

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G723	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/15/2024
--	---	--	---

NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP COD 13009 HORIZON DR MEMPHIS, IN 47143
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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 pre-determined full recertification and state licensure survey.</p> <p>Dates of Survey: 11/13/24, 11/14/24 and 11/15/24.</p> <p>Facility Number: 004615 Provider Number: 15G723 AIMS Number: 200528230</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 12/3/24.</p>	W 0000		
W 0153 Bldg. 00	<p>483.420(d)(2) STAFF TREATMENT OF CLIENTS</p> <p>Based on record review and interview for 1 of 2 sampled clients (#1), the facility failed to report an allegation of suspected abuse and exploitation to the Bureau of Disabilities Services in accordance with state law.</p> <p>Findings include:</p> <p>The facility's BDS (Bureau of Disabilities Services) reports and investigations were reviewed on 11/13/24 at 11:53 AM. The review indicated the following:</p> <p>A BDS report with date of knowledge on 8/7/24, reported to BDS on 8/8/24 indicated, "...It was reported [client #1] was listening to music, became upset, and began punching staff. Other staff verbally redirected [client #1] to his room and talked to him to help calm him. Staff assessed [client #'s] left hand and noticed bruising on his</p>	W 0153	<p>Facility ID: 004615 AIM Number: 200528230 CNN/Provider Number: 15G723</p> <p>Survey Event ID X8M611 13009 Horizon Dr, Memphis</p> <p>W153 Staff treatment of clients CFR483.420(d)(2):</p> <p>The facility must ensure that all allegations of mistreatment, neglect, or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.</p>	01/15/2025

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

TITLE

(X6) DATE

Tracy E Callahan

Program Manager

12/16/2024

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G723		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 11/15/2024	
NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN				STREET ADDRESS, CITY, STATE, ZIP COD 13009 HORIZON DR MEMPHIS, IN 47143			
(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>knuckles. Staff notified the nurse and transported [client #1] to the ER (Emergency Room) for evaluation.</p> <p>Plan to Resolve (Immediate and Long Term). [Client #1] was evaluated and discharged home.</p> <p>Discharge diagnosis: Contusion of dorsum (upper surface) of left hand. Imaging completed: XR Hand Min 3 Vws LT (an X-ray of the left hand, taken with a minimum of three different views to fully assess the area, typically used to check for fractures, joint issues, or other abnormalities in the hand). No fractures noted. Discharge instructions: (sic) Ice to area of pain intermittently 10 to 15 minutes at a time over the next 24 to 48 hours. Over-the-counter ibuprofen (pain relief) as directed as needed for pain. Staff have been trained on the discharge instructions. Staff will continue to monitor [client #1], follow his plans in place, and notify the nurse of any changes. No further incidents have been reported...."</p> <p>An investigation dated 8/8/24 indicated, "On 08/08/2024, the Quality Assurance Department received an incident report indicating [client #1] became upset and began punching staff, [former DSP (Direct Support Professional)]. Staff [DSP #7] reported when she heard the noise, and went to see what was happening, she witnessed staff [former DSP] with his hands on [client #1] pushing him up against a wall.</p> <p>Staff [former DSP] was placed on leave pending the outcome of investigation...</p> <p>Summary of Interviews:</p> <p>[Name], Direct Support Lead (DSL) [DSL] reported [client #1] stated [former DSP] was snapchatting (a social media app that allows users to send and receive photos and videos, called</p>		<p>The Area Supervisor will train all Facility Staff on the BDDS Reporting Standard.</p> <p>The Facility will retrain staff at the site on the Abuse, Neglect and Exploitation Policy Manager, Area Supervisor and Direct Support Lead to ensure all incidents of possible abuse, neglect and exploitation are reported to the QA department.</p> <p>Area Supervisor and Program Manager will ensure that the Abuse, Neglect and Exploitation Policy is followed through random monitoring.</p> <p>Persons Responsible: AED, Quality Assurance Manager, QA Coordinator/QIDP Manager, Program Manager, Area Supervisor, QIDP, Direct Support Lead, and DSP.</p> <p>Date of Completion : January 15, 2025</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G723	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/15/2024
--	---	--	---

NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP COD 13009 HORIZON DR MEMPHIS, IN 47143
---	---

