

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G440	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/21/2022
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NAME OF PROVIDER OR SUPPLIER NORMAL LIFE OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP COD 1970 E 45 1/2 CT TERRE HAUTE, IN 47802
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W 0000 Bldg. 00	<p>This visit was for a pre-determined full recertification and state licensure survey.</p> <p>Survey Dates: 3/15, 3/16, 3/17, 3/18 and 3/21/2022.</p> <p>Facility Number: 000954 Provider Number: 15G440 AIM Number: 100244720</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 8/1/22.</p>	W 0000		
W 0126 Bldg. 00	<p>483.420(a)(4) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow individual clients to manage their financial affairs and teach them to do so to the extent of their capabilities.</p> <p>Based on observation, record review and interview for 3 of 3 sampled clients (#1, #2, and #3), the facility failed to utilize United States (US) currency in their formal money management programs.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 3/15/22 from 3:45 pm through 6:10 pm and on 3/16/22 from 6:25 am through 8:00 am. At 5:00 pm, client #1 was encouraged to participate in money management training with Direct Support Professional (DSP) #1 at the dining room table. DSP #1 utilized a cash drawer with replica dollar bills and plastic replica coins.</p>	W 0126	<p>All staff will receive retraining on the use of US currency during formal money management programming with clients.</p> <p>Area Supervisor conducts a weekly audit of the home which includes a count of client petty cash. Area Supervisor will verify during the audit there is sufficient petty cash for each client to exercise their money management program.</p> <p>QIDP conducts an audit of the home every other week which</p>	08/23/2022

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>1. Client #1's record was reviewed on 3/16/22 at 10:30 am. Client #1's ISP (Individual Support Plan) dated 1/27/22 indicated client #1 had a money management training objective to make change for \$5.00 with verbal prompts.</p> <p>2. Client #2's record was reviewed on 3/17/22 at 3:05 pm. Client #2's ISP dated 9/16/21 indicated client #2 had a money management training objective to identify a \$1.00 bill.</p> <p>3. Client #3's record was reviewed on 3/21/22 at 10:50 am. Client #3's ISP dated 6/3/21 indicated client #3 had a money management training objective to identify a quarter with verbal cues.</p> <p>DSP #1 was interviewed on 3/15/22 at 6:00 pm. DSP #1 indicated the home utilized replica US currency in their money management training program. DSP #1 indicated clients #1, #2 and #3 had money management training objectives.</p> <p>The Qualified Intellectual Disabilities Professional (QIDP) was interviewed on 3/21/22 at 11:30 am. The QIDP indicated clients #1, #2 and #3 all had money goals in their plans. The QIDP stated, "DSP will give clients a scenario and clients will make change according to their specific goal." The QIDP stated the home uses "fake money."</p> <p>The Area Supervisor (AS) was interviewed on 3/21/22 at 11:30 am. The AS indicated clients #1, #2 and #3 work with real currency when out in the community. The AS stated she "didn't know that was the standard," to use real currency in the home when working on goals.</p> <p>9-3-2(a)</p>		<p>includes a count of client petty cash. QIDP will verify during the audit there is sufficient petty cash for each client to exercise their money management program. 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 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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W 0130 Bldg. 00	<p>483.420(a)(7) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs.</p> <p>Based on observation, interview and record review for 3 of 3 sampled clients (#1, #2 and #3), the facility failed to provide privacy during a medication pass.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 3/15/22 from 3:45 pm through 6:10 pm and on 3/16/22 from 6:25 am through 8:00 am.</p> <p>On 3/15/22 at 4:00 pm, DSP (Direct Support Professional) #2 prompted client #1 to the medication room for her medication. Upon entering the medication room, DSP #2 was asked if she would like the door closed. DSP #2 stated, "I usually don't so I can watch them."</p> <p>At 4:02 pm, while client #1 still was in the medication room, client #2 came in and asked DSP #2 for her toothpaste. DSP #2 looked for client #2's toothpaste and was unable to find it.</p> <p>At 4:04 pm, while client #1 was still in the medication room, client #2 came to the medication room and stated she looked but could not find her toothpaste.</p> <p>At 4:07 pm, while client #1 was still in the medication room, client #5 came to the medication room to bring staff the mail.</p> <p>At 4:08 pm, while client #1 was still in the medication room, client #7 came into the medication room and took her medications from DSP #2.</p> <p>At 4:12 pm, DSP #2 prompted client #2 to the medication room for her medications.</p> <p>At 4:25 pm, DSP #2 prompted client #3 to the</p>	W 0130	<p>The Facility Nurse will retrain staff on the agency Medication Administration Policy with an emphasis on maintaining privacy during administration of medications and during personal care tasks.</p> <p>QIDP will retrain all staff on client dignity.</p> <p>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 corrections are implemented per ResCare policy and regulations.</p> <p>Ongoing weekly and monthly observations and review will continue with the QIDP and Area Supervisor over the location.</p>	08/23/2022			

