

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G127	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/30/2020
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NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP CODE 1031 WEST ST NEW ALBANY, IN 47150
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W 0000 Bldg. 00	<p>This visit was for a pre-determined full recertification and state licensure survey.</p> <p>Dates of Survey: January 23, 24, 27, 28, 29 and 30, 2020.</p> <p>Facility Number: 000664 Provider Number: 15G127 AIM Number: 100234310</p> <p>These federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 2/10/20.</p>	W 0000		
W 0104 Bldg. 00	<p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation and interview for 8 of 8 clients (#1, #2, #3, #4, #5, #6, #7 and #8) living in the home, the facility's governing body failed to exercise operating direction over the facility by failing to ensure: 1) the staircases were free from dust and a handrail was securely attached to the wall, 2) the doors in the home were not broken, 3) the kitchen was free from an ant infestation around the coffee pot, 4) the drawer on the electric cook stove was not bent with a sharp edge protruding outward, 5) the completion of a bathroom shower repair which exposed two by fours with insulation and a 20 inch by 20 hole in the concrete flooring and 6) the alarms on exterior doors functioned properly.</p> <p>Findings include:</p>	W 0104	<p>1. The Facility will ensure the repairs are made in a timely fashion. The Area Supervisor retrain Residential Manager on contacting ResCare Maintenance to report deficiencies with the physical property as soon as they are noted. All staff are encouraged to repair or maintenance issues 24 hours a day 7 days a week through the call center at (844) RES-CARE.</p> <p>2. The Program Manager will ensure the cleanliness of the Facility. The Area Supervisor will retrain the Residential Manger and Direct Support Staff on</p>	02/29/2020

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>Observations were conducted at the facility on 1/23/20 from 4:03 PM to 5:50 PM and on 1/24/20 from 6:10 AM to 8:34 AM. This affected clients #1, #2, #3, #4, #5, #6, #7 and #8. Observations found the following environmental issues:</p> <p>-At 5:20 PM the staircase adjacent to the dining room had dirt and dust accumulated in the corners of all steps. The handrail on the right side ascending upward was missing a brace at the top and a hole in the drywall where it previously had been attached to secure the handrail was visible. At 5:23 PM, client #5 indicated the handrail had been broken about a week and stated, "Someone put too much weight on it".</p> <p>-At 5:27 PM, Qualified Intellectual Disability Professional (QIDP) #1 was asked about the condition of the staircase. The QIDP stated, "It should not be this way". QIDP #1 was asked how the condition of the staircase should be. The QIDP #1 stated, "Clean, tidy and vacuumed".</p> <p>-At 5:31 PM, the bottom drawer of the electric cook stove was bent outward. The right bottom corner of the stove drawer stuck out an inch making a sharp corner which protruded outward.</p> <p>-At 5:34 PM, client #1's bedroom door was observed. Client #1's top corner of his bedroom door was bent in toward his room and did not line up with the doorframe. Client #1 was asked how long his door had been broken. Client #1 stated, "It's been broken since I moved in". Client #1 was asked when he moved in and stated, "Six to eight months ago".</p> <p>-At 5:38 PM, client #3's bedroom door was observed. Client #3's bedroom door had two large</p>		<p>maintaining cleanliness of the facility at all times.</p> <p>3. The Program Manager will schedule an exterminator to treat the ant infestation issue.</p> <p>Persons Responsible: Program Manager, Area Supervisor, ResCare Maintenance, Residential Manager, and DSP.</p>	

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	<p>cracked areas 12 inches in length on both the outside and inside of his bedroom door. Client #3 was asked how long his bedroom door had been broken and stated, "It's been like that since I moved in". Client #3 was asked when he moved in and stated, "I moved in at the end of May (2019)".</p> <p>-At 5:45 PM, the bathroom referred to as the "Office Bathroom" was observed. The bathroom's shower/tub area had been removed which exposed ten two by four boards with insulation between them. The Home Manager was asked how long the office bathroom had been in that condition. The Home Manager stated, "Since 10/11/19". The Home Manager was asked why the bathroom repair was not completed. The Home Manager stated, "They (Maintenance Company) had somebody do a bid. [Maintenance Company] thought [Contracted Plumbing Company] that dealt with the leak would finish it (repair)". The Home Manager was asked if any clients used the office bathroom. The Home Manager indicated only to wash their hands or to use the toilet.</p> <p>Morning observation:</p> <p>-At 6:43 AM, 10 ants were crawling on a counter where a coffee pot was located. At 6:44 AM, client #5 placed a coffee cup on the counter and prepared to fix a cup of coffee. A single ant was observed to crawl on the lip of client #5's coffee cup as he waited for the coffee to brew. QIDP #1 removed client #5's coffee cup and explained to him he needed a new coffee cup because she had killed and removed ants from the counter and his coffee cup. The QIDP checked and did not find ants inside the brewed coffee pot.</p> <p>-At 7:59 AM, 8 to 9 ants were observed again crawling on the coffee pot counter top after QIDP</p>			

