

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 09/30/2022
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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 investigations of complaint #IN00373685 and complaint #IN00390778.</p> <p>Complaint #IN00373685: Substantiated; Federal and State deficiency related to the allegation(s) is cited at W149.</p> <p>Complaint #IN00390778: Substantiated; Federal and State deficiency related to the allegation(s) is cited at W149.</p> <p>Survey Dates: 9/27/22, 9/28/22, 9/29/22 and 9/30/22</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 on 10/6/22.</p>	W 0000		
W 0140 Bldg. 00	<p>483.420(b)(1)(i) CLIENT FINANCES</p> <p>The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of clients. 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 ensure a full and complete accounting of clients A, B, C, D, E, F, G and H's personal funds entrusted to the facility.</p>	W 0140	To correct the deficient practice all staff will be re-trained the client finance procedures. Supervisory staff responsible for monitoring finances will be re-trained ensuring the client funds are accounted for and documented appropriately. To	10/30/2022

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

TITLE

(X6) DATE

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>Findings include:</p> <p>On 9/28/22 at 8:10 AM a review of the clients' finances was completed. This affected clients A, B, C, D, E, F, G and H. The review indicated the following:</p> <p>1) Client A did not have a financial ledger available for review. Client A's actual cash on hand balance totaled \$99.00. (\$99.00 unaccounted for).</p> <p>2) Client B did not have a financial ledger available for review. Client B's actual cash on hand balance totaled \$45.73. (\$45.73 unaccounted for).</p> <p>3) Client C did not have a financial ledger available for review. Client C's actual cash on hand balance totaled \$45.00. (\$45.00 unaccounted for).</p> <p>4) Client D did not have a financial ledger available for review. Client D's actual cash on hand balance totaled \$50.00. (\$50.00 unaccounted for).</p> <p>5) Client E did not have a financial ledger available for review. Client E's actual cash on hand balance totaled \$0.00. (\$0.00 unaccounted for).</p> <p>6) Client F did not have a financial ledger available for review. Client F's actual cash on hand balance totaled \$35.99. (\$35.99 unaccounted for).</p> <p>7) Client G did not have a financial ledger available for review. Client G's actual cash on hand balance totaled \$50.00. (\$50.00 unaccounted for).</p> <p>8) Client H did not have a financial ledger available for review. Client H's actual cash on hand balance totaled \$26.65. (\$26.65 unaccounted</p>		<p>ensure no others were affected the PM will audit client funds for the last 6 months for appropriate documentation and accounting for funds. Additional monitoring will be achieved by the AS reviewing the client ledgers once a week for a period of two months. Ongoing monitoring will be achieved by the AS and RM reviewing the client ledgers monthly.</p>	

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	<p>for).</p> <p>On 9/28/22 at 8:28 AM, the Qualified Intellectual Disabilities Professional (QIDP) was interviewed. The QIDP indicated clients A, B, C, D, E, F, G and H did not have financial ledgers completed and/or available for review. The QIDP counted each of the client's personal funds maintained in individualized pouches to identify how much per client was unaccounted for and indicated the above dollar figures for cash on hand and/or uncashed checks. The QIDP indicated ledgers needed to be created per client for their sum of personal funds. The QIDP was asked if personal funds entrusted to the facility should be maintained and accounted for. The QIDP stated, "Yeah".</p> <p>On 9/28/22 at 8:35 AM, the Area Supervisor (AS) was interviewed. The AS was asked if he had been trained on the role of the Area Supervisor to monitor and ensure personal funds for clients A, B, C, D, E, F, G and H which were entrusted to the facility were accounted for. The AS stated, "No, not as the Area Supervisor". The AS indicated he had knowledge of the process from a direct support staff and the importance of maintaining financial ledgers. The AS indicated clients A, B, C, D, E, F, G and H's personal financial ledgers should be maintained and all personal funds accounted for.</p> <p>On 9/28/22 at 1:25 PM, the Program Manager (PM) was interviewed. The PM was asked about clients A, B, C, D, E, F, G and H's personal financial ledgers and the process to ensure all personal funds entrusted to the facility were accounted for. The PM indicated she was creating a protocol to include the director support staff's role for completing financial ledgers, the team leader and</p>			

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W 0149 Bldg. 00	<p>Area Supervisor role of monitoring to ensure accountability and accounting of the clients' personal funds. The PM stated, "The lead should check the finances weekly. The Area Supervisor will check monthly. They can order up to \$99.00, anything over that has to have an IDT (interdisciplinary team meeting for approval and item for purchase identification). We will be accounting for the funds going forward. The lead and supervisor are new. We just have to work with them". The PM indicated clients A, B, C, D, E, F, G and H's personal financial ledgers should be maintained and all personal funds entrusted to the facility should be accounted for.</p> <p>9-3-2(a)</p> <p>483.420(d)(1) STAFF TREATMENT OF CLIENTS</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on observation, record review and interview for 2 of 3 sampled clients (B and C), and 3 additional clients (E, H and G), the facility failed to implement its policy and procedures for prohibiting abuse, neglect, exploitation, mistreatment and/or violation of individual's rights (ANE) policy to prevent 1) a pattern of falls for client B, 2) a pattern of falls and unknown injuries for client G, 3) a pattern of client to client aggression by client H, and 4) the alleged exploitation of client C's 20 capsules of Amphet/Dextr (Adderall) 30 mg (milligrams).</p> <p>Findings include:</p> <p>On 9/27/22 at 3:20 PM, a review of the facility Bureau of Developmental Disabilities Services (BDDS) reports and accompanying investigation</p>	W 0149	To correct the deficient practice all site staff will be re-trained the ResCare ANE Policy and procedure. As well as all clients BSP, Risk plans, and Rescare medication pass/audit procedures. All investigation recommendations will be completed per the peer review process. The IDT will review the pattern of falls and address any needs accordingly. Additional Administrative observations have been implemented in the home and will remain in place until the team determines it is appropriate to decrease the number of observations. This will ensure all	10/30/2022