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W 0137 Bldg. 00	<p>medication room for her medications.</p> <p>The Quality Assurance Manager (QAM) was interviewed on 3/21/22 at 11:30 am. The QAM indicated all clients should be given privacy when receiving their medications.</p> <p>The Director of Nursing (DON) was interviewed on 3/21/22 at 11:30 am. The DON indicated all DSP's completed the state of Indiana's Core A and Core B training before administering medications. The DON indicated Core B training included training for privacy while administering medications.</p> <p>A review of Core A/B Indiana Direct Support Professional Training for Medication Administration dated 6/9/2020 was conducted on 3/21/22 at 11:00 am. The training manual indicated medication administration "should occur in a private area."</p> <p>9-3-2(a) 483.420(a)(12) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing. Based on observation and interview for one additional client (client #6), the facility failed to ensure client #6 had appropriately fitting clothing.</p> <p>Findings include: Observations were conducted at the group home on 3/15/22 from 3:45 pm through 6:10 pm and on 3/16/22 from 6:25 am through 8:00 am.</p>	W 0137	<p>QIDP reached out to Client #6 guardian who acquired new clothing for the client. QIDP will retrain all staff on client dignity and notification to the chain of command upon observation of issues with ill-fitting clothing. QIDP conducts an audit of the</p>	08/23/2022

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W 0149 Bldg. 00	<p>On 3/15/22 at 4:30 pm, client #6 was in the kitchen with Direct Support Professional (DSP) #1. Client #6's pants fell to the bottom of her buttocks, exposing her underpants.</p> <p>At 4:51 pm, client #6 was in the dining room with the Qualified Intellectual Disabilities Professional Manager (QIDPM). Client #6's pants had fallen to the bottom of her buttocks, exposing her underpants. Client #6 was asked if those pants belonged to her and she stated "yes". The QIDPM told client #6 "We'll have to look into getting you some that are more snug."</p> <p>At 4:56 pm, client #6 was sitting in a dining room chair. Client #6's pants had fallen below her waist exposing her underpants.</p> <p>At 5:16 pm, client #6 was in the dining room dancing with a peer and her pants fell to mid buttocks, exposing her underpants.</p> <p>The Quality Assurance Manager (QAM) was interviewed on 3/21/22 at 11:30 am. The QAM indicated clients' family or staff take clients shopping to get new clothing. The QAM indicated clients should wear properly fitting clothes.</p> <p>9-3-2(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 observation, record review and interview for 1 of 3 sampled clients (client #3), the facility failed to implement its written policies and</p>	W 0149	<p>home every other week and documents any concerns on the audit checklist including ill-fitting clothing.</p> <p>QIDP will receive retraining on ensuring clothing for all clients fit appropriately during visits to the home and documenting any concerns on the audit checklist and following up by communicating client needs to guardian where applicable.</p> <p>QIDP Manager reviews the QIDP audit checklist and provides direction on resolution with concerns noted during the audit.</p> <p>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 corrections are implemented per ResCare policy and regulations.</p> <p>Ongoing weekly and monthly observations and review will continue with the QIDP and Area Supervisor over the location.</p> <p>The agency has policies and procedures defining and preventing abuse, neglect,</p>	08/23/2022	