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	<p>#1 had killed and cleaned the area at 6:43 AM.</p> <p>-At 8:01 AM, client #5 got more coffee to drink and pointed out more ants crawling on the counter top to QIDP #1. QIDP #1 began killing and cleaning the area from more ants. At 8:03 AM, QIDP #1 asked staff #3 how long the ant problem had been going on. Staff #3 stated, "I noticed them earlier this week".</p> <p>-At 8:09 AM, two staircases were observed. The group home had been converted from a duplex and had two interior staircases separated by a wall. The exterior door of the second staircase was observed to have an audible alarm installed at the top right corner. The door was opened and the alarm made an audible sound. Both staircases were covered with dust, dirt, plastic wrapper and a packaging band was located at the bottom step of the second staircase.</p> <p>-At 8:16 AM, the exterior door at the bottom of the first staircase was observed to have an alarm installed at the top right corner. The alarm was missing a battery. The exterior door was opened and no audible alarm sounded. At 8:23 AM, the Program Manager was asked about the door alarm functioning in the dining area. The Program Manager stated, "I think it's a dead battery and we'll need to pick some up". The Program Manager and QIDP #1 indicated clients would at times remove batteries from the door alarms. The door alarm on the exterior door in the dining area was missing a battery and made no audible sound when the door was opened.</p> <p>On 1/24/20 at 8:25 AM, the Program Manager and QIDP #1 were interviewed. The Program Manager and QIDP #1 were asked how the home should be maintained. Both the Program Manager and QIDP</p>			

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W 0140 Bldg. 00	<p>#1 indicated the home should be maintained in good repair. The Program Manager removed the packaging band located at the bottom of the second staircase from the home.</p> <p>9-3-1(a)</p> <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 5 of 8 clients living in the group home (#1, #3, #6, #7 and #8), the facility failed to ensure a full and complete accounting of the clients' personal funds entrusted to the facility.</p> <p>Findings include:</p> <p>On 1/23/20 at 4:37 PM, a review of the clients' finances was conducted. Qualified Intellectual Disability Professional (QIDP) #2 provided cash on hand balances and ledger balances for the clients. The review of financial accounting indicated the following:</p> <p>1) Client #1's January 2020 cash on hand ledger indicated a balance of \$105.00. Client #1's actual cash on hand balance was \$0.00. (\$105.00 was unaccounted for).</p> <p>2) Client #3's January 2020 cash on hand ledger indicated a balance of \$45.00. Client #3's actual cash on hand balance was \$28.02. (\$16.98 was unaccounted for).</p> <p>3) Client #6's January 2020 cash on hand ledger indicated no data entry for a cash on hand</p>	W 0140	<p>1. Staff will be retrained by the Area Supervisor and demonstrate the procedure for auditing and documenting of consumer finances. All money this acquired by consumer will be counted and documented on the consumer finance ledger. All monies will ensure accurate auditing consumer finance ledger will match the monies on hand at all times. Any discrepancies will be reported to management and Quality Assurance.</p> <p>Persons Responsible: Program Manager, Area Supervisor, ResCare Maintenance, Residential Manager, and DSP.</p>	02/29/2020

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

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FORM APPROVED

OMB NO. 0938-039

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W 0149 Bldg. 00	<p>balance. Client #6's actual cash on hand balance was \$3.55. (\$3.55 was unaccounted for).</p> <p>4) Client #7's January 2020 cash on hand ledger indicated a balance of \$6.96. Client #7's actual cash on hand balance was \$1.96. (\$5.00 was unaccounted for).</p> <p>5) Client #8's January 2020 cash on hand ledger indicated a balance of \$8.25. Client #8's actual cash on hand balance was \$0.25. (\$8.00 was unaccounted for).</p> <p>On 1/23/20 at 4:44 PM, the Home Manager indicated to QIDP #2 he had not been trained on maintaining the financial ledgers. QIDP #2 indicated to the Home Manager he would be providing training and stated, "I'll train you".</p> <p>On 1/23/20 at 4:46 PM, QIDP #2 was interviewed. QIDP #2 was asked about maintaining the clients' financial ledgers. The QIDP #2 stated, "They need to bring receipts back and update these books (client financial ledgers)".</p> <p>On 1/29/20 at 1:25 PM, QIDP #1 was interviewed. The QIDP #1 was asked about maintaining the clients' financial ledgers. The QIDP #1 stated, "They should be accurate". The QIDP #1 was asked if the Home Manager had received training to maintain the client financial ledgers. The QIDP #1 stated, "It does not appear that he has".</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.</p>			

