

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G247	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 12/21/2020	
NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN			STREET ADDRESS, CITY, STATE, ZIP CODE 2401 CORNWELL DR JEFFERSONVILLE, IN 47130		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 0000 Bldg. 00	<p>This visit was for the investigation of Complaint #IN00328092. This visit included a Covid-19 focused infection control survey.</p> <p>Complaint #IN00328092: Substantiated, no deficiencies related to the allegation(s) were cited.</p> <p>Unrelated deficiencies cited.</p> <p>Dates of Survey: 12/17/20, 12/18/20 and 12/21/20.</p> <p>Facility Number: 000769 Provider Number: 15G247 AIMS Number: 100248810</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review of this report completed by #15068 and #39778 on 1/5/21.</p>		W 0000		
W 0102 Bldg. 00	<p>483.410 GOVERNING BODY AND MANAGEMENT</p> <p>The facility must ensure that specific governing body and management requirements are met.</p> <p>Based on record review and interview, the facility failed to meet the Condition of Participation: Governing Body and Management for 2 of 3 sampled clients (B and C).</p> <p>The governing body failed to exercise general policy, budget and operating direction over the facility by not proactively monitoring and preventing 1) staff abuse through the use of verbal language and physically placing hands on</p>		W 0102	<p>1.Due to COVID19 precautions unannounced random daily observations began at the Facility on 28 December 2020 to ensure plans are being implemented by staff. Observers will question the staff on ANE and ensure documentation is completed as required. Daily observations will</p>	01/08/2021

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 that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G247	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 12/21/2020
NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN			STREET ADDRESS, CITY, STATE, ZIP CODE 2401 CORNWELL DR JEFFERSONVILLE, IN 47130	
(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>client B which was determined to be slapping or smacking, and 2) client to client physical aggression which resulted in client C sustaining a closed fracture to the right radius and a closed displaced fracture of the right ulna (wrist and arm).</p> <p>Findings include:</p> <p>1. The governing body failed to exercise general policy, budget and operating direction over the facility by not proactively monitoring and preventing 1) staff abuse through the use of verbal language and physically placing hands on client B which was determined to be slapping or smacking and 2) client to client physical aggression which resulted in client C sustaining a closed fracture to the right radius and a closed displaced fracture of the right ulna (wrist and arm). Please see W104.</p> <p>2. The governing body failed to ensure the facility met the Condition of Participation: Client Protections for 2 of 3 sampled clients (B and C). The governing body failed to exercise general policy, budget and operating direction over the facility by not proactively monitoring and preventing 1) staff abuse through the use of verbal language and physically placing hands on client B which was determined to be slapping or smacking, and 2) client to client physical aggression which resulted in client C sustaining a closed fracture to the right radius and a closed displaced fracture of the right ulna (wrist and arm). Please see W122.</p> <p>9-3-1(a)</p>		<p>remain in effect for 60 days. After 60 days monthly, administrative observations will be conducted.</p> <p>2. The management team began daily update meetings on December 21, 2020, to ensure compliance and implement changes needed developing a plan and implementation of those changes. Meetings will continue until conditions are lifted.</p> <p>3. The Governing Body will retrain staff in the Facility on the Abuse, Neglect, and Exploitation Policy and disciplinary action will be given if the policy is not followed. Area Supervisor and Residential Manager will ensure that the Abuse, Neglect, and Exploitation Policy is followed. Monitoring of ANE will be done by The Program Manager, Area Supervisor, and Residential Manager to ensure all incidents of possible abuse, neglect, and exploitation are reported to the QA department.</p> <p>4. The QIPD will update the BSP of Client D, the aggressor toward client C to specify line of sight staff supervision of client D if client D has displayed physical aggression.</p> <p>5. The governing body will ensure all staff is retrained on ANE policy and procedures.</p> <p>6. The Residential Manager will monitor home activities and client interactions daily to ensure there is no suspected</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G247	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 12/21/2020	
NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN			STREET ADDRESS, CITY, STATE, ZIP CODE 2401 CORNWELL DR JEFFERSONVILLE, IN 47130		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 0104 Bldg. 00	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on record review and interview for 2 of 3 sampled clients (B and C), the governing body failed to exercise general policy, budget and operating direction over the facility by not proactively monitoring and preventing 1) staff abuse through the use of verbal language and physically placing hands on client B which was determined to be slapping or smacking, and 2) client to client physical aggression which resulted in client C sustaining a closed fracture to the right radius and a closed displaced fracture of the right ulna (wrist and arm).</p>		W 0104	<p>ANE/Mistreatments of clients</p> <p>7.Upon conclusion of investigations staff found in violation of ANE have been terminated and marked "not rehireable" in ResCare Human Resource System.</p> <p>8.The Residential Manager, Area Supervisor and QIDP will proactively monitor clients, randomly asking clients if they feel safe around all staff in their home.</p> <p>9.If there is suspected ANE all staff will immediately report to QA.</p> <p>Persons Responsible: Executive Director, Program Manager, Quality Assurance, Area Supervisor, QIDP, Residential Manager, and DSP.</p> <p>1.The Governing Body will retrain staff in the Facility on the Abuse, Neglect, and Exploitation Policy and disciplinary action will be given if the policy is not followed. Area Supervisor and Residential Manager will ensure that the Abuse, Neglect, and Exploitation Policy is followed. Monitoring of ANE will be done by The Program Manager, Area</p>	01/08/2021

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G247	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 12/21/2020
NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN			STREET ADDRESS, CITY, STATE, ZIP CODE 2401 CORNWELL DR JEFFERSONVILLE, IN 47130	
(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)
W 0122 Bldg. 00	<p>Findings include:</p> <p>The governing body failed to implement their Abuse, Neglect, Exploitation and/or mistreatment policy by not proactively monitoring and preventing 1) staff abuse through the use of verbal language and physically placing hands on client B which was determined to be slapping or smacking, and 2) client to client physical aggression which resulted in client C sustaining a closed fracture to the right radius and closed displaced fracture of the right ulna. Please see W149.</p> <p>9-3-1(a)</p> <p>483.420 CLIENT PROTECTIONS The facility must ensure that specific client protections requirements are met. Based on record review and interview, the facility failed to meet the Condition of</p>		W 0122	<p>Supervisor, and Residential Manager to ensure all incidents of possible abuse, neglect, and exploitation are reported to the QA department.</p> <p>2. The QIPD will update the BSP of Client D, the aggressor toward client C to specify line of sight staff supervision of client D if client D has displayed physical aggression.</p> <p>3. The governing body will ensure all staff is retrained on ANE policy and procedures.</p> <p>4. The Residential Manager will monitor home activities and client interactions daily to ensure there is no suspected ANE/Mistreatments of clients</p> <p>5. Upon conclusion of investigations staff found in violation of ANE have been terminated and marked "not rehireable" in ResCare Human Resource System.</p> <p>6. The Residential Manager, Area Supervisor and QIDP will proactively monitor clients, randomly asking clients if they feel safe around all staff in their home.</p> <p>7. If there is suspected ANE all staff will immediately report to QA.</p> <p>1.Due to COVID19 precautions</p>
				01/08/2021

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G247	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 12/21/2020
NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN		STREET ADDRESS, CITY, STATE, ZIP CODE 2401 CORNWELL DR JEFFERSONVILLE, IN 47130		
(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>Participation: Client Protections for 2 of 3 sampled clients (B and C).</p> <p>The facility neglected to implement their policy and procedures by not proactively monitoring and preventing 1) staff abuse through the use of verbal language and physically placing hands on client B which was determined to be slapping or smacking, and 2) client to client physical aggression which resulted in client C sustaining a closed fracture to the right radius and a closed displaced fracture of the right ulna (wrist and arm).</p> <p>Findings include:</p> <p>The facility neglected to implement the Abuse, Neglect, Exploitation and/or mistreatment policy by not proactively monitoring and preventing 1) staff abuse through the use of verbal language and physically placing hands on client B which was determined to be slapping or smacking, and 2) client to client physical aggression which resulted in client C sustaining a closed fracture to the right radius and closed displaced fracture of the right ulna. Please see W149.</p> <p>9-3-2(a)</p>		<p>unannounced random daily observations began at the Facility on 28 December 2020 to ensure plans are being implemented by staff. Observers will question the staff on ANE and ensure documentation is completed as required. Daily observations will remain in effect for 60 days. After 60 days monthly, administrative observations will be conducted.</p> <p>2. The management team began daily update meetings on December 21, 2020, to ensure compliance and implement changes needed developing a plan and implementation of those changes. Meetings will continue until conditions are lifted.</p> <p>3. The Governing Body will retrain staff in the Facility on the Abuse, Neglect, and Exploitation Policy and disciplinary action will be given if the policy is not followed. Area Supervisor and Residential Manager will ensure that the Abuse, Neglect, and Exploitation Policy is followed. Monitoring of ANE will be done by The Program Manager, Area Supervisor, and Residential Manager to ensure all incidents of possible abuse, neglect, and exploitation are reported to the QA department.</p> <p>4. The QIPD will update the BSP of Client D, the aggressor toward client C to specify line of sight staff supervision of client D if client D has displayed physical</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G247	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 12/21/2020	
NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN			STREET ADDRESS, CITY, STATE, ZIP CODE 2401 CORNWELL DR JEFFERSONVILLE, IN 47130		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 0149 Bldg. 00	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview for 2 of 3</p>		W 0149	<p>aggression.</p> <p>5. The governing body will ensure all staff is retrained on ANE policy and procedures.</p> <p>6. The Residential Manager will monitor home activities and client interactions daily to ensure there is no suspected ANE/Mistreatments of clients</p> <p>7. Upon conclusion of investigations staff found in violation of ANE have been terminated and marked "not rehireable" in ResCare Human Resource System.</p> <p>8. The Residential Manager, Area Supervisor and QIDP will proactively monitor clients, randomly asking clients if they feel safe around all staff in their home.</p> <p>9. If there is suspected ANE all staff will immediately report to QA.</p> <p>Persons Responsible: Executive Director, Program Manager, Quality Assurance, Human Resource, Area Supervisor, QIDP, Residential Manager, and DSP.</p>	01/08/2021

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G247	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 12/21/2020
NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN			STREET ADDRESS, CITY, STATE, ZIP CODE 2401 CORNWELL DR JEFFERSONVILLE, IN 47130	
(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>sampled clients (B and C), the facility neglected to implement the Abuse, Neglect, Exploitation and/or mistreatment policy by not proactively monitoring and preventing 1) staff abuse through the use of verbal language and physically placing hands on client B which was determined to be slapping or smacking, and 2) client to client physical aggression which resulted in client C sustaining a closed fracture to the right radius and closed displaced fracture of the right ulna (wrist and arm).</p> <p>Findings include:</p> <p>1) On 12/17/20 at 3:04 PM, a review of the Bureau of Developmental Disabilities Services (BDDS) incident reports and Investigative Summaries was completed. The reports indicated:</p> <p>-BDDS report dated 10/8/20 indicated, "It was reported [client B] told staff that on the previous shift staff [former staff #1] had yelled and cussed at [client B] and a second staff [former staff #2], had put her hands on [client B]. No injuries were reported".</p> <p>-Investigation summary dated 10/7/20 through 10/13/20 indicated, "Introduction: An investigation was initiated after [client B], reported [former staff #2] and [former staff #1] cursed at him, slammed a door in his face, and [former staff #2] 'put her hands on' him (client B)".</p> <p>-Under the factual findings section of the investigation the report indicated, "...[Client B], [Client F] and [client D] stated [former staff #2] slapped/smacked [client B] ... [Client B], [client F] and [client A] stated [former staff #2] yelled at</p>		<p>1.The Governing Body will retrain staff in the Facility on the Abuse, Neglect, and Exploitation Policy and disciplinary action will be given if the policy is not followed. Area Supervisor and Residential Manager will ensure that the Abuse, Neglect, and Exploitation Policy is followed. Monitoring of ANE will be done by The Program Manager, Area Supervisor, and Residential Manager to ensure all incidents of possible abuse, neglect, and exploitation are reported to the QA department.</p> <p>2.The QIPD will update the BSP of Client D, the aggressor toward client C to specify line of sight staff supervision of client D if client D has displayed physical aggression.</p> <p>3.Area Supervisor will retrain staff on smoking procedures for the facility, including the location, time allotted, and ensuring no buddy smoking by staff.</p> <p>4.Area Supervisor will retrain staff on reporting confidentiality to highlight Zero tolerance policy for workplace violence.</p> <p>5.The governing body will ensure all staff is retrained on ANE policy and procedures.</p> <p>6.The Residential Manager will monitor home activities and client interactions daily to ensure there is no suspected ANE/Mistreatments of clients</p> <p>7.Upon conclusion of</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 12/21/2020	
NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN			STREET ADDRESS, CITY, STATE, ZIP CODE 2401 CORNWELL DR JEFFERSONVILLE, IN 47130		