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	<p>summaries was conducted. The review indicated the following which affected clients B, C, E, G and H:</p> <p>1) BDDS incident report dated 2/18/22 indicated, "It was reported [client B] was going down steps in front of his home when a housemate hurried passed (sic) him and accidentally bumped [client B]. [Client B] fell to the ground ... An hour later, [client B] was grimacing in pain ... [Client B] received an x-ray (imaging) at ER (emergency room) and was diagnosed with Avulsion Fracture (joint capsule, ligament, tendon or muscle pulled from the bone) of the left Humerus (upper arm) ...".</p> <p>Investigation Summary dated 2/17/22 indicated, "Briefly describe the incident and any sustained injury from the fall. [Client B] was walking out of the home to get into the van and fell down the stairs. [Client C] was rushing to get out of the house and bumped [client B]. [Client B] fell and was checked for injuries. Initially after the fall, he had no injuries. A few hours later, [client B] was observed favoring his arm. Staff called the nurse, and he was taken to the ER for an x-ray ... Was medical treatment needed because of the fall? Yes. [Client B] was taken to the ER and diagnosed with a chipped shoulder... At his follow up appointment, the doctor looked at the x-rays again and stated it was not a chipped bone, but rather a continuation of a chronic massive rotator cup (sic) tear that the has been dealing with as he has gotten older. He discontinued the arm sling and indicated if [client B] is still dealing with issues, he should return to his PCP (primary care physician)... Recommendations: The staff will be trained to help the clients go to the van/house. The faster clients will go first and those that need more attention will go after".</p>		<p>corrections are implemented per ResCare policy and regulations. Ongoing weekly and monthly observations and review will continue with the QIDP and Area Supervisor over the location.</p>	

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	<p>-BDDS incident report dated 8/15/22 indicated, "It was reported staff had just given [client B] a towel to use in the shower when he attempted to take a step down toward the bathroom. [Client B] tripped off the step and fell to the floor landing on his left side hitting his head on the wall ... [Client B] sustained a ½ inch abrasion on his right elbow. [Client B] was able to ambulate without pain with no injuries reported".</p> <p>Investigation Summary dated 8/15/22 through 8/17/22 indicated, "Description of incident: Staff was giving [client B] a towel for shower time. When [client B] turned to go back towards the bathroom (sic). He forgot to grab the handicap bar to go back down the step and stumbled into the wall. He hit his head and fell on his side. Staff helped him up and checked him over and called the nurse. He had a scrape the size of a dime on the right elbow. He could walk fine but the nurse had him sent for X-rays to be sure. The X-rays had no findings... Was staff with the client and assisting... Yes... Do any changes need to be made to prevent future occurrences? [Client B] needs to be reminded anytime he goes near that step... Conclusion: [Client B] had a fall due to forgetting to use the white (grab) bar when using the step. Recommendations: Staff will be retrained to remind [client B] to use the (grab bar) handle anytime he is near the step. He usually does well, but clearly needs a reminder sometimes".</p> <p>-BDDS incident report dated 9/27/22 indicated, "It was reported [client B] was getting dressed when he fell while putting on his pants. Staff assisted [client B] from the floor and completed a skin assessment. [Client B] sustained a small scratch on his right leg. [Client B's] feet were swollen, and staff assisted [client B] with putting on his compression socks ...".</p>			

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	<p>Investigation Summary was in process during the survey.</p> <p>On 9/28/22 at 3:22 PM, client B's record was reviewed. The record indicated the following:</p> <p>-Fall Risk Plan dated 4/22/22 indicated, "Goal: Will have no injury from falls through October 2022 ... Approach: 1. Staff will assist [client B] with ambulation, he requires assistance to get on/off the van and on stairs to ensure safety. 2. Staff will keep environment free of any obstacles to prevent falls ...".</p> <p>On 9/28/22 at 7:48 AM, staff #2 was interviewed. Staff #2 was asked about a pattern of falls for client B. Staff #2 indicated she was present when client B fell putting on his pants on 9/26/22. Staff #2 stated, "I heard a noise, and he was on the floor". Staff #2 indicated client B had weakness in strength in his leg and was pending a medical procedure in October 2022. Staff #2 indicated the weakness could be a contributing factor to client B's pattern of falls and need for staffing supports to prevent falls.</p> <p>On 9/29/22 at 2:52 PM, the Qualified Intellectual Disabilities Professional (QIDP) was interviewed. The QIDP was asked about a pattern of falls for client B and the implementation of his fall risk plan to provide prompting and redirection through staff supports to prevent falls. The QIDP indicated a pattern of falls was present, but client B's injury was later determined to be a bone chip rather than the original diagnosis of a fracture through further follow up. The QIDP stated, "Staff should have made sure he used the grab bars". The QIDP was asked if client B's fall risk plan to prompt and provide staff support when client B</p>			