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	<p>Based on record review and interview for 11 of 23 incident reports reviewed affecting clients #1, #2, #4, #5, #7 and #8, the facility failed to implement its policy and procedures for prohibiting abuse, neglect, exploitation, mistreatment or a violation of individual rights from a lack of staff monitoring 1) incidents of client to client aggression, 2) incidents where client #5 eloped and 3) client #1's intoxication incident.</p> <p>Findings include:</p> <p>On 1/23/20 at 1:45 PM, a review of the Bureau of Developmental Disabilities Services (BDDS) incident reports was completed. The reports indicated:</p> <p>1) -BDDS report dated 10/24/19 indicated, "It was reported [client #2] asked [client #7] to turn up his hearing aid. [Client #7] held his hand up, pointing at [client #2]. [Client #2] then smacked [client #7's] hand out of [client #2's] face. [Client #2] then walked away from [client #7]. No injuries were reported from this incident".</p> <p>-Client to Client Aggression Investigation dated 10/23/19 indicated, "[Client #2] hit [client #7] after he yelled at [client #7] for being loud. [Client #7] had pointed at him (client #2) to tell him to stop".</p> <p>-BDDS report dated 11/15/19 indicated, "It was reported [client #7] was being loud when [client #2] went to [client #7's] bedroom and asked him to stop. [Client #7] pointed at [client #2] and [client #2] grabbed [client #7's] left wrist and [client #7] hit [client #2] with his right hand. Staff initiated one-man YSIS (You're Safe I'm Safe) for 1 minute on [client #2] until [client #2] left [client #7's] bedroom. No injuries were reported from this incident".</p>	W 0149	<p>1. The Facility will develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p>2. Program Manager will ensure the Area Supervisor and Residential Manager retrain direct care staff on the Abuse, Neglect and Exploitation Policy. Failure to follow policy will result in disciplinary action up to and including termination.</p> <p>3. The QIDP will update Client #5 ISP/BSP to include an elopement protocol, and retrain the staff on the new ISP/BSP.</p> <p>4. The QIDP will update Client #1 ISP/BSP to include a body search protocol to ensure alcohol is not brought into the Facility, and retrain the staff on the new ISP/BSP.</p> <p>Persons Responsible: Program Manager, Area Supervisor, QIDP, Residential Manager, and DSP.</p>	02/29/2020			

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	<p>-Client to Client Aggression Investigation dated 11/14/19 indicated, "[Client #7] was being loud and [client #2] asked [client #7] to be quiet. [Client #2] told [client #7] to shut up. [Client #7] pointed at [client #2] and [client #2] grabbed [client #7's] left wrist. [Client #7] slapped [client #2] with his right hand...".</p> <p>-BDDS report dated 11/24/19 indicated, "[Client #7] was watching TV (television) in the living room, [client #2] entered the living room and told [client #7] to stop talking. [Client #7] got upset and hit the top of [client #2's] laptop, [client #2] then pushed [client #7]. Staff separated both individuals, no injuries were noted to either individual".</p> <p>-Client to Client Aggression Investigation dated 11/23/19 indicated, "... [client #2] walked into the room and told him (client #7) to shut up. [Client #7] stood and smacked the top of [client #2's] laptop. [Client #2] decided to push [client #7]. Staff then separated them". Staff #7's interview indicated, "[Client #2] told [client #7] to shut up and [client #7] got mad. [Client #7] hit his (client #2's) laptop and [client #2] grabbed him. We separated them and things were fine".</p> <p>-BDDS report dated 11/26/19 indicated, "It was reported [client #8] was agitated because neither his mother or father were answering his phone calls. [Client #2] told [client #8] that his parents were probably busy. [Client #8] began yelling at [client #2] and when [client #2] refused to leave the area [client #8] pushed [client #2] and hit [client #2] in the right side. Staff was able to verbally redirect [client #8]. Staff did skin assessment on [client #2] and found no injuries".</p>			

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	<p>-Client to Client Aggression Investigation dated 11/26/19 indicated, "Staff indicated that [client #8] was upset that mom didn't answer the phone. [Client #2] made a statement and [client #8] went outside to sit to calm down. [Client #2] stood in the doorway and it upset [client #8] so he went up to him and pushed [client #2] back in the house".</p> <p>-BDDS report dated 12/6/19 indicated, "It was reported [client #8] was agitated and behaving erratically. [Client #8] hit staff twice at which time [client #2] hit [client #8] twice, in an attempt to stop [client #8] from hitting staff again. [Client #8] continued to hit staff so [client #2] put [client #8] in a bear hug until a second staff arrived and [client #8] calmed. [Client #8] was continuing verbal aggression, a PRN (as needed) medication was given for agitation. No injuries were reported from this incident".</p> <p>-Client to Client Aggression Investigation into client #8's aggressive behavior and client #2 using a bear hug to prevent client #8 from hitting staff was not provided for review.</p> <p>-BDDS report dated 12/12/19 indicated, "It was reported [client #2] went in to (sic) [client #7's] room and slammed the door shut. [Client #7] became upset and asked [client #2] to stay away from his room. [Client #2] then pushed [client #7]. [Client #7] went to talk to staff and [client #2] pushed [client #7] again. Staff verbally redirected [client #2] to living room where he calmed down. No injuries were reported".</p> <p>-Client to Client Aggression Investigation dated 12/11/19 indicated, "Staff said she knew [client #7] was in his room and heard the door slam and by the time she reached the kitchen area [client #2] had pushed [client #7] into the wall. Staff</p>			