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	<p>procedures to investigate and prevent a pattern of elopements for client #3.</p> <p>Findings include:</p> <p>The facility's Bureau of Developmental Disabilities Services (BDDS) reports and internal investigations were reviewed on 3/15/22 at 12:45 pm and indicated the following:</p> <p>I. On 4/8/21 at 12:30pm a BDDS report indicated, "While staff was retrieving adult under garment for peer, [client #3] walked into the restroom and attempted to assist peer with toileting. When staff redirected [client #3] to allow staff to finish assist peer with toileting, [client #3] became upset and began smacking herself in the face. [Client #3] then exited the home walking down the road. Staff could not follow [client #3] due to supervising other peers in the home and lost line of sight. 911 contacted. [City] Police located [client #3] at a nearby gas station and returned her to the home. [Client #3] calmed down and resumed normal activities. [Client #3] was out of line of sight for approximately 34 minutes. No injuries observed. Plan to Resolve: [Client #3] does not have any alone time allotted in her plan. Staff will continue to follow [client #3's] BSP (behavior support plan) in place which addresses elopement. Staff will continue to monitor and report any changes to her health. An elopement investigation will be initiated."</p> <p>The review indicated there was no investigation for this incident.</p> <p>II. A BDDS report dated 5/20/21 at 11:45 am indicated, "On 5/20/21 at while staff was cooking lunch, [client #3] expressed she did not want to eat what staff was cooking and asked staff to</p>		<p>exploitation, and mistreatment. All staff are trained on this upon hire and annual thereafter. All staff and Supervisors will be retrained on agency's abuse, neglect, exploitation, and mistreatment policy. The facility has policies and procedures in place to train employees who work with clients on skills and competencies directed towards clients' behavioral needs and objectives. The Area Supervisor will be retrained on ensuring all staff are thoroughly consumer specific trained to include their ISP, BSP and objectives. All staff will receive competency-based consumer specific training to include their ISP, BSP and objectives. Timeliness and thoroughness of Investigations remains an ongoing issue. All trained investigators will be trained on the operations investigative process to ensure five-day completion and thoroughness of investigations. The facility will have evidence that all elopement incidents are thoroughly investigated and reported to BDDS per reporting guidelines. All trained investigators will complete re-training on the facility policies and procedures</p>	

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	<p>make something else for her. Staff stated she would when she was finished preparing lunch for the other clients at which time [client #3] walked out the front door of the home. Staff was unable to follow due to supervising other individuals in the home. Residential Manager notified, and 911 contacted. [Client #3] returned to the home when officers arrived. Officers spoke with [client #3] and left without further incident. [Client #3] was out of line of site (sic) for 3 minutes."</p> <p>An investigation for this incident indicated in part, "Dates: 5/20/21 - 5/24/21, Investigator: [Quality Assurance Manager], Introduction: While staff was cooking lunch, [client #3] expressed she did not want to eat what staff was cooking and asked staff to make something else for her. Staff stated she would when she was finished preparing lunch for the other clients at which time [client #3] walked out the front door of the home. Staff was unable to follow due to supervising other individuals in the home. Residential Manager notified, and 911 contacted. [Client #3] returned to the home when officers arrived. Officers spoke with [client #3] and left without further incident. [Client #3] was out of line of site (sic) for 3 minutes. Scope of Investigation: Did staff follow [company] procedures and [client #3] (Individual) plan appropriately prior to [client #3] eloping from the home? Factual Findings: Review of current behavioral support plan for [client #3] indicated that elopement was not currently addressed in her plan. [Client #3] did not have any location tracking in place at the time of the incident. Review of incident Reports for [client #3] for the past month indicated [client #3] has had 4 recent incidents of elopement. All individuals interviewed indicated staff attempted to follow</p>		<p>regarding their responsibilities to ensure that all incidents as defined by the policy are reported and investigated. The QIDP is responsible for initiating and completing initial elopement investigations. The Quality Assurance Manager is responsible for ensuring that elopement incidents are thoroughly investigated, and follow-up is completed within the established timelines. The agency has implemented an electronic tracking systems and calendar reminders to ensure the administrator is able to implement corrective actions if the allegation is substantiated.</p>	

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	<p>[client #3] when she left the home but lost line of sight of [client #3] due to being the only staff present working in the home.</p> <p>[Client #8], [client #5], [client #6], [client #3], and [former DSP] all reported that [client #3] left the home over being upset due to staff asking her to wait a moment to help her with making a sandwich.</p> <p>Conclusion: All plans and procedures followed appropriately by staff.</p> <p>Recommendations: QIDP (Qualified Intellectual Disabilities Professional) to schedule an IDT (Interdisciplinary Team) meeting to discuss implementing a behavior support plan to address elopement and also possible implementation of location tracking for [client #3]."</p> <p>III. On 9/3/21 at 5:46 pm a BDDS report indicated, "[Client #3] requested additional servings at dinner and staff reminded of her dietary requirements and staff had to follow her diet. [Client #3] exited the home, staff lost line of sight and called Residential Manager (RM) and [client #3] was picked up by staff from another home. [Client #3] was out of line of sight for five minutes. [Client #3] calmed down and resumed normal activity. Plan to Resolve: Staff will continue to monitor and report changes to [client #3's] health and follow her behavior support plan for elopement. An elopement investigation will be conducted."</p> <p>A review indicated there was no investigation for this elopement.</p> <p>IV. On 9/4/21 at 5:00 pm a BDDS report indicated, "[Client #3] requested staff to call Residential Manager to order carry out for dinner. Staff redirected explaining her dietary modification did not allow for this. [Client #3] exited the home and</p>			