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	<p>used stairs and/or stepped down to go to the bathroom should have been implemented. The QIDP stated, "Yeah". The QIDP indicated client B's fall risk plan should be implemented as written to prevent a pattern of falls and to ensure the ANE policy was implemented at all times.</p> <p>2) BDDS incident report dated 2/20/22 indicated, "[Client G] reported to staff that he had fallen. Staff asked when he fell, and [client G] just answered he fell. [Client G] is non-verbal and uses signs to communicate. Staff did a skin assessment and found the nail on [client G's] right pinky finger had 3/8 inch bruise underneath...".</p> <p>Investigation Summary dated 2/19/22 indicated, "Briefly describe the incident and any injury sustained from the fall. [Client G] came to staff and indicated he had fallen ... What was the client doing prior to the fall? He was in the living room watching TV (television). Was staff with the client and assisting ... No ... Was there sufficient staff at the time of the incident? Yes. Recommendation: Staff will continue to report alleged falls and complete body checks for safety".</p> <p>-BDDS incident report dated 3/5/22 indicated, "It was reported [client G] was getting ready for bed when staff heard a noise. Staff checked on [client G] and found [client G] on the floor leaning against his bookcase. Staff assisted [client G] from floor and did skin assessment. [Client G] sustained a 1 1/2 inch abrasion in center of upper back from hitting the bookcase".</p> <p>Investigation Summary dated 3/4/22 indicated, "Briefly describe the incident and any injury sustained from the fall. [Client G] was changing into his pajamas and tried to take off his jeans while standing. He lost his balance, fell into small</p>			

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	<p>table and fell to his bottom. Staff checked him over and there was a red mark on his back ... What was the client doing prior to the fall? He was trying to change into his pajamas. He tried to take off his jeans ... Was staff with the client and assisting ... No, he hollered when he fell and staff went to check on him in his bedroom. Was there sufficient staff at the time of the incident? Yes. Recommendations: Staff will help him buy (sic) reminding him to take his jeans off sitting down when changing and show him, if needed".</p> <p>-BDDS incident report dated 5/5/22 indicated, "It was reported staff was in med (medication) room completing documentation when she heard a noise. Staff went to check the noise and found [client G] sitting in (sic) the floor in his bedroom. [Client G] let staff know he had fallen while going to the restroom. Staff assisted [client G] from the floor completed a skin assessment. Staff found no injuries".</p> <p>Investigation Summary dated 5/4/22 through 5/5/22 indicated, "Description of Incident: Staff heard a noise coming from [client G's] room. The staff went to check and [client G] was sitting on the floor by his bed ... Was staff with the client and assisting ... No. Was there sufficient staff at the time of the incident? Yes. Conclusion: [Client G] was trying to get up from his bed and his roommate's items were on the floor on his side. Staff put a room divided tape and the roommate's items will be checked each shift to make sure his items stay out of [client G's] walkway". Recommendations: Staff will be trained to check the walkway in the bedroom each shift to assure a clear walkway".</p> <p>-BDDS incident report dated 8/1/22 indicated, "It was reported [client G] showed staff a ½ inch</p>			

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	<p>abrasion on his lower left arm. When asked what happened, [client G] indicated he fell. First aid was applied. No other injuries were found. Nurse was contacted".</p> <p>-BDDS incident report dated 8/2/22 indicated, "It was reported staff was assisting [client G] with personal hygiene when staff noticed a 3 ½ inch scratch with bruise on his right lower leg, 6 inch bruise with abrasion on his left shoulder blade and a 1 inch scratch on his right shoulder blade. [Client G] had reported to staff earlier in the day he had fallen".</p> <p>-BDDS incident report dated 8/2/22 indicated, "It was reported [client G] had just eaten dinner and got up from the table when he indicated to staff he was dizzy then fell back into to wall. Staff was assisting [client G] when she noticed [client G] lost control of his bowels ... [Client G] was transported to [hospital name] ER by ambulance for evaluation. Labs (laboratory) were drawn, urinalysis was completed, head CT scan (imaging) was completed. All came back with normal results. [Client G] was released with discharge paperwork for abnormal pain. [Client G] is to follow up with PCP (primary care physician)".</p> <p>Investigation Summary dated 8/1/22 through 8/6/22 indicated, "Description of incident: [Client G] was getting up from the table and indicated by gesturing that he was feeling dizzy. [Client G] was walking from the table to the kitchen, and he fell into the wall before staff could get to him... [Client G] had a 'L' shaped cut to his right shin and a 'C' shaped rash to the left shoulder blade... He was transported to the ER at [hospital name]... Conclusion: [Client G] fell into the wall due to dizziness (as he reported). Staff responded and checked him for injuries. They called the nurse,</p>			