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	<p>redirected [client #7] away from [client #2]. Staff told [client #2] it is not appropriate to touch others and he doesn't need to be around [client #7's] room".</p> <p>-BDDS report dated 12/21/19 indicated, "[Client #4] asked [client #2], his housemate, to start asking him before borrowing his belongings. [Client #2] had verbal aggression towards [client #4] then pushed him by his arm. Staff redirected and separated them. There were no injuries or further incidents".</p> <p>-Client to Client Aggression Investigation dated 12/20/19 indicated, "Staff indicated [client #4] asked [client #2] to ask before taking his personal items. [Client #2] didn't like that and began to provoke [client #4] to fight. [Client #2] pushed [client #4's] body into his arm. [Client #4] didn't do anything and said he sticking up for himself".</p> <p>2)-BDDS report dated 11/26/19 indicated, "It was reported [client #5] was upset with housemate when [client #5] told staff that he was going to run away. Staff followed [client #5] and kept [client #5] in the line of sight. [Client #5] was yelling at staff as he was walking. [Client #5] crossed the street against the pedestrian light. Police stopped to investigate situation and convinced [client #5] to go home with staff. [Client #5] was never out of line of sight of staff".</p> <p>-Elopement/Missing Person Investigation Summary dated 11/25/19 indicated, "He (client #5) was gone for 20 mins (minutes) but staff had him in their sight the entire time...Staff have been trained on elopement with [client #5]. It is in his BSP (Behavior Support Plan)".</p> <p>-BDDS report dated 12/6/19 indicated, "It was</p>			

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	<p>reported [client #5] and staff were talking about attending a Christmas dinner that evening. [Client #5] said he would go to the dinner. [Client #5] then went outside to vape and when staff went out 5 minutes later to check on [client #5], he had eloped. Staff left the house to look for [client #5]. Police were contacted for assistance. QIDP (Qualified Intellectual Disability Professional) was notified and also began looking for [client #5]. [Client #5's] father notified staff that [client #5] was at his house. QIDP then called [client #5's] father and [client #5] requested to spend the night at his father's house. QIDP delivered [client #5's] evening med's (medicines) to [client #5's] father's house".</p> <p>-Elopement/Missing Person Investigation Summary dated 12/5/19 indicated, "He (client #5) was gone for 5.5 hours... He (client #5) walked from [home address] to his parents home in [city]...He (client #5) does not (sic) elopement in his BSP, but it will be added and the staff will be trained".</p> <p>-BDDS report dated 1/11/20 indicated, "It was reported [client #5] became agitated and began hitting walls and threw a chair at staff. [Client #5] told staff he was running away and left the property with staff following in van. [Client #5] began to throw rocks and other debris at the van. [Client #5] then began to walk into the street. Staff called police for assistance. Police transported [client #5] to ER (emergency room) where [client #5] was evaluated then transported to [name] for admittance".</p> <p>-Elopement/Missing Person Investigation Summary dated 1/10/20 indicated, "[Client #5] was gone 25 minutes, but according to staff he was always in line of sight. [Staff #9] followed him out</p>			

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	<p>the door and down the street. [Staff #2], who was leaving to go home, jumped in the van and followed [client #5] south down [street] to [street]. [Staff #7] stayed with other clients and called police for assistance... Doors were unlocked, and the alarm was disarmed by the client (client #5)... [Client #5] was picking up rocks and sticks and throwing them at the ResCare van. He was also entering the street, but staff was present and attempting to get [client #5] to get back on the sidewalk. Police were also called to assist with implementing protective measures to get [client #5] back home safely... Tamper resistant alarms will be installed on the doors to alert staff. Staff will be strategically located throughout the home to help prevent clients exiting the home".</p> <p>3)-BDDS report dated 1/11/20 indicated, "It was reported to staff [client #1] had drunk alcohol and gave alcohol to 2 of his peers. Staff checked [client #1's] bedroom and found 375 ml (milliliters) bottle of [whiskey] that was approximately 3/4 gone. During his alone time, [client #1] had purchased a bottle of [whiskey]. Nurse was contacted and instructed staff to take [client #1] and a peer to ER (emergency room) for evaluation as one of the peers was already at ER. [Client #1] showed signs of intoxication and was evaluated. His peer showed no signs of intoxication and ER staff advised he not be treated. [Client #1] was released with discharge papers for alcohol intoxication without complication".</p> <p>-Investigation Summary into client #1's intoxication incident was not provided for review.</p> <p>On 1/28/20 at 3:42 PM, Qualified Intellectual Disability Professional (QIDP) #1 was interviewed. The QIDP #1 was asked if client to client aggression, elopement and intoxication incidents</p>			

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W 0240 Bldg. 00	<p>above for clients #1, #2, #4, #5, #7 and #8 followed the implementation of the provider's Abuse, Neglect, Exploitation, Mistreatment or violation of an individual's rights (ANE) policy. The QIDP #1 stated, "No, staff did not implement the policy (ANE)". QIDP #1 indicated client #1 had a plan to drink responsibly with staff supports, but did not follow the plan as he took it upon himself to purchase the alcohol during his alone time and consumption was completed without staff knowledge. When asked about client #5's history for elopement, the QIDP #1 indicated these incidents reflected a newly developed behavioral pattern exhibited by client #5. QIDP #1 indicated elopement had been added to client #5's behavior support plan after the initial incident occurred on 11/26/19.</p> <p>On 1/28/20 at 4:30 PM, the Abuse, Neglect, Exploitation, Mistreatment or a Violation of an Individual's Rights (ANE) policy dated 7/10/19 was reviewed. The ANE policy indicated, "ResCare strictly prohibits abuse, neglect, exploitation, mistreatment, or violation of an Individual's rights".</p> <p>9-3-2(a)</p> <p>483.440(c)(6)(i) INDIVIDUAL PROGRAM PLAN</p> <p>The individual program plan must describe relevant interventions to support the individual toward independence.</p> <p>Based on record review and interview for 2 of 3 sampled clients (#1 and #2), the facility failed to ensure client #1 and client #2's Individual Support Plans and Behavior Support Plans consistently identified strategies for smoking in designated areas.</p>	W 0240	<p>1. The Facility will develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p>2. Program Manager will ensure the Area Supervisor and</p>	02/29/2020

