810</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 and #27547 on 12/5/23.</p>	W 0000		
W 0104 Bldg. 00	<p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation and interview for 3 of 3 sampled clients (A, B and C) and 5 additional clients (D, E, F, G and H), the facility's governing</p>	W 0104	1 The Program manager contacted Boggs Pest Control to treat area for insect, and	12/21/2023

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Mark Slaughter	AED	12/21/2023

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 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>body failed to exercise operating direction over the facility to ensure the group home was free from numerous dead insects scattered throughout the basement on and around the emergency food supply, food items within the emergency food supply were not expired and the back deck painting/staining project was completed facing the street/neighborhood.</p> <p>Findings include:</p> <p>Observations were conducted on 11/13/23 from 3:52 PM to 5:58 PM and on 11/14/23 from 6:30 AM to 8:55 AM. The following environmental issues were found affecting clients A, B, C, D, E, F, G and H:</p> <p>1) At 4:13 PM, staff #4 exited and returned inside the group home from the back porch. The back deck had synthetic deck board as the flooring, but the railing and spindles were partially stained/painted lumber. The backside of the railing and spindles facing away from the group home toward the street and neighborhood were unpainted. The back deck was partially stained and/or painted leaving the backside unfinished.</p> <p>2) At 8:29 AM, in the basement of the group home were several bags of client clothing, personal hygiene supplies and the emergency food supply. Throughout the basement floor, shelving, storage containers and the food supply were numerous small dead winged insects. There were more small dead winged insects than could be counted and/or estimated.</p> <p>3) Within the food supply were several items of expired foods. At 8:32 AM, the following items were photographed with expired dates: Seven containers of Oats with an expiration date of</p>		<p>contractor sealed area of entry to prevent future pest entry work complete 12/12/2023.</p> <p>2 The Program Manager contacted painting contractor to complete painting of railing and spindles finishing back deck staining work was complete 12/12/2023.</p> <p>3 Program Manager contacted contractor to clean basement area work was complete 12/15/2023.</p> <p>4 The Program Manager replaced emergency food supply with long life shelf stable sealed meals on 12/20/2023 to accommodate all clients and staff in the facility in event of an emergency situation. Dates will be checked monthly to ensure emergency food supply remains in date, and notify the Area Supervisor within 30 days of expiration to reorder.</p> <p>5 A member of the Administrative team will conduct a monthly site reviews for all clients in facility and the administrator will hold a weekly ICF meeting to discuss issues that arise in the facility.</p> <p>Persons Responsible: AED, Quality Assurance Manager, QA Coordinator/QIDP Manager, Program Manager, Area Supervisor, QIDP, Direct Support Lead, and DSP.</p>	

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	<p>12/23/22, two boxes of spaghetti with an expiration date of 5/17/22, a bag of powdered sugar with an expiration date of 7/1/22 and two containers of juice with an expiration date of 3/2022 written on their caps.</p> <p>On 11/14/23 at 8:41 AM, the Area Supervisor (AS) was interviewed. The AS was asked about the dead insects found in the basement. The AS indicated this was the second occurrence that she was now made aware of. The AS stated, "It is. It's like they're coming in for winter. It's been months. It's not like it's frequent". The AS indicated a prior issue with an insect infestation in the basement had occurred months prior, but she was unaware of a recurrent issue. The AS was asked about the expired food items within the emergency food supply. The AS stated, "We'll have to go through it".</p> <p>On 11/14/23 at 9:28 AM, an external pest control representative entered the group home. The Qualified Intellectual Disabilities Professional (QIDP) shared pictures of the dead insects and showed the exterminator where the basement was.</p> <p>On 11/15/23 at 2:35 PM, the QIDP was asked about the pest exterminator's findings from his review of the group home's basement. The QIDP indicated the dead insects were called drain flies. The QIDP was asked about expired food items within the emergency food supply. The QIDP stated the facility was going to change practice and use "MRIs (Meals Ready-to-Eat)". The QIDP indicated the expiration dates of the meals ready to eat were much longer in shelf life. The QIDP stated, "We'll have MRIs next week. It (emergency food supply) should have been rotated so things don't expire". The QIDP was asked about the unfinished painted/stained rails and spindles on</p>			

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W 0149 Bldg. 00	<p>the back deck. The QIDP indicated further follow up would be needed to ensure the back deck railing and spindles were painted and/or stained. The QIDP was asked how the group home should be maintained. The QIDP indicated the home should be clean and well maintained and free from insect infestation.</p> <p>9-3-1(a)</p> <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 for 3 of 10 incident reports affecting clients A and B, the facility failed to implement the Abuse, Neglect, Exploitation, Mistreatment and/or Violation of Individual's Rights policy to prevent: 1) staff use of an improper physical restraint during a behavioral episode with client B, and 2) a lack of staff monitoring and supports to prevent client A from an injury which resulted in a fractured arm/elbow.</p> <p>Findings include:</p> <p>On 11/14/23 at 11:02 AM, a review of the facility's Bureau of Disabilities Services (BDS) reports and accompanying investigation summaries was conducted. The review indicated the following affecting clients A and B:</p> <p>1A) BDS incident report dated 5/17/23 indicated, "It was reported on 5/17/23 that on 5/15/23 [client B] was agitated and threw the tv (television) remote at [client H] hitting [client H] in the leg and was yelling at him. Staff attempted verbal redirection, but [client B] continued yelling. Staff</p>	W 0149	<p>The Facility will retrain staff at the site on the Abuse, Neglect and Exploitation Policy and disciplinary action will be given if the policy is not followed. Area Supervisor and Direct Support Lead will ensure that the Abuse, Neglect and Exploitation Policy is followed. Monitoring of ANE will be done by The Program Manager, Area Supervisor and Direct Support Lead to ensure all incidents of possible abuse, neglect and exploitation are reported to the QA department.</p> <p>The Program Manager will ensure the Area Supervisor will retrain staff on the Abuse, Neglect and Exploitation Policy and disciplinary action will be given if the policy is not followed.</p> <p>Area Supervisor and Program Manager will ensure that the Abuse, Neglect and Exploitation Policy is followed</p>	12/21/2023

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	<p>initiated one-man YSIS (You're Safe I'm Safe/physical intervention) for one minute escorting [client B] to his bedroom. [Client B] hit staff multiple times and then hit the wall, his dresser, and a window. [Client B] refused verbal redirection. [Client H] had no injuries and [client B] sustained a 1/16-inch red mark on the back of his right hand due to hitting drawer pull (handle) on dresser. Plan to Resolve: Staff contacted the police for assistance for [client B's] safety. Police arrived and spoke with [client B], and he calmed. Staff will receive in-service on timely reporting of incidents".</p> <p>1B) BDS incident report dated 5/18/23 indicated, "Allegations were received of staff using unapproved physical redirection techniques during an incident that occurred on 5/15/23. It was also reported 2 staff witnessed the incident and did not report to QA (Quality Assurance). Plan to Resolve: All staff members involved were placed on leave pending investigation. Bill of rights and grievance have been reviewed with [client B] and staff at the location will receive retraining on ANE (Abuse, Neglect and Exploitation) policy as well as YSIS techniques".</p> <p>Investigation summary dated 5/18/23 through 5/24/23 indicated, "An investigation was initiated when QA received a report on 5/17/23, that on 5/15/23 staff [former staff #1] had used unapproved restraints with [client B]. Also, two other staff, [former staff #2] and [former staff #3], witnessed the incident and did not report to QA until 5/17/23... Conclusion: It is substantiated [former staff #1] used unapproved restraints on [client B]. It is substantiated [former staff #2] and [former staff #3] witnessed the incident without intervening or reporting to QA immediately...</p>		<p>through random monitoring. Monitoring of Corrective Action: The Program Manager, Area Supervisor and Residential Manager will ensure all incidents of possible abuse, neglect and exploitation are reported to the QA department.</p> <p>Persons Responsible: AED, Quality Assurance Manager, QA Coordinator/QIDP Manager, Program Manager, Area Supervisor, QIDP, Direct Support Lead, and DSP.</p>	