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	<p>AS (Area Supervisor), PM (Program Manager), DON (Director Of Nurse). 911 was called and [client G] was transported to the ER. Recommendations: The staff responded well. In the future if a client needs 911, then the staff should call immediately. Staff will be retrained on the policy for use of 911".</p> <p>-BDDS incident report dated 8/27/22 indicated, "[Client G] was sitting in the living room watching TV. [Client G] showed staff 2 bruises the size of a quarter on his left arm. Staff asked [client G] what happened, and [client G] signed to staff that he fell and pointed to his rollator (walker). Staff believes [client G] fell and hit his arm on his rollator".</p> <p>Investigation Summary dated 8/27/22 indicated, "[Client G] came to staff and told them that he had fallen on his walker. He showed staff he had 2 quarter sized bruises on his left arm. The nurse was notified and he did not need medical care. Conclusion: [Client G] had a fall and hit his left arm on his walker. He had no other apparent injuries. Recommendations: An appointment for OT/PT (Occupational / Physical Therapy) is going to be made due to his instability on his feet".</p> <p>-BDDS incident report dated 8/29/22 indicated, "It was reported [client G] showed staff a 3/4 inch abrasion on the side of his right hand. When asked, [client G] did not know how the injury occurred. Nurse was contacted".</p> <p>Investigation Summary dated 8/29/22 indicated, "Description of incident: [Client G] came to show staff a penny sized open cut on his right side of hand/pinky. When asked how it happened, he gestured he didn't know. Conclusion: The results of this investigation show that the abrasion [client</p>			

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	<p>G] has on his right pinky knuckle was also from his fall 2 days before. Recommendations: An OT/PT assessment and appt is being made for him to deal with his balance issues".</p> <p>On 9/28/22 at 4:08 PM, a focused review of client G's record was conducted. The record review indicated the following:</p> <p>-Fall Risk Plan dated 5/5/22 indicated, "Goal: Will have no injury related to falls through May 2023 ... Approach: 1) Staff will assist [client G] with ambulation as needed to ensure safety. 2) Staff will ensure [client G] wears shoes or non-slip socks/house shoes and always uses his walker with all ambulation. 3) Staff will keep environment free of any obstacles to prevent falls ...".</p> <p>3) BDDS incident report dated 4/10/22 indicated, "[Client B] was cleaning up the kitchen/dining room after lunch. [Client H] came back from the bathroom and got upset when he couldn't find a half bag of chips. A housemate told [client H] that [client B] took them. [Client H] then hit [client B] on the left arm. Staff redirected and assessed for injury, none noted".</p> <p>Investigation Summary dated 4/9/22 through 4/11/22 indicated, "Description of incident: [Client H] left the dining room table to use the restroom. When he came back, his bag of chips was missing. He got angry and yelled at everyone. [Client E] said [client B] took them. [Client H] reached over and hit [client B] on the left arm. The staff had just walked away and stepped in the med room to begin med (medication) pass. Staff came into the dining room and verbally redirected him to the office. The staff de-escalated him through discussing the behavior and better choices. [Client B] had no injuries ... Conclusion: [Client H]</p>			

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 09/30/2022
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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>walked away and someone took his chips. He got back and got angry. He punched another client (client B). He was redirected to talk with staff in the office. [Client H's] behavior has increased, and a psych (psychiatric) review is necessary. LPN (Licensed Practical Nurse) is making appointments for psychiatrist. Recommendations: [Client H's] behavior has been more verbally and physically aggressive. The Nurse, [name] is going to set up a psych meeting to address and review his medications".</p> <p>-BDDS incident report dated 5/31/22 indicated, "It was reported [client H] was being verbally aggressive when he went in the kitchen and hit [client E] in the upper right arm then sat down next to [client E]. Staff verbally redirected [client E] to a different spot at the table. Staff did skin assessment and found on (sic) injuries".</p> <p>Investigation Summary dated 5/30/22 through 6/3/22 indicated, "Description of incident: [Client H] was in the living room being verbally aggressive towards others. He went into the dining room, and he punched [client E] in the upper arm. Staff verbally redirected him and moved the other client away from [client H]. [Client H] then apologized to [client E] for his behavior... Do any changes need to be made to prevent future occurrences? It is already in his plan that when he his (sic) agitated for staff to be present with him. No changes, other than what is already in place. Is there a pattern of occurrences between these two clients? Yes... Conclusion: [Client H] was irritated and hit another client. He responded appropriately to redirection. No changes are necessary. Recommendations: The staff responded appropriately to this situation as addressed in the BSP".</p>			