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	<p>property through the back gate and staff lost line of sight. Staff received a call from [client #3's] mother reporting [client #3] was at a nearby gas station and staff from another home picked her up and returned her to the home. [Client #3] was out of line of sight for nine minutes. [Client #3] calmed down and resumed normal activity. Plan to resolve: Staff will continue to monitor and report changes to [client #3's] health and follow her behavior support plan for elopement. An elopement investigation will be conducted."</p> <p>A review indicated there was no investigation for this elopement incident.</p> <p>V. On 10/11/21 at 9:00 pm a BDDS report indicated, "[Client #3] demanded snack items not on the menu. Staff redirected reminding her of restrictions in place per dietary plan and necessary adherence. [Client #3] exited the home and staff followed with personal vehicle maintaining line of sight. [Client #3] refused to get into the car to return home and attempted to walk into traffic. 911 contacted due to [client #3] remaining a danger to herself and others, police officers arrived to the scene and transported [client #3] back to the home. Residential Manager notified. Plan to Resolve: Staff will continue to monitor and report any changes to [client #3's] health and follow her behavior support plans for refusal and elopement."</p> <p>A review indicated there was no investigation for this elopement incident.</p> <p>The Qualified Intellectual Disabilities Professional (QIDP) was interviewed on 3/21/22 at 11:00 am. The QIDP indicated client #3 has a history of elopement behavior. The QIDP indicated this behavior is addressed in client #3's BSP. The</p>			

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

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FORM APPROVED

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	<p>QIDP indicated client #3's elopements should have been investigated.</p> <p>The Quality Assurance Coordinator (QAC) was interviewed on 3/21/22 at 11:00 am. The QAC stated incidents that required investigation included "allegations of abuse, neglect, exploitation and mistreatment, injuries larger than 3 inches, medication errors, client to client incidents, when clients go to the emergency room, police involvement, elopements if we lose line of sight." The QAC stated client #3 was in staff's line of sight for one of the four incidents, so it would not have been investigated. The QAC stated the other incidents of elopement "should have been" investigated. The QAC stated the facility's policy on ANE should be followed "every time."</p> <p>The facility's Abuse, Neglect and Exploitation policy dated 11-14-18 was reviewed on 3/15/22 at 12:00 pm. The policy indicated in part, "ResCare does not tolerate abuse, neglect, or exploitation of any persons served. All employees are required to report allegations or suspected incidents of abuse, neglect, and exploitation. Supervisors, managers, or employees are not permitted to, engage in retaliation, retribution, or any form of harassment directed against any employee who, in good faith, reports allegations or suspected incidents or abuse, neglect or exploitation. All alleged or suspected abuse, neglect, and/or exploitation will be immediately investigated. Appropriate corrective action will be taken to ensure prevention of any further occurrence."</p> <p>The facility's policy on Reporting and Investigating Abuse, Neglect, Exploitation, Mistreatment or a Violation of Individual's Rights dated 7/10/19 was reviewed on 3/15/22 at 12:30 PM. The policy indicated in part "ResCare staff</p>				

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W 0154 Bldg. 00	<p>actively advocate for the rights and safety of all individuals. All allegations or occurrences of abuse, neglect, exploitation, mistreatment or violation of an Individual's rights shall be reported to the appropriate authorities through the appropriate supervisory channels and will be thoroughly investigated under the policies of ResCare, local, state and federal guidelines. ResCare strictly prohibits abuse, neglect, exploitation, mistreatment, or violation of an Individual's rights."</p> <p>9-3-2(a)</p> <p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated. Based on interview and record review for 4 of 5 allegations of neglect reviewed, the facility failed to ensure 4 allegations of neglect regarding client #3's elopements were investigated.</p> <p>Findings include:</p> <p>The facility's Bureau of Developmental Disabilities Services (BDDS) reports and internal investigations were reviewed on 3/15/22 at 12:45 pm and indicated the following:</p> <p>I. On 4/8/21 at 12:30 pm a BDDS report indicated, "While staff was retrieving adult under garment for peer, [client #3] walked into the restroom and attempted to assist peer with toileting. When staff redirected [client #3] to allow staff to finish assist peer with toileting, [client #3] became upset and began smacking herself in the face. [Client #3] then exited the home walking down the road. Staff could not follow [client #3] due to supervising other peers in the home and lost line of sight. 911</p>	W 0154	<p>Timeliness and thoroughness of Investigations remains an ongoing issue. All trained investigators will be trained on the operations investigative process to ensure five-day completion and thoroughness of investigations.</p> <p>The facility will have evidence that all elopement incidents are thoroughly investigated and reported to BDDS per reporting guidelines.</p> <p>All trained investigators will complete re-training on the facility policies and procedures regarding their responsibilities to ensure that all incidents as defined by the policy are reported and investigated. The QIDP is responsible for initiating and completing initial</p>	08/23/2022