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	<p>Investigation Peer Review: Term (terminate) [former staff #1], [former staff #2] and [former staff #3], BOR (Bill of Rights) and Grievance (training) for [client B], Train all staff on BSP (Behavior Support Plan) for [client B], Train all staff on ANE reporting, Refresher course on YSIS with all staff".</p> <p>On 11/13/23 at 1:52 PM, the Qualified Intellectual Disabilities Professional (QIDP) and Assistant Executive Director (AED) were interviewed about allegations of abuse, neglect and exploitation. Both the QIDP and AED indicated client B had been involved in an incident where a staff used improper physical intervention techniques during a behavior. The AED indicated the staff along with two other staff witnesses were all terminated as result of the investigation. The AED stated, "[Client B] was having a behavior and improper YSIS used". The surveyor asked for clarification of the meaning improper to describe the physical intervention used by staff. The AED stated, "Held in a seated position and the other 2 staff did not do anything to stop it". The QIDP indicated client B was lying on his stomach. The surveyor asked if the position of client B was lying down on his stomach in a "prone" position. The QIDP nodded her head yes.</p> <p>2) BDS incident report dated 9/25/23 indicated, "[Client A] reported to staff he had fallen out of bed during the night while sleeping and showed them an injury to his arm. Staff notified the nurse [client A's] right arm had a 4-inch wide by 5-inch-long bruise and was swollen. (The) Nurse instructed staff to transport [client A] to the ER (emergency room) for evaluation. Plan to Resolve: [Client A] was evaluated in the ER and discharged to his home. Discharge diagnosis: fall, broken arm. Imaging completed: XR (x-ray) elbow 2 views right. Medications ordered:</p>			

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	<p>Hydrocodone-acetaminophen (pain medication) 10-325 mg (milligrams) take 0.5 to 1 tablet every 4 hours as needed for moderate or severe pain. Discharge instructions: Wear splint as instructed. Elevate and ice over the next couple of days. Take pain medicine as prescribed but use caution as it can make you drowsy. Follow-up with orthopedic surgeon. Staff have been trained on the discharge instructions. Staff will continue to monitor [client A], follow all required medical treatment, and notify the nurse of any changes".</p> <p>Investigation summary dated 9/28/23 through 10/4/23 indicated, "A falls investigation was initiated on 9/24/2023 after it was reported client [client A] came to the medication room, at approximately 7:00 AM, and showed staff [former staff #4] a bruise to his right arm. Staff also noticed his arm was swollen and appeared to be broken. [Former staff #4] was placed on administrative leave pending investigation...</p> <p>Factual Findings:...</p> <p>Text message from [former staff #4] to [former direct support lead #1] states, 'That's cool I took like 5 shots of 1800 (alcohol) before [staff #3] called me so I'm still kinda tipsy (insert emoji) so I probably won't get up til right before you get here lol!...</p> <p>By review of statements from [staff #3], staff on shift at the time of [former staff #4] arrival, and [former direct support lead #1] and [Area Supervisor], staff arriving the morning of 9/24/2023, all state [former staff #4] was not asleep, nor did she appear to be under the influence of alcohol or intoxicated...</p> <p>Review of after visit summary from [name of</p>			

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	<p>hospital] Emergency Department for [client A] on 9/24/2023 states x-ray was completed, and [client A] was diagnosed with fall and broken arm...</p> <p>Review of statements show no staff are aware of [client A] having any falls or injuries during their shifts which could have contributed/resulted to the injury, prior to the discovery on 9/24/2023 observed by [former staff #4] during her shift...</p> <p>[Client A] stated he fell outside, near the concrete slab, while [former staff #4] was on shift, sleeping...</p> <p>Conclusion: 1. By review of evidence and interview, it is suspected [client A] fell outside and injured his arm the night [former staff #4] was working. 2. It is substantiated the actions/inactions of [former staff #4] contributed to [client A's] injury. 3. By review of evidence and interview, it is suspected [former staff #4] was asleep during her shift... 4. Policy violations include failure to follow ANE (Abuse, Neglect and Exploitation) policy and report allegations timely...</p> <p>Investigation Peer Review:... Term (terminate) [former staff #4]... Term [former direct support lead #1]... Follow physician orders for [client A]... Bill of Rights and Grievance reviewed with all clients... Random drop in visits to be completed by management for 30 days..."</p> <p>On 11/13/23 at 1:52 PM, the Qualified Intellectual Disabilities Professional (QIDP) and Assistant Executive Director (AED) were interviewed about allegations of abuse, neglect and exploitation. Both the QIDP and AED indicated client A had a fall which resulted in a fractured arm. The AED indicated staff had been sleeping at the time of the incident. The QIDP and AED indicated this staff</p>			

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	<p>no longer worked at the group home and their employment had been terminated.</p> <p>On 11/14/23 at 9:03 AM, the Area Supervisor (AS) was interviewed. The AS was asked about client A's fall which resulted in his fractured arm. The AS indicated the incident occurred over a weekend. The AS indicated she immediately contacted her supervisor and Quality Assurance. The AS indicated she was not sure how client A had fallen to injure his arm and stated, "I still don't know exactly what the outcome was of the investigation. I heard he made it out the door". The AS indicated two staff had been terminated as result of the investigation. The AS was asked how long it was before she was made aware of client A being injured and for him to receive assistance. The AS stated, "I think I got the call around 7:30 AM. I immediately called the Nurse and my boss. It (fall with injury) was between 3 AM and an idea of 7:30ish (morning) when we were notified. [Staff #3] was here until 3 AM and he (client A) had not got (sic) up". The AS was asked why client A would go outside between the hours of 3 AM to 7:30 AM. The AS stated, "As long as I've been here (4 and half months), he does not try to go out ... You have to have eyes on them". The AS was asked if staff was present with client A attempting to redirect him at the time of the fall. The AS stated, "I don't know, I'm sure they (Quality Assurance) asked". The AS indicated staff should be monitoring and supervising to provide redirection if client A was outside of the home between the hours of 3 AM to 7:30 AM.</p> <p>On 11/15/23 at 2:13 PM, the QIDP was interviewed and asked about implementation of the ANE policy concerning: 1) staff use of an unapproved physical intervention during client B's behavioral</p>			