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NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP CODE 2401 CORNWELL DR JEFFERSONVILLE, IN 47130
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	<p>-BDDS incident report dated 7/16/22 indicated, "One of [client H's] housemates slammed their door. [Client H] thought it was [client C], entered the room [client C] was in and hit him on the arm. [Client H] sat down in front of the TV and displayed verbal aggression until eventually going to his room and going to bed".</p> <p>Investigation Summary dated 7/15/22 through 7/17/22 indicated, "Description of incident: [Client H] was mad at [client C] for slamming the door to his room. [Client H] was at med pass. When he left the med room, he walked over to [client C] and slapped him on the arm. [Client H] went back to the living room and sat to watch TV. [Client H] continued to yell and disturb the other clients. [Client C] was not hurt. [Client C] responded appropriately and did not hit back ... Conclusion: [Client H] was agitated by [client C]. He slapped him on the arm. The staff attempted to verbally de-escalate [client H] ... Recommendations: [Client H's] BSP states that in times of high anxiety, the staff will remain in eyesight. The staff responded appropriately in this situation".</p> <p>-BDDS incident report dated 9/28/22 indicated, "It was reported [client H] was agitated all morning telling his housemates to go back to bed. [Client H] and his housemates were eating breakfast when [client E] got up from the table and [client H] stood and hit [client E] on the back and told him to go back to bed. No injuries were reported". The date of the incident was 9/26/22.</p> <p>Investigation was in process during the survey.</p> <p>-BDDS incident report dated 9/28/22 indicated, "It was reported staff was cleaning up after breakfast when [client H] saw there was food in the crockpot. [Client H] became agitated and hit the</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>crookpot. Staff verbally redirected [client H] and he then hit [client E] in the back. No injuries were reported. Staff verbally redirected [client H]".</p> <p>Investigation was in process during the survey.</p> <p>An observation was conducted on 9/28/22 from 6:35 AM to 9:13 AM. At 7:03 AM, client H took his breakfast tableware and utensil to the kitchen and made a loud vocalization and profanity toward the crookpot on the countertop. The Area Supervisor used verbal redirection with client H, prompting him to go to the living room and watch some television to calm down. Client H used another profanity as he was walking past client E, who was standing near the television. As client H walked past client E, he used the side of his right hand in a closed fist and hit client E between in center of his back and between his shoulder blades. Staff #2 then stated at 7:03 AM, "He (client H) hates crookpots for some reason".</p> <p>At 7:04 AM, the Area Supervisor came over to client E and checked client E for injuries and stated to the Qualified Intellectual Disabilities Professional (QIDP), "I'll have to fill out an incident" and asked client E "Did it hurt?" Client E indicated he was ok. At 7:05 AM, client H made a loud vocalization while sitting in a rocker recliner in the living room. The QIDP used verbal redirection to prompt client H to calm. At 7:10 AM, client H made another loud vocalization. The QIDP verbally prompted client E to step away from the television and to sit down at the opposite side of the living room. At 7:12 AM, the Area Supervisor used a verbal prompt with client E to sit back down and not to stand in front of the television.</p> <p>On 9/28/22 at 7:48 AM, staff #2 was interviewed.</p>			

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 09/30/2022
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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>Staff #2 was asked about client to client physical aggression at the home. Staff #2 stated, "Usually he's (client H) verbal, but occasionally physical". Staff #2 was asked what techniques were used to avoid client to client physical aggression. Staff #2 stated, "Redirection and not to tell him no. We're not to reward him. We can't punish him. We ask him to go to his room". Staff #2 was asked if client H's behavior support plan was working to prevent client to client physical aggression. Staff #2 nodded her head up and down indicating a yes and stated, "I think they took him off some of his meds and that's why it's a little more".</p> <p>On 9/28/22 at 4:13 PM, a focused review of client H's record was conducted. The review indicated the following:</p> <p>-Behavior Support Plan (BSP) dated 1/10/22 indicated, "Target Behaviors: Physical Aggression - Kicking, hitting, pinching, slapping or spitting on another. If [client H] has aggressive behaviors, staff need to supervise him when he is around other clients for the remainder of that day ... Precursors: Physical Aggression has been identified as the first target behavior in a chain of behavior that has the potential to lead to verbal aggression, refusals, leaving assigned area/elopement, or stealing ... Incentive Plan: If [client H] has inappropriate behavior (i.e. property destruction or physical aggression), [Client H] will have his TV and movies removed. [Client H] will have to have appropriate behavior for 24 hours in order to get his TV and movies back ...".</p> <p>On 9/29/22 at 2:52 PM, the QIDP was interviewed. The QIDP was asked about a pattern of client to client aggression. The QIDP stated, "Yeah. It's supposed to be staff in line of sight". The QIDP was asked if staff should be in close proximity to</p>			

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NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP CODE 2401 CORNWELL DR JEFFERSONVILLE, IN 47130
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	<p>redirect and block attempts of physical aggression. The QIDP stated, "I agree". The QIDP was asked about the observation of staff verbal redirection from the kitchen, but no staff followed client H from the kitchen to the living room. The QIDP indicated client H's BSP defined physical aggression to include hitting. The QIDP stated, "Staff should supervise him the remainder of the day". The QIDP indicated client to client physical aggression was a form of physical abuse. The QIDP indicated the ANE policy should be implemented at all times.</p> <p>4) BDDS incident report dated 9/20/22 indicated, " It was reported staff was preparing to administer medication to [client C] when she was unable to locate the Amphet/Dextr 30 mg. The package had 20 capsules remaining on 9/18/22. [Client C] missed this medication on 9/19/22 and 9/20/22".</p> <p>Investigation Summary dated 9/20/22 through 9/27/22 indicated, "Introduction: An investigation was initiated when it was reported that a package containing 20 Amphet/Dextr 30 mg prescribed to [client C] was unable to be located. A police report has been filed... Conclusion: Unable to determine location of [client C's] Amphet/Dextr 30 mg med pack containing 20 pills".</p> <p>On 9/28/22 at 8:57 AM, staff #1 was interviewed. Staff #1 was asked about her knowledge of missing medication for client C. Staff #1 stated, "It was there on Sunday at 4:30 PM when I counted them. When I came back in at 8 AM Monday I started counting them. We don't have very many controls (controlled medications). It was pretty obvious. It wasn't like it was misplaced. This one was only an AM med, unless counting. It was looked for. It was nowhere to be found. It was a new pack. I think 20 (capsules). I filled out the</p>			