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	<p>Findings include:</p> <p>On 1/23/20 at 1:45 PM, a review of the facility's internal incident reports was completed. The internal incident reports indicated:</p> <p>-ResCare Community Alternatives South East Incident Report dated 12/10/19 indicated, "Staff noticed he (client #2) smelt (sic) like cigs (cigarettes). Staff went into med (medication room) halfway smelled cig (cigarette) smoke also. Knocked on [client #1's] door, he didn't want to open it (sic) finally did. Staff seen (sic) smoke and smelled smoke".</p> <p>-Interdisciplinary Team (IDT) Meeting dated 12/10/19 indicated, "Smoking In The Home Plan of Action: Staff called the QIDP (Qualified Intellectual Disability Professional) to notify of the smoking. Staff talked with [client #2] about the dangers of smoking in the home and (sic) that (sic) his health care rep (representative) to notify of (sic) incident. Ad (sic) addendum added to plan to store cigarettes in the office location and when consumer wants a cigarette staff will issue it at that time and direct him to the outside area".</p> <p>-ResCare Community Alternatives South East Incident Report dated 12/18/19 indicated, "As I was coming out of med (medication) room after giving another consumer a PRN (as needed medication), I smelled smoke in the hallway where [client #1's] room is. I knocked on the door and asked them were they in the room smoking and he responded by saying 'hold on I'm coming, I'm putting on my shoes'. When he opened the door the smell of smoke was very strong. After speaking with him and [client #2] an incident report was written and sent to QA (Quality Assurance)".</p>		<p>Residential Manager retrain direct care staff on the Abuse, Neglect and Exploitation Policy. Failure to follow policy will result in disciplinary action up to and including termination.</p> <p>3. The QIDP will update Client #1 and Client #2 ISP/BSP to include a smoking plan to include a designated smoking area. The QIDP will train staff on the new ISP/BSP.</p> <p>Persons Responsible: Program Manager, Area Supervisor, QIDP, Residential Manager, and DSP.</p>	

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	<p>-Interdisciplinary Team (IDT) Meeting dated 12/18/19 indicated, "Smoking In The Home Plan of Action: Staff reported the smoking to the QIDP. Staff discussed the hazards of smoking in his room. The team is going to purchase a nicotine sensor alarm to discourage his addiction of smoking in his room. He has non-compliance in his BSP". The IDT did not develop a plan to address smoking in a designated area or why client #1 and client #2 were not prompted by staff to smoke in a designated area.</p> <p>On 1/27/20 at 3:28 PM, client #1's record was reviewed. The client record indicated the following:</p> <p>-Individual Support Plan (ISP) dated 2/20/19 indicated, "Dislikes: Being told to wait on cigarettes". Client #1's ISP did not address smoking in designated areas or the use of a nicotine sensor alarm.</p> <p>-Behavior Support Plan (BSP) dated 8/9/19 indicated, "Non-compliance: Staff will redirect [client #1] to his schedules. Staff will remind [client #1] of the negative effects of diverging from his program schedules (i.e. Negative health effects for smoking too much. He will run out of cigarettes by the end of the month if he over smokes)". Client #1's BSP did not address smoking in designated areas or the use of a nicotine sensor alarm.</p> <p>On 1/27/20 at 1:20 PM, client #2's record was reviewed. The client record indicated the following:</p> <p>-Individual Support Plan (ISP) dated 4/11/19 indicated, "Dislikes: Being told what to do by</p>			

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	<p>others, following directions, other in his space". Client #2's ISP did not address smoking in designated areas.</p> <p>-Behavior Support Plan (BSP) dated 8/9/19 indicated, "Non-compliance: [Client #2] will refuse or ignore requests to complete tasks/activities/etc. Current outdoor (at the home) supervision: As of 8/28/19. He (client #2) is not to be left alone with other clients outside in the smoking area. There needs to be staff present. [Client #2] does not need staff supervision if he is in the outside smoking area alone. [Client #2] is not to go in other client's bedrooms due to recent concerns about physical aggression. [Client #2] is not to get cigarettes from other clients".</p> <p>On 1/28/20 at 3:42 PM, the Qualified Intellectual Disability Professional (QIDP) #1 was interviewed. The QIDP #1 was asked if clients #1 and #2 were allowed to smoke in the home. The QIDP #1 stated, "They can smoke outside. The land lord doesn't want them smoking inside. The alarms on windows (planned to be added) would tell us when they opened it". The QIDP #1 indicated client #1 and client #2 would open the window in an effort to hide their smoking activity inside client #1's bedroom. The QIDP #1 was asked about strategy to prevent clients #1 and #2 from smoking in non designated areas such as client #1's bedroom. The QIDP #1 stated, "Staff are supposed to check every 15 minutes. Regular programming to encourage active treatment supervision". The QIDP was asked about the history of client #1 and client #2 smoking in non-designated areas and stated, "I don't think he does it that often. I only know of 4 times in close to a year".</p> <p>9-3-4(a)</p>			