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W 0186 Bldg. 00	<p>episode and two staff failing to report immediately and 2) client A's injury resulting in a fractured arm/elbow. The QIDP indicated staff should implement their training for behavioral intervention and report suspected abuse, neglect and/or exploitation properly. The QIDP indicated staff should provide supports and supervision with redirection as trained according to the client specific program plans to prevent serious injury from occurring. The QIDP was asked if the ANE policy should be implemented at all times. The QIDP stated, "Yes".</p> <p>On 11/16/23 at 11:04 AM, a review of the 11/10/23 Abuse, Neglect, Exploitation, Mistreatment and/or a Violation of Individual's Rights (ANE) policy was conducted. The review indicated the following: "ResCare staff actively advocate for the rights and safety of all individuals... ResCare strictly prohibits abuse, neglect, exploitation, mistreatment, or violation of an Individual's rights...".</p> <p>This federal tag relates to complaints #IN00409199, #IN00418483 and #IN00419787.</p> <p>9-3-2(a)</p> <p>483.430(d)(1-2) DIRECT CARE STAFF</p> <p>The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans.</p> <p>Direct care staff are defined as the present on-duty staff calculated over all shifts in a 24-hour period for each defined residential living unit.</p> <p>Based on record review and interview for 3 of 7</p>	W 0186	The facility will provide	12/21/2023			

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	<p>incident reports affecting clients (A, B, C and D), the facility failed to ensure sufficient staffing resources were deployed appropriately to prevent: 1) client to client physical aggression and 2) a fall with injury.</p> <p>Findings include:</p> <p>On 11/14/23 at 11:02 AM, a review of the facility's Bureau of Disabilities Services (BDS) reports and accompanying investigation summaries was conducted. The review indicated the following affecting clients A, B, C and D:</p> <p>1) BDS incident report dated 8/4/23 indicated, "It was reported [client B] was watching tv (television) with his housemates while staff was administering medication. Staff heard [client A] yell and went to check on him. [Client A] reported [client B] had hit him on the back and [client B] admitted to staff he had hit [client A] because he wanted his housemates to go to their rooms. [Client B] received his medications and a snack and then hit [client D] on the arm. [Client A] sustained a red mark on his back and [client D] sustained no injuries. Staff verbally redirected [client B]. Plan to Resolve: Staff will continue to follow plans in place...".</p> <p>Investigation summary dated 8/3/23 indicated, "Description of Incident: [Client B] was escalated in the living room. He told his housemates to go to their rooms. Staff heard [client A] say that [client B] hit him. Staff came out of the med (medication) room and got between [client B] and [client F] ([Client F] did not get hit). [Client B] then hit [client D] as he walked past them during med pass... [Client A] had a light red mark on his back and [client D] had no injuries...</p>		<p>sufficient direct care staff to manage and supervise clients in accordance with their individual program plans.</p> <p>The Program Manager will conduct a weekly meeting to project needs and plan coverage for open shifts with Human Resources until proper staffing ratios are maintainable.</p> <p>ResCare has created a new hire incentive to asset fill open shifts of \$2000.00 that will run temporarily to help attract new staff.</p> <p>Human Resources has made filling Cornwell open shifts a priority, this will continue until vacancies are filled.</p> <p>The Area Supervisor will coordinate with Direct Support Leads to ensure shift coverage. All unfilled shifts will be reported to the Program Manager.</p> <p>A weekly report is being provided to the hiring manager that will identify open positions and forecast staff gains and losses.</p> <p>Persons Responsible: Program Manager, Human Resources, Quality Assurance, Area Supervisor, QIPD, DSL, Residential Manager, Human Resource Assistant, and DSP.</p>	

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	<p>4. Do any changes need to be made to prevent future occurrences? Yes. Staff will be retrained in ways to deal with [client B] when he is escalated. Ideas such as walking between him and clients, not leaving him alone completely unsupervised around peers...</p> <p>5. Is there a pattern of occurrences between these two clients? Yes...</p> <p>6. Was there sufficient staff at the time of the incident? No. The house is to be staffed 2:8 (2 staff to 8 clients) due to [client B's] behaviors, etc...</p> <p>7. Conclusion: The incident was substantiated, because there was not staff supervision since the 2nd staff had left...</p> <p>Recommendations: The QIDP spoke to the AS [Area Supervisor name] about the importance of appropriate staffing so [client B's] behaviors can be more supervised. The staff will be retrained to make sure that during day/evening hours the home is to be double staffed and if it is not to call the AS (Area Supervisor) or PM (Program Manager)".</p> <p>2) BDS incident report dated 8/12/23 indicated, "It was reported [client B] was in the kitchen when [client A] walked past [client B]. [Client B] hit [client A] in the left shoulder. Staff verbally redirected and the two went separate ways. Plan to Resolve: Staff will continue to monitor [client B] and [client A] and be mindful of their proximate (sic) location between the two and position themselves when [client B] and [client A] are walking past one another. No signs of injury or further incidents were reported between the two".</p>			

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	<p>Investigation summary dated 8/11/23 indicated, "Description of incident: [Client B] was sitting in the dining room. [Client A] walked past him, and [client B] smacked [client A] on the left shoulder. The staff [former staff #5] was in the med room...</p> <p>2. Were all behavior strategies followed appropriately and do the current behavior strategies address the above behavior? No. Since there was only 1 staff, the technique of staff supervising [client B] when he is with his peers, was not completed. Also [client B] was left in the dining room finishing up his meal when he should have a staff sitting with him since he is a choking risk...</p> <p>4. Do any changes need to be made to prevent future occurrences? Yes. [Client B] should be supervised more closely around peers. The home should be double staffed at all awake times...</p> <p>6. Was there sufficient staff at the time of the incident? No. There was only 1 staff...</p> <p>Conclusion: Yes, this incident was not staffed correctly and is substantiated...</p> <p>Recommendations: Staff will be retrained on appropriate staff supervision with [client B] and the home".</p> <p>3) BDS incident report dated 9/19/23 indicated, "It was reported [client C] had been sitting on the couch watching tv (television) when he attempted to get up and fell. [Client C] scraped his left arm on (sic) couch causing a 3-inch skin tear. Nurse was contacted and instructed staff to apply pressure to stop bleeding. Nurse also advised staff to transport [client C] to urgent care. Plan to Resolve: [Client C] was transported to [name of</p>			

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	<p>hospital] ER (emergency room) for evaluation. ER staff applied Mepitel (wound dressing) to the wound and [client C] was released".</p> <p>Investigation summary dated 9/18/23 indicated, "Description of Incident: [Client C] was sitting on the couch. He went to stand up and fell. On the way down, his arm made contact with the wooden arm of the couch he was sitting on. The staff helped him and tended to his arm. Staff was instructed to apply pressure to the torn skin on his arm. Staff was also instructed to take him to urgent care for evaluation...</p> <p>3. Was staff with the client and assisting her/him? No...</p> <p>4. What was staff doing when the fall occurred? The staff had been assisting another client in kitchen area...</p> <p>5. Where was other staff at the time of the fall if more than one employee was on duty at the time? There was only 1 staff present...</p> <p>7. Does this consumer have a history of falls? Yes...</p> <p>11. Was medical treatment needed because of the fall? He went to Urgent Care and was given basic First Aid...</p> <p>13. Do any changes need to be made to prevent future occurrences? Yes. The home needs to be double staffed during waking hours...</p> <p>14. Was there sufficient staff at the time of the incident? No...</p> <p>Conclusion: [Client C] had a fall trying to stand</p>			