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 09/30/2022
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NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP CODE 2401 CORNWELL DR JEFFERSONVILLE, IN 47130
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	<p>incident (report), called [Nurse] and [Area Supervisor]. QA (Quality Assurance) called (investigative interview)".</p> <p>On 9/28/22 at 9:01 AM, the Area Supervisor (AS) was interviewed. The AS was asked about his knowledge of missing medication for client C. The AS stated, "I reported it to the police". The AS indicated the police had initiated an investigation and had been to the home to inquire about client C's missing medications. The AS stated, "Yes, he (police) pulled up and I give him the details". The AS was asked if client C's missing medication had been found. The AS stated, "Nope. I've turned this place upside down".</p> <p>On 9/28/22 at 2:03 PM, client C's record was reviewed. The record indicated the following:</p> <p>-Physician Order dated 8/17/22 indicated, "Medication: Adderall XR 30 mg Extended-Release Capsule. Give 1 capsule by mouth in the morning ...".</p> <p>-Medication Administration Record (MAR) dated September 2022 indicated, "AMPHET/DEXTR CAP 30 MG ER. Give 1 capsule by mouth every morning ...". Client C's MAR indicated missed dosage of medication by a circle for the following dates: "9/19/22, 9/20/22 and 9/21/22".</p> <p>On 9/28/22 at 2:07 PM, the Nurse was interviewed. The Nurse was asked about client C's missing medication. The Nurse stated, "It definitely did not grow legs". The Nurse indicated client C's missing medication had been exploited and taken from the group home. The Nurse indicated more medication had been ordered for client C to replace his missing Adderall in order for it to be administered according to client C's physician</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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(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
	<p>order. The Nurse indicated implementation of the ANE policy should be at all times.</p> <p>On 9/29/22 at 3:15 PM, a review of the 5/5/21 ANE policy was conducted. The review indicated, "ResCare strictly prohibits abuse, neglect, exploitation, mistreatment, or violation of an Individual's rights".</p> <p>On 9/30/22 at 1:31 PM, the Program Manager (PM) was interviewed. The PM was asked about a pattern of falls for clients B and G. The PM indicated a pattern of falls had occurred. The PM stated, "We need to review them. We'll look at some additional oversight". The PM indicated a review of clients B and G's pattern of falls was needed. The PM was asked about the pattern of client to client physical aggression and the observation of client H being verbally redirected toward the living room after he had displayed aggression toward the crockpot and client H's route to the living room had gone past client E which allowed opportunity for client H to hit client E. The PM indicated a pattern of client to client physical aggression had occurred and a review of this pattern was needed. The PM indicated client H's incentive program included the loss of personal items such as his television and movies, but a conflict of redirecting to a common area where a shared television was located needed to be reviewed. The PM indicated a review of the client to client pattern was needed to include staff supports for redirection and intervention to avoid physical contact and a process to consider the location of client E and others when providing supports and services to help client H manage his aggression. The PM was asked about client C's missing medication. The PM stated, "We never substantiated what happened to it. We're going to in-service on doing the med audits". The PM</p>			

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 09/30/2022
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NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP CODE 2401 CORNWELL DR JEFFERSONVILLE, IN 47130
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W 0312 Bldg. 00	<p>indicated two staff would complete the medication audits at each shift change. The PM indicated if staff did not comply human resources would be brought in to review a progressive disciplinary action if needed. The PM was asked how the facility would ensure monitoring to prevent future reoccurrence since the perpetrator had not been identified. The PM stated, "If people do the shift to shift (audits) for accountability, I'm going to retrain. We'll do additional monitoring". The PM was asked about implementation of the ANE policy given the examples under the four parts of this finding. The PM stated, "It should be implemented at all times".</p> <p>This federal tag relates to complaint #IN00373685.</p> <p>This federal tag relates to complaint #IN00390778.</p> <p>9-3-2(a)</p> <p>483.450(e)(2) DRUG USAGE</p> <p>be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed.</p> <p>Based on record review and interview for 1 of 3 sampled clients (A), the facility failed to ensure client A had a behavior plan with a medication reduction plan for Buspirone.</p> <p>Findings include:</p> <p>On 9/28/22 at 12:21 PM, client A's record was reviewed. The review indicated the following:</p> <p>-Individual Support Plan (ISP) dated 6/6/22 indicated, "Challenging Behaviors: None".</p>	W 0312	To correct the deficient practice the QIDP will be re-trained on ensuring on psychotropic medications has a medication reduction plan in place. The QIDP will create and implement a medication reduction plan for client A. To ensure no others were affected the QIDP will review all plans and to the physicians' orders to ensure appropriate medication reduction plans are in	10/30/2022

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 09/30/2022
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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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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>-Physician Orders dated 7/12/22 indicated, "Buspirone Tab 10 mg. Give one tablet by mouth three times daily. DX (Diagnosis) Anxiety ...".</p> <p>-No Behavior Support Plan was available for review.</p> <p>Medication Administration Record (MAR) for September 2022 indicated client A had received Buspirone 10 mg tablets 3 times daily on the following dates, "9/1/22 through 9/28/22" at the following times, "7:00 AM, 4:00 PM and 8:00 PM".</p> <p>On 9/28/22 at 12:50 PM, the Qualified Intellectual Disabilities Professional (QIDP) was interviewed. The QIDP was asked if client A had a medication reduction plan available for review due to client A receiving Buspirone 10 mg tablets three times a day. The QIDP stated, "No. I need to add one". The QIDP indicated client A did not receive formal behavior services where the medication plan would usually be located. The QIDP indicated a medication reduction plan needed to be developed with a measurable criterion for his anxiety considered and how to collect data. The QIDP indicated further follow up was needed to develop client A's medication reduction plan.</p> <p>On 9/30/22 at 1:31 PM, the Program Manager (PM) was interviewed. The PM was asked about client A's need for medication reduction plan. The PM stated, "It needs to be identified in ISP or create something for him. Yeah. He needs that (medication reduction plan) to acknowledge the therapeutic level of it". The PM indicated client A need for medication reduction plan needed further review.</p> <p>9-3-5(a)</p>		place. Ongoing monitoring will be achieved through the HRC committee reviewing all psychotropic medications as well as medication reduction plans.	