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	<p>contacted. [City] Police located [client #3] at a nearby gas station and returned her to the home. [Client #3] calmed down and resumed normal activities. [Client #3] was out of line of sight for approximately 34 minutes. No injuries observed. Plan to Resolve: [Client #3] does not have any alone time allotted in her plan. Staff will continue to follow [client #3's] BSP (behavior support plan) in place which addresses elopement. Staff will continue to monitor and report any changes to her health. An elopement investigation will be initiated."</p> <p>The review indicated there was no investigation for this incident.</p> <p>II. On 9/3/21 at 5:46 pm a BDDS report indicated, "[Client #3] requested additional servings at dinner and staff reminded of her dietary requirements and staff had to follow her diet. [Client #3] exited the home, staff lost line of sight and called Residential Manager (RM) and [client #3] was picked up by staff from another home. [Client #3] was out of line of sight for five minutes. [Client #3] calmed down and resumed normal activity. Plan to Resolve: Staff will continue to monitor and report changes to [client #3's] health and follow her behavior support plan for elopement. An elopement investigation will be conducted."</p> <p>A review indicated there was no investigation for this elopement.</p> <p>III. On 9/4/21 at 5:00 pm a BDDS report indicated, "[Client #3] requested staff to call Residential Manager to order carry out for dinner. Staff redirected explaining her dietary modification did not allow for this. [Client #3] exited the home and property through the back gate and staff lost line</p>		<p>elopement investigations. The Quality Assurance Manager is responsible for ensuring that elopement incidents are thoroughly investigated, and follow-up is completed within the established timelines. The agency has implemented an electronic tracking systems and calendar reminders to ensure the administrator is able to implement corrective actions if the allegation is substantiated.</p>	

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	<p>of sight. Staff received a call from [client #3's] mother reporting [client #3] was at a nearby gas station and staff from another home picked her up and returned her to the home. [Client #3] was out of line of sight for nine minutes. [Client #3] calmed down and resumed normal activity. Plan to resolve: Staff will continue to monitor and report changes to [client #3's] health and follow her behavior support plan for elopement. An elopement investigation will be conducted."</p> <p>A review indicated there was no investigation for this elopement.</p> <p>IV. On 10/11/21 at 9:00 pm a BDDS report indicated, "[Client #3] demanded snack items not on the menu. Staff redirected reminding her of restrictions in place per dietary plan and necessary adherence. [Client #3] exited the home and staff followed with personal vehicle maintaining line of sight. [Client #3] refused to get into the car to return home and attempted to walk into traffic. 911 contacted due to [client #3] remaining a danger to herself and others, police officers arrived to the scene and transported [client #3] back to the home. Residential Manager notified. Plan to Resolve: Staff will continue to monitor and report any changes to [client #3's] health and follow her behavior support plans for refusal and elopement."</p> <p>A review indicated there was no investigation for this elopement.</p> <p>The Qualified Intellectual Disabilities Professional (QIDP) was interviewed on 3/21/22 at 11:00 am. The QIDP indicated client #3 has a history of elopement behavior. The QIDP indicated this behavior is addressed in client #3's BSP. The QIDP indicated client #3's elopements should</p>			