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W 0240 Bldg. 00	<p>up. Staff was not in the living room with him...</p> <p>Recommendations: QIDP (Qualified Intellectual Disabilities Professional) spoke to the Area Supervisor and Program Manager and requested 2 staff on shift during waking hours".</p> <p>On 11/15/23 at 1:33 PM, the QIDP was interviewed. The QIDP was asked about the incident history of client-to-client physical aggression, a fall with injury, and a lack of staff deployment. The QIDP indicated sufficient deployment of staffing was needed to ensure clients B and C's program plans were implemented to prevent client-to-client aggression and falls.</p> <p>On 11/15/23 at 1:44 PM, the Nurse was interviewed. The Nurse was asked about the incident history of client-to-client aggression, a fall with injury, and a lack of staff deployment. The Nurse indicated sufficient deployment of staffing was needed to ensure implementation of clients B and C's program plans to prevent incidents of client-to-client aggression and falls.</p> <p>9-3-3(a)</p> <p>483.440(c)(6)(i) INDIVIDUAL PROGRAM PLAN</p> <p>The individual program plan must describe relevant interventions to support the individual toward independence.</p> <p>Based on observation, record review and interview for 1 of 3 sampled clients (A), the facility failed to ensure client A's risk plan for his right fractured arm/elbow included implementation strategies for the use of his shoulder/arm sling.</p> <p>Findings include:</p>	W 0240	As soon as the interdisciplinary team has formulated a client's individual program plan, each client will receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency	12/21/2023

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	<p>Observations were conducted on 11/13/23 from 3:52 PM to 5:58 PM and on 11/14/23 from 6:30 AM to 8:55 AM. Throughout the observations, client A's shoulder/arm sling on his right arm slid up past his elbow and was positioned behind his upper right arm. Limited staff redirection and repositioning of client A's shoulder/arm sling occurred throughout the observations. At 4:55 PM, client A stood up from the rocker recliner in the living room and began dancing to a music video on the television. Client A's sling for his right arm was pushed upward past his elbow as he stood and made dancing body movements. At 5:01 PM, client A sat back down in his chair. Client A's sling was positioned upward on his right arm and past his elbow.</p> <p>At 6:30 AM, client A was seated in a chair in the living room. Client A's sling was positioned upward on his right arm and past his elbow. At 6:48 AM, client A sat down at the dining room table in preparation for the morning meal. Client A's sling was positioned upward on his right arm and past his elbow. At 6:49 AM, client A returned to the living room and sat down in his chair. Client A's sling was positioned upward on his right arm and past his elbow. At 6:57 AM, client A was seated at the dining room table eating his breakfast. Client A used his left hand to hold and take bites of his egg and cheese bagel. Client A did not attempt to use his right hand or arm. Client A's sling was positioned upward on his right arm and past his elbow. At 7:01 AM, client A finished eating his morning meal and returned to the living room, sat down in a chair, and began putting his sandals on his feet. Client A's sling moved downward on his right arm and was now partially past his right elbow. No staff redirection to ensure client A's sling was properly positioned had occurred. At 7:09 AM, client A was seated in the</p>		<p>to support the achievement of the objectives identified in the individual program plan.</p> <p>The QIDP and Nurse will develop formal and informal training objectives based on client observations and recommendations from the IDT.</p> <p>The QIDP will retrain all staff in the facility on recommendations developed by an IDT</p> <p>The Area Supervisor will and DSL will ensure staff in the facility are following plans developed by the QIDP.</p> <p>A member of the Administrative team will conduct a monthly site reviews for all clients in facility and the administrator will hold a weekly ICF meeting to discuss issues that arise in the facility.</p> <p>Persons Responsible: AED, Quality Assurance Manager, QA Coordinator/QIDP Manager, Program Manager, Area Supervisor, QIDP, Direct Support Lead, Nurse, and DSP.</p>	

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	<p>chair in the living room watching television. Client A's sling had once again moved upward and was now positioned on his upper right arm past his elbow. At 7:49 AM, client A was seated in the chair in the living room. Client A's sling was positioned upward on his right arm and past his elbow. At 7:51 AM, client A moved from the living room to the dining room table. Client A's sling was upward on his right arm past his elbow. Client A was asked how he had hurt his arm. Client A looked down toward the dining room table and did not speak. At 7:54 AM, client A was asked if he was not feeling well. Client A shook his head no. Client A then began to cry and the interview ended. The Qualified Intellectual Disabilities Professional (QIDP) provided client A emotional support, a glass of water and contacted the Nurse to inform of client A's complaint of not feeling well and the indication of his head hurting. At 8:01 AM, client A entered the medication administration room. At this time, the QIDP provided feedback to staff #2 with instruction to provide client A Tylenol for his complaint of not feeling well. The QIDP then began to adjust client A's positioning of his sling. At 8:04 AM, staff #2 adjusted the back strap around client A's back and repositioned the sling to go around client A's upper right arm, around his elbow, down his forearm ending at his right wrist with his arm positioned in the sling in front of his body.</p> <p>On 11/14/23 at 11:02 AM, a review of the facility's Bureau of Disabilities Services (BDS) reports and accompanying investigation summaries was conducted. The review indicated the following affecting client A:</p> <p>BDS incident report dated 9/25/23 indicated, "[Client A] reported to staff he had fallen out of bed during the night while sleeping and showed</p>			

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	<p>them an injury to his arm. Staff notified the nurse [client A's] right arm had a 4-inch wide by 5-inch-long bruise and was swollen. (The) Nurse instructed staff to transport [client A] to the ER (emergency room) for evaluation. Plan to Resolve: [Client A] was evaluated in the ER and discharged to his home. Discharge diagnosis: fall, broken arm. Imaging completed: XR (x-ray) elbow 2 view right. Medications ordered:</p> <p>Hydrocodone-acetaminophen (pain medication) 10-325 mg (milligrams) take 0.5 to 1 tablet every 4 hours as needed for moderate or severe pain.</p> <p>Discharge instructions: Wear splint as instructed. Elevate and ice over the next couple of days. Take pain medicine as prescribed but use caution as it can make you drowsy. Follow-up with orthopedic surgeon. Staff have been trained on the discharge instructions. Staff will continue to monitor [client A], follow all required medical treatment, and notify the nurse of any changes".</p> <p>On 11/15/23 at 11:20 AM, a review of client A's record was conducted. The review indicated the following:</p> <p>-Health Risk Plan (HRP) dated 9/29/23 indicated, "Problem: Fracture of right distal Humerus (arm/elbow). Goal: Will have no complications due to fracture through September 2024. Approach:</p> <ol style="list-style-type: none"> 1. Staff will notify nurse of any signs or symptoms of pain. 2. Staff will encourage [client A] to perform ADL's (sic/adult daily living skills) independently to the best of his ability. 3. Nurse will notify physician of any changes in condition and document in nurses note. 4. Nurse will review all documentation at site visits. 5. Staff will assist client in attending all appointments with PCP (primary care physician) 			