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W 0289 Bldg. 00	<p>483.450(b)(4) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR</p> <p>The use of systematic interventions to manage inappropriate client behavior must be incorporated into the client's individual program plan, in accordance with §483.440(c) (4) and (5) of this subpart.</p> <p>Based on observation, record review and interview for 3 of 3 sampled clients (#1, #2 and #3), the facility failed to ensure clients #1, #2 and #3's Individual Support Plans and/or Behavior Support Plans included audible alarms on doorways.</p> <p>Findings include:</p> <p>Observation was conducted at the facility on 1/24/20 from 6:10 AM to 8:34 AM. Observation found the home's exterior doors were equipped with battery powered alarms that made audible sounds. This affected clients #1, #2 and #3.</p> <p>-At 8:09 AM, two staircases were observed. The group home had been converted from a duplex and as a result the home had two interior staircases separated by a wall. The exterior door of the second staircase was observed to have an audible alarm installed at the top right corner. The door was opened and the alarm made an audible sound.</p> <p>-At 8:16 AM, the exterior door at the bottom of the first staircase was observed to have an alarm installed at the top right corner. The alarm was missing a battery. The exterior door was opened and no audible alarm sounded. At 8:23 PM, the Program Manager was asked about the door alarm functioning in the dining area. The Program Manager stated, "I think it's a dead battery and</p>	W 0289	<p>1. The Facility will develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p>2. Program Manager will ensure the Area Supervisor and Residential Manager retrain direct care staff on the Abuse, Neglect and Exploitation Policy. Failure to follow policy will result in disciplinary action up to and including termination.</p> <p>3. The QIDP will update All Clients ISP/BSP to include the use of Door and Window Alarms. The QIDP will train staff on the new ISP/BSP.</p> <p>4. The Facility will ensure the window door alarms are functioning and checks to ensure alarms are operational.</p> <p>Persons Responsible: Program Manager, Area Supervisor, QIDP, Residential Manager, and DSP.</p>	02/29/2020
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	<p>we'll need to pick some up". The Program Manager and QIDP #1 indicated clients would at times remove batteries from the door alarms. The door alarm on the exterior door in the dining area was missing a battery and made no audible sound when the door was opened.</p> <p>-At 8:25 AM, Qualified Intellectual Disability Professional (QIDP) #1 and the Program Manager exited the home with the surveyor through the back office entryway door. The back office entryway door was indicated as the main entrance to the home. The back office exterior door had a battery powered alarm installed at the top right corner, but did not make an audible sound.</p> <p>On 1/24/20 at 8:25 AM the QIDP #1 and Program Manager were interviewed. The Program Manager and QIDP #1 were asked about the functioning of the home's alarm system. The Program Manager stated more batteries were needed, "I think it's a dead battery". The QIDP #1 was asked about the function of the home's alarm system and stated, "We'll be getting a new alarm system. We're looking into it".</p> <p>On 1/27/20 at 3:28 PM, client #1's record was reviewed. The client record indicated the following:</p> <p>-Individual Support Plan (ISP) dated 2/20/19 indicated, "Modification of Individual Rights: Freedom to full access to personal property-funds, Freedom of movement, Access to sharps (objects) in the home and Freedom from the use of medications". The ISP did not indicate the use of audible alarms on the doorways.</p> <p>-Behavior Support Plan (BSP) dated 8/9/19 indicated, "Target behaviors: ...Leaving assigned</p>			

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	<p>areas/elopement...". The BSP did not indicate the use of audible alarms on doorways.</p> <p>On 1/27/20 at 1:20 PM, client #2's record was reviewed. The client record indicated the following:</p> <p>-Individual Support Plan (ISP) dated 4/11/19 indicated, "Modification of Individual Rights: Access to sharps in the home, Freedom to full access to personal property-funds, Freedom of movement and Freedom from use of medications. The ISP did not indicate the use of audible alarms on the doorways.</p> <p>-Behavior Support Plan (BSP) dated 12/30/19 indicated, "...Elopement/leaving assigned areas...". The BSP did not indicate the use of audible alarms on doorways.</p> <p>On 1/27/20 at 2:06 PM, client #3's record was reviewed. The client record indicated the following:</p> <p>-Individual Support Plan (ISP) dated 6/14/19 indicated, "Modification of Individual Rights: Access to sharps in the home, Freedom to full access to personal property-funds, Freedom of movement and Freedom from use of medications. The ISP did not indicate the use of audible alarms on the doorways.</p> <p>-Behavior Support Plan (BSP) dated 6/12/19 indicated, "...Elopement/leaving assigned areas...". The BSP did not indicate the use of audible alarms on doorways.</p> <p>On 1/27/20 at 2:54 PM the Qualified Intellectual Disability Professional (QIDP) #1 was interviewed. The QIDP #1 was asked if audible alarms installed</p>			