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 09/30/2022
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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 0391 Bldg. 00	<p>483.460(m)(2)(ii) DRUG LABELING</p> <p>The facility must remove from use drug containers with worn, illegible, or missing labels.</p> <p>Based on observation, record review and interview for 1 additional client (G), the facility failed to ensure client G's eye drop medication was not administered to client G due to a lack of a prescription label to compare to the current physician order.</p> <p>Findings include:</p> <p>An observation was conducted on 9/27/22 from 3:58 PM to 5:13 PM. At 4:11 PM, staff #3 was preparing to administer client G his evening medications. At 4:15 PM, staff #3 unlocked the medication closet and gathered client G's medication basket and medicines. At 4:17 PM, staff #3 used hand sanitizer on her hands and verbally prompted client G to use hand sanitizer and assisted him by placing some of the hand sanitizer into client G's hands. At 4:22 PM, staff #3 handed client G a small plastic bottle and verbally prompted client G to place drops into his eyes. The small plastic bottle did not contain a prescription label and staff #3 was asked if medication box and/or container with a drug prescription label could be provided for review. At 4:22 PM, staff #3 stated, "No. I don't think they realized they needed to keep it". Staff #3 indicated newer employees had cleaned the medication administration room in an effort to organize and discarded client G's box for his eye drops with the prescription drug labeling on it.</p> <p>On 9/28/22 at 4:16 PM, a focused review of client G's record was conducted. The record indicated the following:</p>	W 0391	To correct the deficient practice all site staff will be re-trained on medication pass procedures as well as not administering medications without a label, and not disposing of exterior boxes containing the label. To ensure no others were affected the nurse will audit the medication cabinet to ensure all medications on the MAR have an appropriate label. Additional monitoring will be achieved by weekly medication pass observations for a period of one month to be completed by the Lead/AS/Nurse. Ongoing monitoring will be achieved by ResCare administrative staff completing a monthly site review of the home.	10/30/2022

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 09/30/2022
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NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP CODE 2401 CORNWELL DR JEFFERSONVILLE, IN 47130
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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
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W 0440 Bldg. 00	<p>-Physician Orders dated 7/12/22 indicated, "Systane (eye drops) Sol (solution). Use as directed in both eyes four times daily for dry eyes ...".</p> <p>On 9/28/22 at 4:21 PM, the Nurse was interviewed. The Nurse was asked about client G's missing medication label on his eye drops, the lack of a container and/or box with a prescription label for the eye drops, but staff proceeding to use the eye drops with client G even though no prescription label was with the medication. The Nurse stated, "The medication has been refilled. Staff is trained in core B, no medication should be administered without a label". The Nurse indicated client G's medication was reordered to replace and obtain a new bottle with the appropriate drug prescription labeling for client G's eye drops. The Nurse indicated staff should not administer medications without prescription drug label accompanying the medication being administered to a client.</p> <p>On 9/30/22 at 1:31 PM, the Program Manager (PM) was interviewed. The PM was asked about client G's eye drop medication being administered without a prescription label to compare to the physician order. The PM stated, "We need to train on core A and B". The PM indicated staff should not administer medication without a prescription label and should have contacted the nurse for clarification and instructions for the administration of client G's eye drops due to a lack of a prescription label.</p> <p>9-3-6(a) 483.470(i)(1) EVACUATION DRILLS at least quarterly for each shift of personnel.</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>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 ensure evacuation drills were completed for all shift of personnel on a quarterly basis between 3/7/22 to the 9/2/21 evacuation drill.</p> <p>Findings include:</p> <p>On 9/29/22 at 4:45 PM, a review of the group home evacuation drills was conducted. The review of the evacuation drills included the following which affected clients A, B, C, D, E, F, G and H.</p> <p>-8/1/22 at 8:00 AM, no duration. No issues or concerns were documented.</p> <p>-7/10/22 at 10 AM, no duration. No issues or concerns were documented.</p> <p>-7/2/22 at 8:00 AM, duration 9 minutes. Client D did not want to participate.</p> <p>-6/17/22 at 2:00 AM, duration 15 minutes. No issues or concerns were documented.</p> <p>-6/2/22 at 2:11 AM, duration 1 hour. No issues or concerns were documented.</p> <p>-5/3/22 at 9:00 PM, duration 1 minute. No issues or concerns were documented.</p> <p>-5/1/22 at 6:45 PM, duration 2 minutes. No issues or concerns were documented.</p> <p>-4/18/22 at 8:00 AM, duration 9 minutes. No issues or concerns were documented.</p> <p>-4/12/22 at 6:00 PM, duration 8 minutes and 28 seconds. No issues or concerns were documented.</p> <p>-3/17/22 at 5:00 AM, duration 6 minutes. No issues or concerns was documented.</p> <p>-3/17/22 at 5:00 AM, no duration. No issues or concerns were documented.</p> <p>-3/7/22 at 3 AM, duration 8 minutes. No issues or concerns were documented.</p> <p>- No evacuation drills available for review between</p>	W 0440	To correct the deficient practice all staff will be re-trained on completing scheduled drills one per shift per quarter. As well as document the appropriate time of evacuation for each client. Additionally, the current process for documentation will be reviewed by the administration team to reflect appropriate evacuation times and concerns. To monitor the AS will review all drills for the next 6 months to ensure the drills are completed and documented accurately. Ongoing monitoring will be achieved through the Safety committing reviewing all drills quarterly.	10/30/2022