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	<p>and any referrals to specialist as well as completing lab (laboratory) work and other test ordered.</p> <p>6. Staff will be trained on all aspects of client's care and documentation will be kept at the main office.</p> <p>7. Staff will provide education to client regarding his condition as needed to ensure that he has the information to make informed decisions about his care.</p> <p>8. The nurse will review the risk plan at least quarterly and revise as needed.</p> <p>9. Health Services/RM (Residential Manager) to schedule appointments as needed.</p> <p>10. Staff will monitor for and report sign and symptoms of pain and swelling while in stabilizer (i.e., white fingertips, complaint of tightness, increased pain) to nurse.</p> <p>11. Staff will encourage [client A] to rest and elevate arm above heart as much as possible to prevent pain and swelling.</p> <p>12. Staff will administer meds as ordered per physician.</p> <p>13. [Client A] may place ice pack on stabilizer with towel between for 15-20 min (minutes) per each hour for pain, discomfort and prevent swelling as needed".</p> <p>No physician orders and discharge paperwork for the use of the arm/shoulder sling were available for review.</p> <p>Client A's HRP for his right fracture arm/elbow did not indicate methodology and/or strategies for the use of client A's sling. Client A's HRP did not indicate how or when staff redirection and/or repositioning of client A's sling should occur. Client A's medical record did not indicate physician orders and/or discharge paperwork for the use and/or duration of client A's sling.</p>			

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	<p>On 11/15/23 at 11:34 AM, the Nurse was interviewed. The Nurse was asked about the observations of client A being involved in activities with his sling positioned upward on his right arm past his elbow. The Nurse stated, "No. That (positioning of sling) should be a consistent point of redirection. They (staff) have reported issues and difficulties with that. That's been an ongoing issue. There has not been any swelling. I think we need to let the Ortho (Orthopedic Surgeon) know there has been a struggle to keep the sling in position". The Nurse indicated more follow up would be provided for the physician order for the use of client A's sling.</p> <p>On 11/16/23 at 10:25 AM, the QIDP was interviewed. The QIDP was asked about the follow up documentation for the physician orders and/or discharge paperwork instructions for the use of client A's sling. The QIDP indicated she would reach out to the Nurse and follow up on documentation and/or instructions for the use of client A's sling.</p> <p>On 11/16/23 at 4:14 PM, the QIDP forwarded discharge paperwork where client A had a follow up with Ortho on 10/2/23. At 4:15 PM, a review of the follow up discharge paperwork found no instruction for the use of sling for client A's right arm. The discharge instructions referenced an ankle fracture and the need to elevate his legs. No instructions for the use of a sling for client A's fractured arm were provided for review.</p> <p>On 11/17/23 at 2:35 PM, the Nurse was interviewed. The Nurse was asked about the orders and/or instructions for the use of client A's sling. The Nurse stated, "No. I'm not (finding instructions for the use of the sling)". The Nurse</p>			

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W 0268 Bldg. 00	<p>indicated she had contacted the hospital and requested documentation for the use of client A's sling but was unable to obtain paperwork with an order for the use of client A's sling. The Nurse indicated client A had a follow up appointment scheduled with Ortho on 11/21/23. The Nurse was asked about the lack of client A's HRP and instructions for the implementation and use of client A's sling. The Nurse stated, "Yes. We're here for advocacy. I don't think it (discharge paperwork) from the hospital had much instruction. I think we want to encourage him more". The Nurse was asked if encouragement meant client A to wear his sling. The Nurse stated, "Yes... Correct". The Nurse was asked about a plan to ensure client A wore and used his sling. The Nurse stated, "The best we can do is redirect. I will get with the staff and update his plan".</p> <p>On 11/17/23 at 3:18 PM, the QIDP was interviewed. The QIDP was asked about the discharge instructions referencing an ankle injury and elevation of the leg and instruction for the use of client A's sling. The QIDP stated, "I did not see anything about the sling. Staff continued to use the sling because he came home with it". The QIDP was asked about a plan to ensure client A was redirected to wear his sling until knowledge from his Ortho was obtained indicating the sling was not needed. The QIDP stated, "Ok. [Nurse] could do a training and update his plan".</p> <p>9-3-4(a) 483.450(a)(1)(i) CONDUCT TOWARD CLIENT These policies and procedures must promote the growth, development and independence of the client. Based on observation, record review and</p>	W 0268	The Facility will ensure the	12/21/2023

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	<p>interview for 1 of 3 sampled clients (A) and 1 additional client (H), the facility failed to ensure the dignity of: 1) client A's toenail care to prevent his nails from being long and jagged, and 2) client H had enough properly fitting clothing.</p> <p>Findings include:</p> <p>1) Observations were conducted on 11/13/23 from 3:52 PM to 5:58 PM and on 11/14/23 from 6:30 AM to 8:55 AM. Throughout these observations client A's toenails were observed to be long, extending past his toes and jagged. At 4:52 PM, client A was seated in the living room with his socks and shoes off. Client A's right foot toenails extended past the end of his toes and were jagged. At 4:55 PM, client A stood up from his chair to participate in dancing to a music video on the television. Client A's left foot toenails extended past the end of his toes and were jagged.</p> <p>At 6:30 AM, client A was seated in the living room with his socks and shoes off. Client A's toenails on both of his feet were long and extended past the end of his toes. Client A's toenails were jagged. At 7:01 AM, client A finished eating his morning meal and returned to the living room and sat down in a chair. Client A began putting on his sandals. Client A's toenails on both of his feet extended past the end of his toenails and were jagged.</p> <p>On 11/15/23 at 11:20 AM, a review of client A's record was conducted. The review indicated the following:</p> <p>Podiatry Consult dated 6/27/23 indicated, "Reason for Visit: Nail trim. Painful elongated toenails... elongated toenails x 10 (ten toes)... Physician/Consult Orders: Nail debridement</p>		<p>policies and procedures promote the growth, development and independence of the clients.</p> <ul style="list-style-type: none"> -The Facility will ensure Clients have proper fitting clothing. -The Residential Manager will inventory Clients clothing and improper fitting clothing will be donated to Charity upon approval of Clients. The Facility will purchase proper fitting appropriate fitting clothing items with Clients approval. -The nurse will retrain all staff in the facility on proper nail care and ensure podiatry appointments for clients in the facility are scheduled. -The Area Supervisor will retrain staff on ensuring clients attend all scheduled appointments. If a scheduling conflict with appointments happens staff will immediate notify the Area Supervisor and Program manager to make arraignments for scheduled appointments. <p>A member of the Administrative team will conduct a monthly site reviews for all clients in facility and the administrator will hold a weekly ICF meeting to discuss issues that arise in the facility.</p> <p>Persons Responsible: Program Manager, Area Supervisor, Residential Manager, QIDP, DSP, Nurse, Director of Nursing.</p>	