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W 0322 Bldg. 00	<p>on doorways should be included clients #1, #2 and #3's ISP's and BSP's. The QIDP #1 stated, "Yes, it should be". The QIDP #1 reviewed the three client ISP's and BSP's and indicated a revision for their plans was needed for the use of audible alarms as an environmental modification for safety.</p> <p>9-3-5(a)</p> <p>483.460(a)(3) PHYSICIAN SERVICES</p> <p>The facility must provide or obtain preventive and general medical care.</p> <p>Based on record review and interview for 2 of 3 sampled clients (#1 and #2), the facility failed to ensure clients #1 and #2 received follow up consultations for nail care with their podiatrist.</p> <p>Findings include:</p> <p>On 1/27/20 at 3:28 PM, client #1's record was reviewed. The record indicated the following:</p> <p>-Individual Support Plan dated 2/20/19 indicated, "Needs: Daily living skills prompting. Challenging Behaviors: Poor hygiene skills".</p> <p>-Podiatry consult dated 6/28/19 indicated, "Nails debrided (removed damaged tissue). Foot exam (examination) performed. Return visit: 10 wks (weeks)". No follow up documentation for the return visit was provided for review.</p> <p>On 1/27/20 at 1:20 PM, client #2's record was reviewed. The record indicated the following:</p> <p>-Individual Support Plan dated 4/11/19 indicated, "He (client #2) communicates his needs and wants with no difficulty. He has limited ADL (adult daily</p>	W 0322	<p>1. The facility will provide or obtain preventive and general medical care of each client in the Facility</p> <p>2. Appointment for Clients nail care will be scheduled for nail care with a Podiatrist.</p> <p>3. Staff will be retrained on ensuring the clients make it to their scheduled appointments. The staff in the Facility will be retrained on the client appointment procedure.</p> <p>Persons Responsible: Direct Support Professionals, Residential Manager, Area Supervisor, Program Manager, Nursing, Director of Nursing</p>	02/29/2020

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W 0368 Bldg. 00	<p>living) skills and will need to be reminded to complete them".</p> <p>-Podiatry consult dated 8/29/19 indicated, "Evaluation performed. Nails trimmed and filled. Return visit 11/21/19". No follow up documentation for 11/21/19 was available for review.</p> <p>On 1/27/20 at 2:14 PM, the Nurse was interviewed. The Nurse was asked about clients #1 and #2's follow up visits with their podiatrist. The Nurse stated, "Podiatry has been rescheduled". The Nurse was asked why the podiatry appointments for clients #1 and #2 were missed. The Nurse stated, "Not sure" and indicated a referral should not be needed and stated, "there is no excuse for it (missing follow up appointments)".</p> <p>9-3-6(a) 483.460(k)(1) DRUG ADMINISTRATION</p> <p>The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. Based on record review and interview for 2 of 3 sampled clients (#2 and #3), the facility failed to ensure clients #2 and #3's medications were administered as ordered by the physician without error.</p> <p>Findings include:</p> <p>On 1/23/20 at 1:45 PM, a review of the Bureau of Developmental Disabilities Services (BDDS) incident reports was completed. The reports indicated:</p> <p>-BDDS report dated 10/12/19 indicated, "[Client</p>	W 0368	<ol style="list-style-type: none"> 1.The facility will ensure a system for drug administration that assures drugs are administered in compliance with physician's orders. 2.The Nurse will retrain all Facility Staff on the administration of Medication in compliance with all physician's orders without error. 3.The Nurse will retrain the staff on the notification policy for any medication errors. 4.The Nurse will retrain the staff 	02/29/2020

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W 0369 Bldg. 00	<p>#2] is prescribed Trazodone (antidepressant)100 mg (milligrams), two pills once daily. On 7/10/19 (sic), [client #2] only received 1 of 2 pills".</p> <p>-BDDS report dated 10/12/19 indicated, "[Client #3] ran out of his Methylphenid (attention deficit hyperactivity disorder) 36 mg (milligrams), the medication was unable to be filled by the pharmacy due to the weekend and his physician not being in the office. [Client #3] will not receive his dose(s) on 7/12/19 (sic) and 7/13/19 (sic) at 7 am and 7 pm. The physician will be contacted on Monday, 7/14/19 (sic), to fill the script and [client #3] will continue taking the medication".</p> <p>On 1/28/20 at 3:42 PM the Qualified Intellectual Disability Professional (QIDP) was interviewed. The QIDP was asked how clients #2 and #3's medications should be administered. The QIDP stated, "Without error".</p> <p>On 1/28/20 at 4:18 PM, the Nurse was interviewed. The Nurse was asked how clients #2 and #3's medications should be administered. The Nurse stated, "Without error, correct".</p> <p>9-3-6(a) 483.460(k)(2) DRUG ADMINISTRATION The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error. Based on observation, record review and interview for two additional clients (#6 and #8), the facility failed to administer client #6 his Fluticasone Spr (nasal spray) 50 mcg (microgram) and client #8's Terbinafine Cream 1% (treat fungal infections) without error.</p>	W 0369	<p>on ResCare medication audits policy.</p> <p>Persons Responsible: Direct Support Professionals, Residential Manager, Area Supervisor, Program Manager, Nursing, Director of Nursing</p> <p>1.The facility will ensure a system for drug administration that assures drugs are administered in compliance with physician's orders. 2.The Nurse will retrain all</p>	02/29/2020