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W 0448 Bldg. 00	<p>the 3/7/22 evacuation drill to the 9/2/21 evacuation drill.</p> <p>-9/2/21 at 4:00 AM, no duration. No issues or concerns were documented.</p> <p>-8/17/22 at 7:00 PM, no duration. No issues or concerns were documented.</p> <p>In review of the evacuation drills, no other evacuation drill documentation was available for review between 3/7/22 to 9/2/21.</p> <p>On 9/30/22 at 11:35 AM, the Qualified Intellectual Disabilities Professional (QIDP) was interviewed. The QIDP was asked about missing evacuation drills between 3/7/22 to 9/2/21. The QIDP indicated further follow up would be needed to address missing evacuation drills.</p> <p>On 9/30/22 at 1:31 PM, the Program Manager (PM) was interviewed. The PM was asked about missing evacuation drills between 3/7/22 to 9/2/21. The PM indicated further follow up and staff training was needed to ensure all drills were completed according to schedule.</p> <p>9-3-7(a)</p> <p>483.470(i)(2)(iv) EVACUATION DRILLS</p> <p>The facility must investigate all problems with evacuation drills, including accidents. 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 ensure evacuation drills were documented with accurate duration, and issues and/or concerns were documented and investigated to prevent future reoccurrence.</p> <p>Findings include:</p>	W 0448	To correct the deficient practice all staff will be re-trained on completing scheduled drills one per shift per quarter. As well as document the appropriate time of evacuation for each client. Additionally, the current process for documentation will be reviewed by the administration team to	10/30/2022	

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	<p>On 9/29/22 at 4:45 PM, a review of the group home evacuation drills was conducted. The review of the evacuation drills included the following which affected clients A, B, C, D, E, F, G and H.</p> <p>-8/1/22 at 8:00 AM, no duration. No issues or concerns were documented.</p> <p>-7/10/22 at 10 AM, no duration. No issues or concerns were documented.</p> <p>-7/2/22 at 8:00 AM, duration 9 minutes. Client D did not want to participate.</p> <p>-6/17/22 at 2:00 AM, duration 15 minutes. No issues or concerns were documented.</p> <p>-6/2/22 at 2:11 AM, duration 1 hour. No issues or concerns were documented.</p> <p>-5/3/22 at 9:00 PM, duration 1 minute. No issues or concerns were documented.</p> <p>-5/1/22 at 6:45 PM, duration 2 minutes. No issues or concerns were documented.</p> <p>-4/18/22 at 8:00 AM, duration 9 minutes. No issues or concerns were documented.</p> <p>-4/12/22 at 6:00 PM, duration 8 minutes and 28 seconds. No issues or concerns were documented.</p> <p>-3/17/22 at 5:00 AM, duration 6 minutes. No issues or concerns was documented.</p> <p>-3/17/22 at 5:00 AM, no duration. No issues or concerns were documented.</p> <p>-3/7/22 at 3 AM, duration 8 minutes. No issues or concerns were documented.</p> <p>- No evacuation drills available for review between the 3/7/22 evacuation drill to the 9/2/21 evacuation drill.</p> <p>-9/2/21 at 4:00 AM, no duration. No issues or concerns were documented.</p> <p>-8/17/22 at 7:00 PM, no duration. No issues or concerns were documented.</p> <p>In review of the evacuation drills, no other</p>		<p>reflect appropriate evacuation times and concerns. To monitor the AS will review all drills for the next 6 months to ensure the drills are completed and documented accurately. Ongoing monitoring will be achieved through the Safety committing reviewing all drills quarterly.</p>	

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	<p>evacuation drill documentation was available for review between 3/7/22 to 9/2/21. No investigation into the length of time and/or issues were documented. No investigations with a plan to prevent reoccurrence of missing duration and lack of documented issues and/or concerns were available for review.</p> <p>On 9/30/22 at 11:35 AM, the Qualified Intellectual Disabilities Professional (QIDP) was interviewed. The QIDP was asked about missing evacuation drills between 3/7/22 to 9/2/21. The QIDP indicated staff should document the duration and any issues and/or concerns encountered during evacuation drills. The QIDP indicated further follow up would be needed to address missing evacuation drills, staff documenting the duration of each evacuation drills conducted, and the lack of staff documenting issues and/or concerns experienced during the evacuation drill so a plan could be developed to prevent future reoccurrence of documented issues.</p> <p>On 9/30/22 at 1:31 PM, the Program Manager (PM) was interviewed. The PM was asked about missing evacuation drills between 3/7/22 to 9/2/21 and the lack of staff documentation for the duration and if issues and/or concerns had been identified during the implementation of the evacuation drills. The PM indicated staff needed to document accurately to include the duration and any issues and/or concerns identified. The PM indicated further follow up and staff training was needed to ensure all drills were completed according to schedule and all documentation areas were fully documented to include issues and/or concerns with accurate start and stop times for the evacuation drills.</p> <p>9-3-7(a)</p>			

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

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