(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>[client B]. [Former staff #2] stated she may have raised her voice and yelled at [client B] ...[Staff #4] stated she heard [former staff #2] yell at [client B] in the past and it was reported to two former Residential Managers ... [Residential Manager] stated [former staff #2] and [former staff #1] are very aggressive with [client B] and are verbally abusive toward him. [Residential Manager] stated this has been a progression and she was getting ready to report it to [Area Supervisor], but then this investigation was started".</p> <p>-Under the conclusion section of the investigation the report indicated, "It is substantiated [former staff #2] and [former staff #1] cursed at [client B] ... It is substantiated [former staff #2] 'put her hands' on [client B] by slapping/smacking him".</p> <p>On 12/17/20 at 4:44 PM, staff #1 was interviewed. Staff #1 was asked about the incident on 10/8/20 where two former staff allegedly abused client B. Staff #1 stated she was not present during the incident, but client B had "confided" in her. Staff #1 stated, "I was not here, but [client B] did confide with me. He told me both staff were mean to him, cussed, like cursed him. That is what [client B] confided with me. [Client B] said he wanted to call [Qualified Intellectual Disabilities Professional] and the staff did an incident report, but I was not here".</p> <p>On 12/17/20 at 5:05 PM, client B was interviewed in the presence of staff #1. Client B spoke quickly and was emotional when asked about the incident involving former staff #1 and former staff #2. Client B used gestures with his hands and arms to illustrate hitting the table and stated, "[Former staff #1] said shut the f*** up.</p>			<p>investigations staff found in violation of ANE have been terminated and marked "not rehireable" in ResCare Human Resource System.</p> <p>8.The Residential Manager, Area Supervisor and QIDP will proactively monitor clients, randomly asking clients if they feel safe around all staff in their home.</p> <p>9.If there is suspected ANE all staff will immediately report to QA.</p> <p>10.The QA Manager will follow up on the investigation involving Client B and additional information provided (threats) provided by client B to surveyor during survey interview. Follow up information will be added to original investigative report and appropriate action taken.</p> <p>Persons Responsible: Executive Director, Program Manager, Quality Assurance, Area Supervisor, QIDP, Residential Manager, and DSP.</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G247	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 12/21/2020
NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN			STREET ADDRESS, CITY, STATE, ZIP CODE 2401 CORNWELL DR JEFFERSONVILLE, IN 47130	
(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)
	<p>She threw sticks". Staff #1 stated, "I didn't know about that, throwing stuff". Client B stated, "She tried to lock the back door and said going to knock you out. She said shut the F*** up. She was real mean". Client B was asked if anyone hit him. Client B stated, "She tried to hit me with (sticks), and cut with a knife". Client B gestured the use of a knife by taking his right hand to left forearm and made a cutting motion. Client B held his arms up and gestured the throwing of sticks. Staff #1 asked client B, "Was she threatening you?". Client B stated, "Yes". Staff #1 stated, "I didn't know that". Client B was asked who had a knife. Client B stated, "[Former Staff #2]". Client B was asked how things were presently in the home. Client B stated, "It's a lot better now". Client B was asked if anyone was mistreating him. Client B stated, "No, everyone is good. Really good now". Client B was asked if he felt safe. Client B stated, "I'm safe. Yes, I'm safe. They both were real mean people. I'm better now. Even their stereo was loud. She would always hit the table saying good bye, good bye".</p> <p>On 12/18/20 at 2:05 PM, the Quality Assurance Manager (QAM) was interviewed. The QAM was asked about the incident of staff abuse toward client B. The QAM indicated the investigation was substantiated and former staff #1 and former staff #2 were terminated due to the findings from the investigation. The QAM indicated the use of a knife to threaten client B was new information. The QAM indicated client B did have a history of embellishing the truth and the investigation had not identified threats of that nature. The QAM indicated further follow up would be completed and if determined, necessary law enforcement would be notified. The QAM was asked about the implementation of the Abuse, Neglect, Exploitation and or Mistreatment (ANE) policy.</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G247	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 12/21/2020
NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN			STREET ADDRESS, CITY, STATE, ZIP CODE 2401 CORNWELL DR JEFFERSONVILLE, IN 47130	
(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)