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W 0259 Bldg. 00	<p>have been investigated.</p> <p>The Quality Assurance Coordinator (QAC) was interviewed on 3/21/22 at 11:00 am. The QAC stated incidents that required investigation included, "allegations of abuse, neglect, exploitation and mistreatment, injuries larger than 3 inches, medication errors, client to client incidents, when clients go to the emergency room, police involvement and elopements if we lose line of sight." The QAC stated client #3 was in staff's line of sight for one of the four incidents, so it would not have been investigated. The QAC stated the other incidents of elopement "should have been" investigated.</p> <p>9-3-2(a)</p> <p>483.440(f)(2)</p> <p>PROGRAM MONITORING & CHANGE</p> <p>At least annually, the comprehensive functional assessment of each client must be reviewed by the interdisciplinary team for relevancy and updated as needed.</p> <p>Based on record review and interview for 1 of 3 sampled clients (client #1), the facility failed to update and review the comprehensive functional assessment for client #1 at least annually.</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 3/16/22 at 10:30 am. The review indicated client #1's last Comprehensive Functional Assessment was completed in 2020. There was no month or day present. The review indicated there was no Comprehensive Functional Assessment for client #1 at least annually.</p> <p>The Qualified Intellectual Disabilities Professional</p>	W 0259	<p>Client #1 Comprehensive Functional Assessment was updated on 08/10/2022.</p> <p>QIDP will audit all charts to ensure Comprehensive Functional Assessments for all clients are updated.</p> <p>QIDP Manager will audit all charts on a quarterly basis to ensure Comprehensive Functional Assessments for all clients are updated at least annually.</p> <p>QIDP will receive retraining to ensure Comprehensive Functional Assessments are</p>	08/23/2022

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W 0267 Bldg. 00	<p>Manager (QIDPM) was interviewed on 3/21/22 at 11:30 AM. The QIDPM stated that clients' comprehensive functional assessments were completed by "the QIDP." The QIDPM indicated client #1's functional assessment should have been completed annually.</p> <p>The Qualified Intellectual Disabilities Professional (QIDP) was interviewed on 3/21/22 at 11:30 AM. The QIDP indicated it was the QIDP's responsibility to complete client #1's functional assessment annually. The QIDP stated client #1's functional assessment should have been completed "at the time of the last annual on January 27th, 2022."</p> <p>9-3-4(a)</p> <p>483.450(a)(1) CONDUCT TOWARD CLIENT</p> <p>The facility must develop and implement written policies and procedures for the management of conduct between staff and clients.</p> <p>Based on observation, interview and record review for 1 of 3 sampled clients (client #3), the facility failed to ensure staff conducted their language and actions toward client #3 in a manner that positively affected client #3's quality of life.</p> <p>Findings include:</p> <p>Observations were conducted in the home on 3/15/22 from 3:45 PM through 6:10 PM and on 3/16/22 from 6:25 AM through 8:00 AM. On 3/15/22 at 5:15 PM, client #3 was in the living room sitting on the couch sleeping. Direct Support Professional (DSP) #2 entered the living room and kicked the couch close to client #3's legs and stated loudly to client #3, "Wake up, you're not</p>	W 0267	<p>updated at least annually and as needed.</p> <p>The agency has policies and procedures defining and preventing abuse, neglect, exploitation, and mistreatment. All staff are trained on this upon hire and annual thereafter. All staff and Supervisors will receive retraining on the agency's abuse, neglect, exploitation, and mistreatment policy, maintaining professionalism and positive reinforcement. Administrative observations have been implemented in the</p>	08/23/2022	

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W 0440 Bldg. 00	<p>going to sleep."</p> <p>The Quality Assurance Coordinator (QAC) was interviewed on 3/21/22 at 11:30 AM. The QAC stated kicking the couch to wake a client up was "not appropriate behavior for staff." The QAC indicated DSP #2's language and actions toward client #3 were not respectful to client #3.</p> <p>The facility's policy on Abuse, Neglect and Exploitation dated 11/14/18 was reviewed on 3/21/22 at 11:00 AM. The review indicated in part, "Purpose: ResCare will Ensure all persons served are treated with dignity and respect. Ensure that all persons served are free from abuse, neglect, or exploitation. Conduct between staff and clients refers to language, actions, discipline, rules, order and other types of interactions exchanged between staff and clients or imposed upon clients by the staff during a client's daily experiences that affect the quality of a client's life."</p> <p>9-3-5(a)</p> <p>483.470(i)(1) EVACUATION DRILLS at least quarterly for each shift of personnel. Based on observation, interview and record review for 3 of 3 sampled clients (clients #1, #2 and #3), plus 5 additional clients (#4, #5, #6, #7 and #8), the facility failed to ensure staff conducted quarterly evacuation drills for each shift of personnel.</p> <p>Findings include:</p> <p>The facility's fire drill records were reviewed on 3/15/22 at 12:20 pm. The review indicated the</p>			W 0440	<p>home and will remain in place until the team determines it is appropriate to decrease the number of observations. This will ensure all 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> <p>The agency has implemented electronic scheduling and tracking of drills through Task Master Pro to ensure drills are scheduled and conducted at appropriate dates and times. At least one drill is conducted on each shift at least every three months. All staff have been trained to enter drills into Task Master Pro. Unless there</p>		08/23/2022