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	<p>(removal of viable nail plate) x 1 ... Return: 9/5/23 at 10:15 AM...".</p> <p>On 11/15/23 at 11:31 AM, the Qualified Intellectual Disabilities Professional (QIDP) was interviewed. The QIDP was asked about client A's nail care for his toenails. The QIDP stated, "He'll sometimes refuse. Yesterday when I was there, I instructed them (staff) to get an appointment with podiatry". The QIDP indicated client A had refused nail care at the scheduled 9/5/23 podiatry appointment and more follow up was needed to ensure client A's toenails were maintained.</p> <p>On 11/15/23 at 11:34 AM, the Nurse was interviewed. The Nurse was asked about client A's nail care for his toenails. The Nurse indicated the podiatry office informed they would no longer just do nail care and stated, "There has to be a medical need" due to billing with insurance. The Nurse stated, "I can do some training with the site lead for proper nail care. His (client A) appointment is 11/28/23".</p> <p>2) Observations were conducted on 11/13/23 from 3:52 PM to 5:58 PM and on 11/14/23 from 6:30 AM to 8:55 AM. Throughout these observations client H's blue jeans, belt and a red pair of athletic sweat pants did not fit him properly and had holes which exposed his underwear. At 4:01 PM, client H was wearing a red tee shirt with a college sports logo. Client H's shirt was on backward with the logo on his back. At 4:50 PM, client H's blue jean pants were loose fitting and exposed his underwear. At 4:54 PM, the Qualified Intellectual Disabilities Professional (QIDP) used a verbal prompt with client H to pull his pants up and sit down to tie his shoes. The QIDP assisted client H with placing his arms inside his shirt and reversing it to ensure it was worn correctly. At 5:20 PM, staff #3 used a</p>						

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	<p>verbal prompt asking client H if he would assist with setting the plates, utensils and glasses around the table for the evening meal. Client H indicated he would assist and staff #2 stated, "Come on". At 5:22 PM, client H was setting the table and his blue jean pants were falling down and exposed his underwear. At 5:24 PM, client H pulled his pants up.</p> <p>At 6:50 AM, client H assisted with setting the table with plates, utensils and glasses for the morning meal. Client H's blue jean pants did not fit him and exposed his underwear. Client H would hold his pants up using one hand while setting the table with the other. Client H had a belt on that did not fit him to help keep his pants pulled up. At 6:52 AM, the QIDP verbally prompted client H to change his clothing as his pants were falling down. Client H left the dining area and returned to his bedroom. At 6:55 AM, client H returned to the living room again wearing pants that did not fit him. The QIDP used a verbal prompt with client H requesting he return to his room and stated, "Change your pants. You need a pair that fits you better". Client H left the living room and returned to his bedroom. At 7:01 AM, client H returned to the dining room. The QIDP used a verbal prompt and stated to client H, "Do you have a belt on?". Client H stated, "Yeah". The QIDP stated, "You need to fix it". Client H returned to his bedroom. As client H returned to his bedroom the belt was not fastened and too long to fit him. At 7:05 AM, client H returned to the dining room. Client H was wearing a red pair of athletic pants. The red athletic pants client H wore had a large hole in the side which exposed his underwear. Staff #4 stated, "[Client H] go change those. I've not seen those for a while". At 7:07 AM, staff #2 stated to client H, "Do you need help finding clothes?" Client H and staff #2 left and went to client H's bedroom.</p>			

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W 0368 Bldg. 00	<p>At 7:12 AM, client H returned to the living room wearing a pair of pants that did not fall down. Client H was no longer wearing a belt. The QIDP used a verbal prompt with client H and asked him to get a sweatshirt to wear.</p> <p>On 11/15/23 at 2:18 PM, a focused review of client H's record was conducted. The review indicated the following:</p> <p>Individual Support Plan (ISP) dated 4/19/23 indicated, "Strengths:... Able to complete hygiene independently with reminders... Needs: Assistance with Adult Daily Living Skills. Supervision to complete task...".</p> <p>On 11/15/23 at 2:35 PM, the QIDP was interviewed. The QIDP was asked about client H's dignity with properly fitting clothing. The QIDP stated, "I know they requested money yesterday to get him new pants. He needs a belt that fits him and pants that fit him properly. He needs to go try on new pants". The QIDP was asked how client H's dignity should be maintained. The QIDP stated, "That his clothing fits him properly".</p> <p>9-3-5(a)</p> <p>483.460(k)(1) DRUG ADMINISTRATION</p> <p>The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. Based on record review and interview for 1 of 3 sampled clients (B), the facility failed to administer client B's Triamcinolone Ointment (skin cream) and Neutrogena Oil-Free Acne 2% (wash) according to his physician orders without error.</p> <p>Findings include:</p>	W 0368	<ul style="list-style-type: none"> The facility will ensure a system for drug administration that assures drugs are administered in compliance with physician's orders. The Nurse will retrain all Facility Staff on the administration of 	12/21/2023

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	<p>On 11/13/23 at 4:40 PM, staff #1 was interviewed following medication administration observations of client B's peers. Staff #1 was asked if the group home was having any pharmacy prescription issues, medication administration issues or medication delivery issues. Staff #1 indicated client B was missing medication treatments and was out of a skin cream and acne wash. Staff #1 stated, "Here in a minute I'll call the Nurse and my supervisor". Staff #1 indicated client B's routine was to use the acne wash during his shower followed by the skin cream. Staff #1 indicated both the Triamcinolone Ointment (skin cream) and Neutrogena Oil-Free Acne 2% (wash) were not in the home available to administer to client B.</p> <p>On 11/14/23 at 11:02 AM, a review of the facility's Bureau of Disabilities Services (BDS) reports and accompanying investigation summaries was conducted. The review found no incident reporting for missed medication administration of client B's skin cream and acne wash as staff #1 described.</p> <p>On 11/15/23 at 11:34 PM, the Nurse was interviewed. The Nurse was asked her knowledge of client B missing medication treatments for his Neutrogena Oil and Triamcinolone acne cream. The Nurse stated, "I went there yesterday, and I think it was accurate what [staff #1] was saying, it was not in the home. It was not reported to me that he (client B) was out". The Nurse indicated she completed follow up with the medical provider to see if client B needed to continue the medication and obtain more. The Nurse stated, "It's been addressed now, to see if he should maintain that med (medication treatments)".</p> <p>On 11/15/23 at 12:22 PM, a review of client B's</p>		<p>Medication in compliance with all physician's orders without error.</p> <ul style="list-style-type: none"> -The Nurse will retrain the staff on the notification policy for any medication errors. -The Nurse will retrain the staff on ResCare medication audits policy. -The Nurse will retrain staff on notifying the Facility Nurse to reorder medication when there are fewer than 7 days of doses for client medication in the facility. <p>Persons Responsible: Direct Support Professionals, Residential Manager, Area Supervisor, Program Manager, Nursing, Director of Nursing</p>	