(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>snaps, that are meant to disappear after they're viewed) pictures of him and that it wasn't the first time it had happened.</p> <p>[DSL] reported [client #1] then began punching [former DSP] and [former DSP] put his hands up to stop [client #1] from punching him.</p> <p>[DSL] reported staff [DSP #2] and [DSP #7] verbally directed [client #1] to his room and he complied.</p> <p>[DSL] reported she and [DSP #2] sat in [client #1's] room while he calmed down.</p> <p>[DSL] reported [client #1's] hand was beginning to swell and nurse [name] was contacted and instructed staff take [client #1] to ER.</p> <p>[DSL] stated she was not aware of staff using snapchat nor had she witnessed staff using snapchat until this incident.</p> <p>[DSL] stated no clients had reported to her staff were taking snapchat pictures.</p> <p>[DSL] did not see [former DSP] pushing [client #1] or abusing him.</p> <p>[DSP #2]</p> <p>[DSP #2] stated it was in the middle of shift change when he heard a noise.</p> <p>[DSP #2] stated [client #1] was swinging his arms at [former DSP].</p> <p>[DSP #2] stated he sat down with [client #1] in his room and talked until [client #1] was calm.</p> <p>[DSP #2] stated [client #1] claimed [former DSP] was taking pictures and putting them on snapchat and just messing with him all day.</p> <p>[DSP #2] reports he has not witnessed anyone taking pictures and putting them on snapchat and had not heard of any staff using snapchat until this incident between [client #1] and [former DSP].</p> <p>[DSP #2] stated he heard [former DSP] tell [client #1] he would not go to his family reunion, which is a restriction in [client #1's] BSP, and that made [client #1] mad.</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G723	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/15/2024
--	---	--	---

NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP COD 13009 HORIZON DR MEMPHIS, IN 47143
---	---

(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>[DSP # 2] stated he did not see [former DSP] pushing [client #1] or abusing him.</p> <p>[DSP #3]</p> <p>[DSP #3] stated on 8/7/24, [client #1] had walked into the living room to check the time and when he walked back towards his room [former DSP] spoke to [client #1] and [client #1] replied, 'I am mad at you, I'm not talking to you.'</p> <p>[DSP #3] stated [client #1] was directed to his room by [former DSP] for calming. As [client #1] walked to his room, [client #1] murmured something and slammed his door.</p> <p>[DSP #3] stated staff [DSP #7] then walked into [client #1's] room to talk, came out minutes later, said something to [former DSP], and walked into the office. [DSP #3] stated he did not hear what [DSP #7] said to [former DSP].</p> <p>[DSP #3] stated after about 5 to 10 minutes, [former DSP] walked into [client #1's] room to try and talk with him and as [former DSP] opened the door, [client #1] screamed telling [former DSP] to get out while cursing at him.</p> <p>[DSP #3] stated he heard sounds like punching and by the time he made it to the hallway, staff [DSP #2] and [DSP #7] were able to get [client #1] into his room.</p> <p>[DSP #3] stated he has not witnessed staff snapchat pictures of the clients or been told staff had taken pictures and snapchatted them.</p> <p>[DSP # 3] didn't see anyone pushing or physically abusing [client #1].</p> <p>[DSP #1]</p> <p>[DSP #1] stated she was in the med room signing controlled med counts for shift change when she heard punching sounds and [client #1] screaming as he does when he is having an incident of physical aggression.</p> <p>[DSP #1] stated she got all the other clients to</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G723	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/15/2024
--	---	--	---

NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP COD 13009 HORIZON DR MEMPHIS, IN 47143
---	---