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	<p>facility completed fire drills on the following dates, times and shifts:</p> <p>1/9/22 at 12:30 pm, day shift, 2/11/22 at 7:00 pm, evening shift, 3/6/22 at 6:00 am, night shift, 4/12/21 at 4:30pm, evening shift, 5/5/21 at 9:00 pm, evening shift, 6/3/21 at 11:50pm, night shift, 7/9/21 at 7: 30am, night shift 8/1/21 at 3:30 pm, day shift, 9/4/21 at 11:00 pm, evening shift, 10/6/21 at 10:00 am, day shift, 11/5/21 at 6:00 pm, evening shift, 12/1/21 at 4:00 am, night shift.</p> <p>The review indicated there was no day shift evacuation drill documented for the 2nd quarter of 2021.</p> <p>Observations were conducted at the group home on 3/15/22 from 3:45 pm through 6:10 pm and on 3/16/22 from 6:25 am through 8:00 am. Clients #1, #2, #3, #4, #5, #6, #7, and #8 were present throughout the observations. Direct Support Professional (DSP) #1 was interviewed on 3/15/22 at 5:45 pm. DSP #1 was asked when the group home completes fire drills, DSP #1 stated, "I don't know. We just do them when we are told to that day."</p> <p>An interview was conducted with the Qualified Intellectual Disabilities Professional Manager (QIDPM) on 3/21/22 at 11:00 am. The QIDPM indicated drills were not completed per the facility policy. The QIDPM stated, "Drills should be one per shift, per quarter of each type of drill, storm and fire."</p> <p>An interview was conducted with the Quality</p>		<p>is inclement weather during the drill, all residents are evacuated from the home during each drill conducted at the home on all shifts. The Area Supervisor will receive training on their responsibilities for ensuring that drills are completed by the direct care staff as identified in Task Master Pro. The Program Manager will be responsible for conducting this training. The Area Supervisor also reviews and signs the Drill Reports indicating that any issues identified during the drill are followed-up appropriately. The Area Supervisor is responsible for assuring drills are properly entered into Task Master Pro. The Area Supervisor will monitor that quarterly drills are completed as scheduled. Any drills not conducted as scheduled will be followed up with the Area Supervisor. The Area Supervisor will submit completed drills to the Quality Assurance Manager for review by the Safety Committee on a quarterly basis.</p>		

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W 0454 Bldg. 00	<p>Assurance Manager (QAM) on 3/21/22 at 11:00 am. The QAM indicated the area supervisor and home staff are responsible for completing fire drills. QAM stated, "I have only had so many turned into me. I don't believe we complete the drills every month like they are supposed to be executed."</p> <p>9-3-7(a)</p> <p>483.470(l)(1) INFECTION CONTROL</p> <p>The facility must provide a sanitary environment to avoid sources and transmission of infections.</p> <p>Based on observation, interview and record review for 3 of 3 sampled clients (clients #1, #2 and #3) plus 5 additional clients (clients #4, #5, #6, #7 and #8), the facility failed to ensure proper hand hygiene for clients #1, #2, #3, #4, #5, #6, #7 and #8, failed to ensure staff used gloves when appropriate and failed to ensure visitors were screened and masked when entering.</p> <p>Findings include:</p> <p>Observations were conducted in the home on 3/15/22 from 3:45 pm through 6:10 pm and on 3/16/22 from 6:25 am through 8:00 am.</p> <p>On 3/15/22 at 4:12 PM, client #2 was prompted for medications. Direct Support Professional (DSP) #2 took client #2's medications out of the packaging into her hand. DSP #2 opened 3 capsules and placed the medication in a medication cup with pudding. DSP #2 crushed client #2's remaining medications and placed the medication in the cup with pudding. DSP #2 did not clean the medication crusher after use. DSP #2 then administered client #2's subcutaneous injection in</p>	W 0454	<p>The agency has policies governing Medication Administration, Infection Control, and Universal Precautions.</p> <p>Facility Nurse will retrain Area Supervisor and all staff in the home on the agency's Medication Administration, Infection Control, and Universal Precautions Policies with an emphasis on hand washing before and after meals, medication passes and whenever hands become soiled, use of gloves during all appropriate opportunities and ensuring visitors are screened and masked upon entry.</p> <p>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</p>	08/23/2022