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	<p>record was conducted. The review indicated the following:</p> <p>Medication/Treatment Administration Record (TAR) dated 11/15/23 indicated the following staff notes:</p> <p>11/1/23 at 4:47 PM - "Neutrogena Oil-Free Acne... Medication Not In Home...".</p> <p>11/4/23 at 8:29 PM - "Neutrogena Oil-Free Acne... Medication Not In Home...".</p> <p>11/4/23 at 8:29 PM - "Triamcinolone... Medication Not In Home...".</p> <p>11/5/23 at 7:27 AM - "Neutrogena Oil-Free Acne... Medication Not In Home...".</p> <p>11/5/23 at 7:27 AM - "Triamcinolone... Medication Not In Home...".</p> <p>11/5/23 at 7:17 PM - "Triamcinolone... Medication Not In Home...".</p> <p>11/6/23 at 7:44 PM - "Triamcinolone... Medication Not In Home...".</p> <p>11/7/23 at 7:25 PM - "Triamcinolone... Medication Not In Home...".</p> <p>11/8/23 at 7:28 PM - "Triamcinolone... Medication Not In Home...".</p> <p>11/8/23 at 7:36 PM - "Triamcinolone... Medication Not In Home...".</p> <p>11/9/23 at 7:53 PM - "Neutrogena Oil-Free Acne... Medication Not In Home...".</p> <p>11/9/23 at 7:53 PM - "Triamcinolone... Medication Not In Home...".</p> <p>11/13/23 at 4:00 PM - "Triamcinolone... Held Per MD (medical doctor) order...".</p> <p>Physician Orders dated 4/25/2023 indicated the following orders:</p> <p>"Neutrogena Oil-Free Acne... Use to wash face, chest, and back with 1-2 GM (grams) 1-2 times daily. Reorder when needed - not a cycle fill med</p>			

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W 0440 Bldg. 00	<p>(medication)... Schedule: Daily 06:00 (AM) to 08:00 (AM). Daily 18:00 (6 PM) to 20:00 (8 PM)...</p> <p>Triamcinolone 0.1% One (ointment)... Apply to infected area(s) three times daily... Schedule: Daily at 07:00 (AM). Daily at 16:00 (4 PM). Daily at 20:00 (8 PM)..."</p> <p>On 11/17/23 at 2:35 PM, the Nurse was interviewed. The Nurse was asked if client B's missed Neutrogena Oil and Triamcinolone Ointment would be considered a missed medication error. The Nurse stated, "Missed medication treatments would an error". The Nurse was asked how client B's medication treatment orders should be implemented. The Nurse indicated client B's medication treatments should be administered according to the physician orders without error and stated, "Correct".</p> <p>On 11/17/23 at 3:18 PM, the Qualified Intellectual Disabilities Professional (QIDP) was interviewed. The QIDP was asked how client B's medication treatments should be administered. The QIDP stated, "If not there, they (staff) should get with [Nurse] to report and an incident filed. It was staff letting the Nurse know it was not there anymore". The QIDP was asked if client B's medication treatments should be administered according to physician orders without error. The QIDP stated, "Yes".</p> <p>9-3-6(a)</p> <p>483.470(i)(1) EVACUATION DRILLS at least quarterly for each shift of personnel. Based on record review and interview for 3 of 3 sampled clients (A, B and C) and 5 additional clients (D, E, F, G and H), the facility failed to</p>	W 0440	All staff at the home will be re-trained on conducting evacuation drills quarterly on all	12/21/2023	

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	<p>conduct quarterly evacuation drills for each shift of personnel.</p> <p>Findings include:</p> <p>On 11/15/23 at 10:39 AM, a review of the facility's evacuation drills was conducted. The review indicated the following affecting clients A, B, C, D, E, F, G and H:</p> <p>During the second shift (4 PM -12 AM), there was no documentation of evacuation drills conducted from 1/1/23 through 3/31/23 and 4/1/23 through 6/30/23.</p> <p>During the third shift (12 AM - 8 AM), there was no documentation of evacuation drills conducted from 1/1/23 through 3/31/23 and 4/1/23 through 6/30/23.</p> <p>On 11/15/23 at 2:13 PM, the Qualified Intellectual Disabilities Professional (QIDP) was interviewed. The QIDP was asked how evacuation drills should be conducted. The QIDP stated, "One per shift per quarter". The QIDP was asked if more documentation of evacuation drills was available for review. The QIDP indicated no further documentation could be provided for review.</p> <p>9-3-7(a)</p>		<p>shifts. The Residential Manager will review all drills to ensure all required drills area conducted. The Program Manager will train the Area Supervisor and the Area Supervisor will train all facility staff.</p> <ul style="list-style-type: none"> -The Area Supervisor will visit the home at least monthly to ensure the drills are in the home and up to date. -Direct Supper Lead will submit monthly drills to the QA Department upon completion. The QA Department will notify the Area Manager and Program manager if the facility has not performed monthly drills as required. -The Area supervisor will ensure drills are completed as required. -The program manager will conduct random monthly inspections to ensure drills are being completed as required. <p>A member of the Administrative team will conduct a monthly site reviews for all clients in facility and the administrator will hold a weekly ICF meeting to discuss issues that arise in the facility.</p> <p>Persons Responsible: Program Manager, Area Supervisor,</p>	

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W 0504 Bldg. 00	<p>483.460(a)(4)(v) COVID-19 Policies and Procedures: Vaccination</p> <p>§ 483.460(a)(4)(v) The client, client's representative, or staff member has the opportunity to accept or refuse COVID-19 vaccine, and change their decision.</p> <p>Based on record review and interview for 1 of 3 sampled clients (B), the facility failed to ensure client B and his legal representative had the opportunity to accept the COVID-19 booster vaccination.</p> <p>Findings include:</p> <p>On 11/14/23 at 3:29 PM, client B's guardian was interviewed. Client B's guardian was asked about concerns or issues with client B's support and services. Client B's guardian indicated client B recently came out of COVID-19 quarantine due to positive COVID-19 cases with some of his housemates. Client B's guardian stated, "I don't know if the clients were vaccinated for COVID-19 this fall. I had assumed they had been, but they actually had been quarantined the last 3 weeks. That's pretty much it. I was gone for 10 days. They were quarantined and then had to go back into quarantine". Client B's guardian was asked about client B's vaccination status and if he had tested positive for COVID-19. Client B's guardian stated, "If had been, they did not tell me, if negative or positive. I don't know. I was assuming it was natural every fall, I don't know the protocol".</p> <p>On 11/15/23 at 12:22 PM, a review of client B's record was conducted. The review indicated the</p>	W 0504	<p>Residential Manager, Direct Support Lead, DSP, QA</p> <p>The Facility the facility failed to ensure client B and his legal representative had the opportunity to accept the COVID-19 booster vaccination.</p> <p>The Director of Nursing will in-service the Nurse on educating clients and their guardians if applicable on offering the opportunity for clients to accept the COVID-19 booster vaccination.</p> <p>The nurse will advise all clients and their guardians if applicable on offering the opportunity for clients to accept the COVID-19 booster vaccination.</p> <p>If Clients and their guardians if applicable choose to accept the COVID-19 booster vaccination the Facility Nurse will schedule vaccinations.</p> <p>The Area Supervisor will ensure scheduled appointments are made.</p> <p>A member of the Administrative team will conduct a monthly site reviews for all clients in facility and the administrator will hold a weekly ICF meeting to discuss issues that arise in the</p>	12/21/2023			