	<p>The QAM indicated the ANE policy should be implemented at all times.</p> <p>2) On 12/17/20 at 3:04 PM, a review of the Bureau of Developmental Disabilities Services (BDDS) incident reports and Investigative Summaries was completed. The reports indicated:</p> <p>-BDDS report dated 12/8/20 indicated, "It was reported [client C] told staff his wrist was hurting. Staff contacted nurse and [client C] stated his wrist hurt due to [client D] pushing [client C] down. Nurse instructed staff to transport [client C] to immediate care for evaluation. X-rays (electromagnetic imaging) taken and showed [client C] has a closed fracture of distal end of right radius (end of forearm) and closed displaced fracture of styloid process (bony prominence) of right ulna (wrist). Cast was applied and [client C] has been referred to hand specialist".</p> <p>Investigation summary dated 12/8/20 through 12/14/20 indicated, "Introduction: An investigation was initiated when it was reported [client D] pushed [client C] resulting in [client C] falling and sustaining a closed fracture of distal end of right radius and a closed displaced fracture of styloid process of right ulna".</p> <p>-Under the factual findings section of the investigation the report indicated, "[Client D] stated he pushed [client C] in the stomach causing [client C] to fall on his bottom and break his arm. [Client C] stated [client D] pushed him in his stomach causing [client C] to fall on his bottom and break his arm".</p> <p>-Under the conclusion section of the</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G247	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 12/21/2020
NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN			STREET ADDRESS, CITY, STATE, ZIP CODE 2401 CORNWELL DR JEFFERSONVILLE, IN 47130	
(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)
	<p>investigation the report indicated, "Determined [client D] pushed [client C] causing [client C] to fall sustaining fractures to right arm".</p> <p>On 12/17/20 at 4:38 PM client C was interviewed. Client C had a dark blue cast on his right arm and was asked what had happened. Client C stated, "I got hurt". Client C was asked how he got hurt and he pointed toward the kitchen table where client D was seated and walked away.</p> <p>On 12/17/20 at 4:44 PM, staff #1 was interviewed. Staff #1 was asked if she was present when client C's arm got hurt. Staff #1 indicated she was at the home and that client D had been having behaviors throughout the day. Staff #1 was asked to explain the events around the incident. Staff #1 stated, "[Client D] was upset. He was calling me and [staff #4] B***** and F*****, I went outside to smoke, he had calmed. When [client B] stepped out, I heard [client F] scream and he seen [client C] get pushed. When I got in [client C] was not on the floor and did not complain of pain for a couple of hours. It was a little red, but by the end of the day it was swelling. [Staff #5] came on (shift) (and) she took him to the Urgent Care. I left about 6 PM and they took him to Urgent Care about 7 PM ...".</p> <p>On 12/18/20 at 3:59 PM, the Nurse was interviewed. The Nurse was asked about the incident between client C and client D and the injury client C had sustained. The Nurse stated, "It did result in the radius and ulna, close to the wrist, were fractured. Like a crack". The nurse was asked about the length of the cast going up client C's forearm. The Nurse stated, "It's (cast) on his forearm. There is some bruising on his</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G247	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 12/21/2020
NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN			STREET ADDRESS, CITY, STATE, ZIP CODE 2401 CORNWELL DR JEFFERSONVILLE, IN 47130	
(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)
	<p>forearm. I think it's considered a fracture of the wrist where the bones in the arm meet the wrist. The cast is for stability, that way it has a better chance to heal".</p> <p>On 12/18/20 at 2:05 PM, the Quality Assurance Manager (QAM) was interviewed. The QAM was asked about the location of client C's injury and stated, "A fracture on the bone on the wrist and above the wrist. There are two fractures there". The QAM was asked if the pushing which resulted in a fall would be considered a form of abuse. The QAM indicated it would be. The QAM indicated the ANE policy should be implemented at all times.</p> <p>On 12/18/20 at 3:15 PM, client C's record was reviewed. The record indicated the following:</p> <p>-Medical consult dated 12/7/20 indicated, "You saw [name of doctor] on Monday December 7, 2020. The following issues were addressed: Closed fracture of distal end of right radius, unspecified fracture morphology, initial encounter and closed displaced fracture of styloid process of right ulna, initial encounter".</p> <p>On 12/18/20 at 3:20 PM, client D's record was reviewed. The record indicated the following:</p> <p>-Behavior Support Plan dated 3/6/20 indicated, "In this group home [client D] has a history of aggression toward some of his housemates and copying of the behaviors of some of the others. When he first moved in [client D] copied dance moves off of his favorite videos. Later he began being aggressive. He began copying behaviors of others in the home: kicking, hitting, slapping or spitting on those housemates that others in the home were aggressive toward. He has improved these behaviors. For now, he is focusing on</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G247	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 12/21/2020
NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN			STREET ADDRESS, CITY, STATE, ZIP CODE 2401 CORNWELL DR JEFFERSONVILLE, IN 47130	
(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)
	<p>learning about respecting others personal space.</p> <p>Target Behaviors and Goals: Physical Aggression - Kicking, hitting, pinching, slapping or spitting on another ...".</p> <p>On 12/18/20 at 2:48 PM, the 10/16/20 Abuse, Neglect, Exploitation, Mistreatment or a Violation of Individual's Rights policy was reviewed. The policy indicated, "ResCare staff 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>			