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	<p>her abdomen. DSP #2 was not wearing gloves during this medication pass.</p> <p>At 5:37 PM, client #1 indicated she did not like pork chops. DSP #2 got a package of ham out of the refrigerator and placed 2 pieces of ham on client #1's plate using her bare hands.</p> <p>On 3/16/22 at 6:25 AM, a visitor entered the home and was not prompted to screen for COVID-19. The visitor was not prompted to wear a mask throughout the observation period.</p> <p>At 7:12 AM, client #1 was sitting at the dining room table and coughed. DSP #3 did not prompt client #1 to wash her hands.</p> <p>At 7:18 AM, the Area Supervisor (AS) prompted the clients to come to the dining room to eat breakfast. The AS did not prompt clients to wash their hands.</p> <p>An interview was conducted with the Area Supervisor (AS) on 3/16/22 at 11:30 AM. The AS indicated every visitor that enters the home should be screened for Covid-19 upon entry. The AS indicated all employees and visitors should also wear a mask when in the home.</p> <p>An interview was conducted with the Qualified Intellectual Disabilities Professional Manager (QIDPM) on 3/21/22 at 11:30 AM. The QIDPM stated clients should be prompted to wash their hands "after using the restroom, before and after meals, before and after medications and if their hands are contaminated."</p> <p>An interview was conducted with the Director of Nursing (DON) on 3/21/22 at 11:30 AM. The DON stated staff "should wear gloves" when they have to handle medications and when they give an injection. The DON stated "when in doubt, wash your hands." The DON stated, "Per policy, we are</p>		<p>will ensure all 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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W 0475 Bldg. 00	<p>still screening everyone for Covid-19 and all employees and visitors are supposed to wear a mask when in the home."</p> <p>The Core A Indiana Direct Support Professional Training dated 6/9/2020 was reviewed on 3/21/22 at 8:00 am. The review indicated, "Performing Hand Hygiene: Washing hands regularly is the number one method to preventing the spread of disease and protecting yourself and individuals from illness. DSPs should wash hands before and after removing gloves....Glove use: The CDC recommends wearing gloves any time there is a possibility of exposure to blood, bodily fluids, feces, urine, or any contaminated items, before performing procedures where there is the possibility of exposure to blood, bodily fluids, feces, or urine. Before applying gloves, DSPs should wash hands. Change gloves during individual care if going from a contaminated area, such as skin with feces or urine, to a clean area. Always wash hands after removing gloves."</p> <p>9-3-7(a)</p> <p>483.480(b)(2)(iv) MEAL SERVICES</p> <p>Food must be served with appropriate utensils.</p> <p>Based on observation, record review and interview for 1 of 3 sampled clients (client #1), the facility failed to ensure client #1 had appropriate eating utensils.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 3/15/22 from 3:45 PM through 6:10 PM and on 3/16/22 from 6:25 AM through 8:00 AM. On 3/15/22 at 5:00 PM, Direct Support Professional</p>	W 0475	<p>The Facility Nurse delivered a new set of weighted utensils to the home for Client #1 on 4/10/2022.</p> <p>QIDP will train all staff on Consumer Specific Training for Client #1 to include ISP, BSP, Health Risk Plan, Dining Plan, HRC Approved Rights Restrictions, and Adaptive Equipment.</p>	08/23/2022

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	<p>(DSP) #1 asked DSP #2 "Where is [client #1's] weighted spoon?" DSP #2 replied, "I don't know, it should be there." At 5:15 PM, client #1 was at the dining room table eating supper with a divided plate and regular utensils.</p> <p>On 3/16/22 at 7:20 AM, DSP #3 gave client #1 her breakfast. At 7:21 AM, DSP #3 gave client #1 a regular spoon.</p> <p>Client #1's record was reviewed on 3/16/22 at 10:30 AM. An Individual Support Plan (ISP), dated 1/27/22 indicated, in part, "current adaptive equipment needs, weighted utensils."</p> <p>DSP #1 was interviewed on 3/15/22 at 6:00 PM. DSP #1 indicated client #1's adaptive equipment included weighted utensils. DSP #1 stated "I couldn't find her spoon this evening so she had to use a regular one."</p> <p>The Licensed Practical Nurse (LPN) was interviewed on 3/21/22 at 11:30 AM. The LPN indicated client #1's adaptive equipment included weighted utensils. The LPN stated "she does better with it because of her grasp." The LPN indicated the home should have client #1's weighted utensils available for use.</p> <p>The Qualified Intellectual Disabilities Professional (QIDP) was interviewed on 3/21/22 at 11:30 AM. The QIDP stated client #1's plan included the use of "a divided plate and weighted utensils." The QIDP indicated adaptive equipment should be available for client #1.</p> <p>9-3-8(a)</p>		<p>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 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>		