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W 9999 Bldg. 00	<p>following:</p> <p>State of Indiana Official Record of Immunization dated 2/25/22 indicated, "Coronavirus... Dose 1 - 4/12/21... Dose 2 - 5/10/21... Dose 3 - 12/20/21...".</p> <p>On 11/15/23 at 12:53 PM, the Nurse was interviewed. The Nurse was asked about client B's COVID-19 vaccination status, his guardian's indication she assumed client B was vaccinated with a booster, and the provider policy to ensure the opportunity to receive the booster vaccination. The Nurse indicated client B did not have a COVID-19 booster vaccine during the fall of 2023. The Nurse was asked the policy and procedure to ensure the opportunity to receive the COVID-19 booster provider to client B and/or his legal guardian. The Nurse stated, "I believe we're supposed to be doing them with the Flu shots, but I want to verify. I need to get them all set up for Flu and COVID-19 shots. I need to look to make sure there is not a more current copy with his vaccination status. It does not say in his annual physical to get a COVID-19 shot". The Nurse was asked about the provider's policy to ensure client B and his legal guardian had opportunity to receive the COVID-19 booster vaccination. The Nurse stated, "I'm going to go with it needs done with the Flu shots".</p> <p>9-3-6(a)</p> <p>State Findings</p> <p>The following Community Residential Facilities for Persons with Developmental Disabilities rule was not met:</p>	W 9999	<p>facility.</p> <p>Persons Responsible: Direct Support Professionals, Residential Manager, Area Supervisor, Program Manager, Nursing, Director of Nursing</p> <p>The facility will ensure a system for drug administration that assures drugs are administered in compliance with</p>	12/21/2023

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	<p>460 IAC 9-3-1(b) Governing Body</p> <p>(b) The residential provider shall report the following circumstances to the division by telephone no later than the first business day followed by written summaries as requested by the division: 16. A medication error or medical treatment error as follows: a. Wrong medication given; b. Wrong dosage given; c. Missed medication - not given; d. Medication given wrong route; or e. Medication error that jeopardizes an individual's health and welfare and requires medical attention.</p> <p>This state rule was not met as evidenced by:</p> <p>Based on record review and interview for 1 of 3 sampled clients (B), the facility failed to ensure client B's missed treatments of Triamcinolone Ointment (skin cream) and Neutrogena Oil-Free Acne 2% (wash) were reported to the Bureau of Disabilities Services (BDS) within 24 hours.</p> <p>Findings include:</p> <p>On 11/13/23 at 4:40 PM, staff #1 was interviewed following medication administration observations of client B's peers. Staff #1 was asked if the group home was having any pharmacy prescription issues, medication administration issues or medication delivery issues. Staff #1 indicated client B was missing medication treatments and was out of a skin cream and acne wash. Staff #1 stated, "Here in a minute I'll call the Nurse and my supervisor". Staff #1 indicated client B's routine was to use the acne wash during his shower followed by the skin cream. Staff #1 indicated both the Triamcinolone Ointment (skin cream) and Neutrogena Oil-Free Acne 2% (wash) was not in</p>		<p>physician's orders.</p> <ul style="list-style-type: none"> -The Nurse will retrain all Facility Staff on the administration of Medication in compliance with all physician's orders without error. -The Nurse will retrain the staff on the notification policy for any medication errors. -The Nurse will retrain the staff on ResCare medication audits policy. -The Nurse will retrain staff on notifying the Facility Nurse to reorder medication when there are fewer than 7 days of doses for client medication in the facility. <p>Persons Responsible: Direct Support Professionals, Residential Manager, Area Supervisor, Program Manager, Nursing, Director of Nursing</p>	

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NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP COD 2401 CORNWELL DR JEFFERSONVILLE, IN 47130
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	<p>the home available to administer to client B.</p> <p>On 11/14/23 at 11:02 AM, a review of the facility's Bureau of Disabilities Services (BDS) reports and accompanying investigation summaries was conducted. The review found no incident reporting for missed medication administration of client B's skin cream and acne wash as staff #1 described.</p> <p>On 11/15/23 at 11:34 PM, the Nurse was interviewed. The Nurse was asked her knowledge of client B missing medication treatments for his Neutrogena Oil and Triamcinolone acne cream. The Nurse stated, "I went there yesterday, and I think it was accurate what [staff #1] was saying, it was not in the home. It was not reported to me that he (client B) was out". The Nurse indicated she completed follow up with the medical provider to see if client B needed to continue the medication and obtain more. The Nurse stated, "It's been addressed now, to see if he should maintain that med (medication treatments)".</p> <p>On 11/15/23 at 12:22 PM, a review of client B's record was conducted. The review indicated the following:</p> <p>Medication/Treatment Administration Record (TAR) dated 11/15/23 indicated the following staff notes:</p> <p>11/1/23 at 4:47 PM - "Neutrogena Oil-Free Acne... Medication Not In Home...".</p> <p>11/4/23 at 8:29 PM - "Neutrogena Oil-Free Acne... Medication Not In Home...".</p> <p>11/4/23 at 8:29 PM - "Triamcinolone... Medication Not In Home...".</p> <p>11/5/23 at 7:27 AM - "Neutrogena Oil-Free Acne... Medication Not In Home...".</p>			

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	<p>11/5/23 at 7:27 AM - "Triamcinolone... Medication Not In Home...".</p> <p>11/5/23 at 7:17 PM - "Triamcinolone... Medication Not In Home...".</p> <p>11/6/23 at 7:44 PM - "Triamcinolone... Medication Not In Home...".</p> <p>11/7/23 at 7:25 PM - "Triamcinolone... Medication Not In Home...".</p> <p>11/8/23 at 7:28 PM - "Triamcinolone... Medication Not In Home...".</p> <p>11/8/23 at 7:36 PM - "Triamcinolone... Medication Not In Home...".</p> <p>11/9/23 at 7:53 PM - "Neutrogena Oil-Free Acne... Medication Not In Home...".</p> <p>11/9/23 at 7:53 PM - "Triamcinolone... Medication Not In Home...".</p> <p>11/13/23 at 4:00 PM - "Triamcinolone... Held Per MD (medical doctor) order...".</p> <p>Physician Orders dated 4/25/2023 indicated the following orders:</p> <p>"Neutrogena Oil-Free Acne... Use to wash face, chest, and back with 1-2 GM (grams) 1-2 times daily. Reorder when needed - not a cycle fill med (medication)... Schedule: Daily 06:00 (AM) to 08:00 (AM). Daily 18:00 (6 PM) to 20:00 (8 PM)...</p> <p>Triamcinolone 0.1% One (ointment)... Apply to infected area(s) three times daily... Schedule: Daily at 07:00 (AM). Daily at 16:00 (4 PM). Daily at 20:00 (8 PM)..."</p> <p>On 11/17/23 at 2:35 PM, the Nurse was interviewed. The Nurse was asked if client B's missed Neutrogena Oil and Triamcinolone Ointment would be considered a missed medication error. The Nurse stated, "Missed medication treatments would an error". The Nurse was asked how client B's medication treatment</p>			

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

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	<p>orders should be implemented. The Nurse indicated client B's medication treatments should be administered according to the physician orders without error and stated, "Correct".</p> <p>On 11/17/23 at 3:18 PM, the Qualified Intellectual Disabilities Professional (QIDP) was interviewed. The QIDP was asked how client B's medication treatments should be administered. The QIDP stated, "If not there, they (staff) should get with [Nurse] to report and an incident filed. It was staff letting the Nurse know it was not there anymore". The QIDP indicated client B's missed medication errors should have been reported to the Nurse and the BDS.</p> <p>9-3-1(b)</p>				