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G127	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/30/2020
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NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP COD 1031 WEST ST NEW ALBANY, IN 47150
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	<p>Findings include:</p> <p>Observations were conducted at the facility on 1/23/20 from 4:03 PM to 5:50 PM and on 1/24/20 from 6:10 AM to 8:34 AM. Observations indicated the following:</p> <p>-At 4:20 PM, staff #3 requested client #8 come to the medication room. Client #8 entered the medication room and asked staff #3 if he should get his medication administration basket from the medication closet. At 4:21 PM, staff #3 stated, "Yes, please".</p> <p>-At 4:23 PM, client #8 was administered Buspirone (anti-anxiety) 10 mg (milligram) tablet and Clonazepam (anticonvulsant) .5 mg tablet.</p> <p>-At 4:26 PM, staff #3 applied a cream (Terbinafine Cream 1%) to client #8's forehead and cheeks.</p> <p>Morning observation.</p> <p>-At 6:29 AM, staff #3 indicated client #6 was out of a cream and referred to the medication as Triamcinolone Aer 55 mcg (microgram) and then corrected herself saying, "No it's a nasal spray. The pharmacy did not have it". Client #6 used a nasal spray Deep Sea Spray upon entering the medication administration room.</p> <p>On 1/27/20 at 4:20 PM, client #8's record was reviewed.</p> <p>-Physician Orders dated 10/30/19 indicated, "Hydrocortisone 1% CR (cream), Apply to affected area(s) on face twice daily".</p> <p>-Treatment Administration Record (TAR) dated</p>		<p>Facility Staff on the administration of Medication in compliance with all physician's orders without error.</p> <p>3. The Nurse will retrain the staff on the notification policy for any medication errors.</p> <p>4. The Nurse will retrain the staff on ResCare medication audits policy.</p> <p>Persons Responsible: Direct Support Professionals, Residential Manager, Area Supervisor, Program Manager, Nursing, Director of Nursing</p>	

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	<p>January 2020 indicated, "Hydrocortisone 1% CR, Apply to affected area(s) on face twice daily".</p> <p>On 1/27/20 at 4:23 PM, client #6's record was reviewed.</p> <p>-Physician Orders dated 10/30/19 indicated, "Deep sea Spr (spray) .65%, use 2 sprays in each nostril twice daily. Fluticasone Spr (spray) 50 mcg, Instill 1 spray in each nostril once daily. Reorder when needed-Not a cycle fill".</p> <p>-Medication Administration Record (MAR) dated January 2020 indicated, "Deep Sea Spr (spray) .65%, use 2 sprays in each nostril twice daily. Fluticasone Spr (spray) 50 mcg, instill 1 spray in each nostril once daily". Client #6 did not receive his Fluticasone Spray at 7 AM as ordered.</p> <p>On 1/27/20 at 4:29 PM, the Nurse was interviewed. The Nurse was asked why client #8 would receive Terbinafine Cream to his forehead and cheeks and if client #6 should receive two nasal spray medications. The Nurse stated, "I don't understand why she (staff #3) would do that (apply cream to client #8 face). It's a standing order for most are clients for foot creams. I'm going to have to investigate this further". The Nurse indicated further follow up would be required.</p> <p>On 1/28/20 at 4:18 PM, the Nurse was interviewed and provided further follow into the medication administration for client #6 and client #8. The Nurse stated, "I've been investigating, the MAR also has a TAR (treatment administration record). The cream Hydrocortisone 1% should have been applied to his (client #8) face. The Terbinafine is for his feet. For [client #6] staff should have completed a cycle fill, ordered it (Fluticasone) and</p>			

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	<p>reported it to me. We had no supply". The Nurse indicated training would be completed and stated, "I will write this up and get the training done". The Nurse was asked if medications should be administered without error and stated, "Correct, without error".</p> <p>On 1/29/20 at 11:20 AM, the Nurse provided for review documentation titled "Medication Error Report" dated 1/29/20. The Medication Error Reports indicated the following:</p> <p>-Medication Error Report dated 1/24/20 at 7 AM indicated, "[Client #6] list medications or treatments involved in error: Fluticasone spray 50 mg. Additional information: Staff failed to notify nurse of no supply. Staff failed to order med (medication). Name of staff making error: [Staff #3]".</p> <p>-Medication Error Report dated 1/25/20 at 7 AM indicated, "[Client #6] list medications or treatments involved in error: Fluticasone spray 50 mg. Additional information: Staff failed to notify nurse of no supply. Staff failed to order med (medication). Name of staff making error: [Staff #3]".</p> <p>-Medication Error Report dated 1/23/20 at 4 PM indicated, "[Client #8] list medications or treatments involved in error: Terbinafine 1% apply twice. Additional information: Terbinafine was applied to wrong site. Name of staff making error: [Staff #3]".</p> <p>9-3-6(a)</p>			