(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>their rooms for safety while the other staff tended to [client #1].</p> <p>[DSP #1] stated she has not witnessed or been told of staff taking or snap-chatting pictures.</p> <p>[DSP # 1] stated she did not see [former DSP] pushing [client #1] or abusing him.</p> <p>[DSP #7]</p> <p>[DSP #7] stated she arrived at Horizon at shift change and went into the office when she heard [client #1] slam his bedroom door and she went to the living room where [DSP # 3] and [Former DSP] were.</p> <p>[DSP #7] stated she asked what happened and [former DSP] said he made [client #1] mad.</p> <p>[DSP #7] stated she went to [client #1's] room to ask if he was okay, and [client #1] started yelling.</p> <p>[DSP #7] stated she asked [client #1] to take a deep breath and slow down. [Client #1] then told [DSP #7] that [former DSP] had been taking pictures of him ([client #1]) while they were outside.</p> <p>[DSP # 7] stated about 10 minutes later, [former DSP] went to [client #1's] room and [client #1] yelled at [former DSP] to get out of his room.</p> <p>[DSP # 7] stated she went to the hallway to see what was going on and she saw [former DSP] standing in front of [client #1] and [former DSP] had his head down. [DSP # 7] stated [client #1] had his back to the wall and [former DSP] had his hands on [client #1's] shoulders as [client #1] was hitting [former DSP] in the back of his head. [DSP # 7] stated she could not tell if [former DSP] was pushing [client #1] against the wall while [client #1] was hitting [former DSP] in the back of the head.</p> <p>[DSP #7] stated she stepped between [client #1] and [former DSP] and asked [client #1] to go to his room.</p> <p>[DSP #7] stated she and [DSP #2] sat in [client</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G723	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/15/2024
--	---	--	---

NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP COD 13009 HORIZON DR MEMPHIS, IN 47143
---	---

(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>#1's] room with him to help him calm down. [DSP #7] stated after shift change, she noticed [client #1's] left hand looked injured, called nurse [name] who instructed [client #1] be taken to [name] Hospital and [DSP #7] transported him.</p> <p>[Client #1] [Client #1] stated he had been sitting on the back porch when he saw a flash from [former DSP's] phone. [Client #1] stated he did not see [former DSP]'s phone screen but assumed [former DSP] had taken a picture of him and posted it on Snapchat. [Client #1] could not say how he knew it was posted on Snapchat, but knew Snapchat was an app to take pictures and call or text people on because he had used Snapchat before he moved into the group home. [Client #1] stated he went into the house to his bedroom and [DSP #7], and [DSL] all came to his room to talk to him and calm him down and they left his bedroom shutting his bedroom door. [Client #1] stated [former DSP] then came to his room, opened his door, and started making comments to him about not getting to go on his outing or family reunion. [Client #1] stated he told [former DSP] to leave him alone and to get out of his room, but [former DSP] just stood in the doorway giving him dirty looks. [Client #1] stated he got even more mad, stood up, and started hitting [former DSP] in the face and [former DSP] did nothing but stand there. [Client #1] denied [former DSP] pushing him up against the wall. [Client #1] stated, [DSP #7], and [DSL] got [client #1] away from [former DSP] and into his bedroom and [former DSP] left. [Client #1] stated, [DSP #7], and [DSL] checked on him again and [DSP #7] took him to the ER to have</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G723	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/15/2024
--	---	--	---

NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP COD 13009 HORIZON DR MEMPHIS, IN 47143
---	---

(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>his hand checked because he had hit [former DSP]. [Client #1] stated he had no breaks.</p> <p>[Former DSP] [Former DSP] stated he, [client #1], and [client #4] were out back enjoying the day when he ([former DSP]) got a phone call. [Former DSP] stated he pulled his phone out to check who called and [client #1] thought he was taking his picture. [Former DSP] denied taking [client #1's] picture and stated he tried explaining to [client #1] he was just checking his phone to see who called. [Former DSP] stated [client #1] started getting verbally aggressive towards him and he tried to redirect [client #1] inside to calm down. [Former DSP] stated once inside, [client #1] went to his room for a bit. [Former DSP] stated he went to check on [client #1] to see if he had calmed down and wanted to come join the others. [Former DSP] stated as soon as he opened the door, [client #1] started yelling and punching him, but other staff intervened immediately. [Former DSP] denied pushing [client #1] up against the wall when [client #1] was punching him, but stated he did have his hands up, as he attempted to block the hits. [Former DSP] denied telling [client #1] he could not go to his family reunion.</p> <p>Factual Findings: ...[client #1] stated he became upset when he saw a flash from [former DSP]'s phone and that [former DSP] had taken his picture and posted it on Snapchat, but it was deleted.</p> <p>No staff witnessed [former DSP] take pictures or put pictures of clients on Snapchat.</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G723	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/15/2024
--	---	--	---

NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP CODE 13009 HORIZON DR MEMPHIS, IN 47143
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>[Former DSP's] phone log indicated he had received the following calls on 8/8/24: -Incoming call at 2:49 PM for 51 seconds, incoming call at 3:35 PM for 1 minute, missed call at 4:07 PM and missed call at 6:41 PM.</p> <p>[Client #1] could not state how he knew [former DSP] posted a picture of him on Snapchat.</p> <p>[Former DSP] denied taking [client #1's] picture stating he had received a call and was checking his phone to see who called.</p> <p>[Client #1] stated he went to his bedroom and when [former DSP] came to his bedroom, he was still mad at [former DSP] and started punching [former DSP] in the head.</p> <p>[DSP #7] stated she went to the hallway to see what was going on and she saw [former DSP] standing in front of [client #1] and [former DSP] had his head down. [DSP #7] stated [client #1] had his back to the wall and [former DSP] had his hands on [client #1's] shoulders as [client #1] was hitting [former DSP] in the back of his head.</p> <p>[Client #1] and [former DSP] denied [former DSP] had his hands on [client #1's] chest or pushed [client #1] into the wall.</p> <p>[Client #1] did not have any redness or marks on his chest or back.</p> <p>A review of ER discharge paperwork indicated no fractures or dislocation and to apply ice and NSAID PRN (Nonsteroidal Anti-Inflammatory Drugs as needed)...</p> <p>Conclusion:</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G723	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 11/15/2024
NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN			STREET ADDRESS, CITY, STATE, ZIP COD 13009 HORIZON DR MEMPHIS, IN 47143		
(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 0214 Bldg. 00	<p>It is unsubstantiated [former DSP] physically abused [client #1]."</p> <p>The allegation of abuse and exploitation was not reported to BDS.</p> <p>The QAC (Quality Assurance Coordinator) was interviewed on 11/14/24 at 1:04 PM. The QAC indicated the incident occurring on 8/7/24 was reported to BDS as client to staff physical aggression. The QAC indicated the BDS report did not mention alleged abuse and exploitation due to the information being discovered during the investigation. The QAC indicated one of the staff witnessed the former DSP putting his hands on client #1 and the former DSP was placed on suspension and an investigation was started. The QAC stated, "We determined through the internal investigation there was no foul play. It was unsubstantiated. If the investigation had substantiated the suspected abuse, we would have reported to BDS." The QAC indicated it was determined the DSP was protecting himself when client #1 was hitting him by putting his hands up in self defense using a YSIS (You're safe, I'm safe physical intervention technique) block. The QAC stated, "we always report and suspected ANE (abuse, neglect and exploitation) to BDS."</p> <p>The QAM (Quality Assurance Manager) was interviewed on 11/14/24 at 1:24 PM. The QAM indicated all reports of suspected ANE should be reported immediately to BDS.</p> <p>9-3-2(a) 483.440(c)(3)(iii) INDIVIDUAL PROGRAM PLAN</p> <p>Based on observation, record review and</p>	W 0214	Facility Number: 004615	01/16/2025	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G723	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/15/2024
--	---	--	---

NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP COD 13009 HORIZON DR MEMPHIS, IN 47143
---	---

(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>interview for 2 of 2 sampled clients (#1 and #2), the facility failed to ensure clients #1 and #2 were assessed to determine the need for personal care products and household chemicals to be locked.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 11/13/24 from 3:49 PM to 7:50 PM and on 11/14/24 from 6:33 AM to 8:17 AM.</p> <p>On 11/13/24 at 3:55 PM, the QIDP (Qualified Intellectual Disabilities Professional) was asked if there were any rights restrictions in the home. The QIDP indicated there were door and window alarms, sharps, van keys, and cleaners locked. The QIDP confirmed with DSP (Direct Support Professional) #1 the household chemicals were locked in the closet by the front door. At 5:00 PM, client #1 finished eating dinner. Client #1 put his dishes away and said he was going to brush his teeth. Client #1 entered the living room with his toothbrush. DSP (Direct Support Professional) #3 unlocked the office and came out into the living room with a tube of toothpaste. Client #1 held his toothbrush out as DSP #3 applied toothpaste to his toothbrush. Client #1 went to the bathroom to brush his teeth. At 5:20 PM, client #2 entered the living room with his toothbrush and held it out as DSP #3 applied toothpaste to his toothbrush. Client #2 went to the bathroom to brush his teeth.</p> <p>On 11/14/24 at 7:44 AM, clients #1 and #2 sat at the kitchen table eating breakfast. DSP #3 entered the kitchen and indicated he had their shampoo and body wash ready for showers. Two medication cups full of liquid soap were sitting on the table in the living room. At 7:50 AM, DSP #3 stood outside the med room holding a tube of</p>		<p>AIM Number:200528230 CNN/Provider Number: 15G723</p> <p>SURVEY EVENT ID X8M611 13009 Horizon Dr, Memphis</p> <p>W214 Individual Program Plan CFR(s): 483.440(c)(3)(iii)</p> <p>The QIDP will be retrained on making sure clients are assessed to determine the need for personal care products and household chemicals to be locked up. The QIDP will complete the CFA to determine the client's needs.</p> <p>Persons Responsible: AED, Quality Assurance Manager, QA Coordinator/QIDP Manager, Program Manager, Area Supervisor, QIDP, Direct Support Lead, and DSP.</p> <p>DATE OF COMPLETION: January 15, 2025</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G723	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/15/2024
--	---	--	---

NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP COD 13009 HORIZON DR MEMPHIS, IN 47143
---	---

(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>toothpaste ready to dispense onto clients toothbrushes.</p> <p>Client #1's record was reviewed on 11/14/24 at 11:11 AM.</p> <p>Client #1's ISP (Individual Support Plan), dated 3/6/24, indicated the following restrictions: "...Freedom to full access to personal property-funds..., freedom of movement (supervision)..., Access to sharps in the home..., freedom from living in a safe environment (window and door alarms)..., freedom from use of psychotropic medications...."</p> <p>Client #1's BSP (Behavior Support Plan), dated 9/30/24, indicated, "...House Restrictions: Community Outings...weekly room sweeps...alarms...private rooms...door and window alarms...personal belongings: [Client #1] will not be allowed to share/trade/sell his belongings with housemates, peers, or staff due to high risk of exploitation...Kitchen Utensils...."</p> <p>Client #1's plans did not include a restriction for personal care products and household chemicals to be locked.</p> <p>Client #1's CFA (Comprehensive Functional Assessment) dated 3/4/24, indicated, "...Toothbrushing:...Applies toothpaste and brushes teeth...Safety at home:...Can independently utilize household chemicals in a safe manner. O is circled indicating no with a written note reading 'not allowed'...."</p> <p>Client #2's record was reviewed on 11/14/24 at 9:30 AM.</p> <p>Client #2's ISP, dated 10/5/24, indicated the</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G723	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 11/15/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP COD 13009 HORIZON DR MEMPHIS, IN 47143
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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>following restrictions: "...Freedom to full access to personal property-funds..., freedom of movement (supervision)...,freedom from use of psychotropic medications..., Access to sharps in the home..., freedom from living in a safe environment (window and door alarms)...."</p> <p>Client #2's BSP, dated 10/5/24, indicated, "...Client Specific Restrictions: Shoe Restriction... House Restrictions: weekly room sweeps...private rooms...alarms...Kitchen Utensils...House Television Content, Personal Belongings [client #2] will not be allowed to share/trade/sell his belongings with his housemates, peers, or staff due to high risk of exploitation...Community Outings...."</p> <p>Client #2's plans did not include a restriction for personal care products and house hold chemicals to be locked.</p> <p>Client #2's CFA dated 9/20/24, indicated, "Toothbrushing:...Applies toothpaste and brushes teeth...Safety at home:...Can independently utilize household chemicals in a safe manner. O is circled indicating no...."</p> <p>The QIDP was interviewed on 11/14/24 at 10:04 AM. The QIDP indicated the household chemicals and personal care products have always been locked at the home. The QIDP was asked why the personal care products were locked. The QIDP stated, "It's protocol for the house to make sure they aren't running out. I don't know why they are locked, they have always been locked for the ESN (Extensive Support Needs) homes." The QIDP indicated clients have not been assessed to indicate their ability to safely use toothpaste, shampoo, body wash or household chemicals.</p>			

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

PRINTED: 01/03/2025
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G723	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 11/15/2024
NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN			STREET ADDRESS, CITY, STATE, ZIP COD 13009 HORIZON DR MEMPHIS, IN 47143		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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	
	The PM (Program Manager) was interviewed on 11/14/24 at 10:04 AM. The PM indicated clients have access to personal care products and household chemicals. The PM stated, "If they (clients) ask, they can have it (for personal care products). We never give access to chemicals to keep them safe." The PM was asked if clients have keys to the med room and locked closet to access the products. The PM stated, "No." 9-3-4(a)				