

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G811	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	(X3) DATE SURVEY COMPLETED 09/07/2022
NAME OF PROVIDER OR SUPPLIER RES-CARE INC		STREET ADDRESS, CITY, STATE, ZIP COD 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135		
(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 a Post Certification Revisit (PCR) to the PCR completed on 8/9/22 to the pre-determined full recertification and state licensure survey completed on 6/9/22.</p> <p>Dates of Survey: 8/29/22, 9/6/22 and 9/7/22.</p> <p>Facility Number: 013405 Provider Number: 15G811 AIMS Number: 201267570</p> <p>This deficiency also reflects a state finding in accordance with 410 IAC 16.2-5. Quality Review of this report completed by #15068 on 9/15/22.</p>	W 0000		
W 0125 Bldg. 00	<p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>Based on observation, record review, and interview for 1 additional client (#19), the facility failed to ensure client #19's rights were not infringed upon after meeting discharge requirements for alternative placement options.</p> <p>Findings include:</p> <p>An observation was conducted on 9/6/22 from 5:00 pm to 6:00 pm with client #19 present from 5:35 pm to 6:00 pm.</p>	W 0125	<p>CORRECTION: <i>The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</i> The interdisciplinary team has informed the Bureau of Developmental Disability Services</p>	09/30/2022

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

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosed days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>On 9/6/22 at 5:35 pm, client #19 walked into the recreation center dining room. Client #19 stood in one place and swayed from side to side. Client #19 leaned to the side and stumbled to the side several times. Client #19 lifted his shirt and rubbed his stomach. At 5:38 pm, client #19 was prompted to wash his hands for his evening meal. Client #19 shouted, "No." Client #19 sat down in a chair at a dining table. Client #19 was prompted twice more to wash his hands but refused. Client #19 stood up and wandered around the room. At 5:46 pm, client #19 was prompted to use his junior spoon to scoop pureed pizza from a serving dish onto his plate. Client #19 refused vegetable soup. Client #19 used a divided dish and a junior spoon. Registered Nurse (RN) #1 observed client #19 while he ate and prompted him to slow down and to take a drink.</p> <p>Client #19's record was reviewed on 9/6/22 at 4:11 pm.</p> <p>Client #19's Individual Support Plan (ISP) dated 8/17/22 indicated the following:</p> <p>"Individual Profile: [Client #19's] [family members] are deceased. He is 1 of 4 siblings. His oldest [family member] is his guardian.... [Client #19] lacks the ability to clearly verbalize his needs and wants. He can express his wants by yelling, 'tea,' 'coffee,' 'coke,' 'snack,' and by grabbing staff to direct them to his desired location/item....</p> <p>Discharge Criteria: The IDT (Interdisciplinary Team) agrees to review [client #19's] Discharge Criteria on a quarterly basis."</p> <p>An IDT meeting note dated 8/17/22 indicated the following:</p> <p>"Purpose of Meeting: Annual ISP/Next Step Meeting.... Meeting Minutes: Team Discussed new ISP, goal areas, and goals. Team discussed new BSP (Behavior Support Plan) regarding</p>	<p>of the need to locate a residential setting that meets Client 19's developmental and behavioral needs with an appropriately matched peer group.</p> <p>PREVENTION: The IDT will meet with Client #19's team along with BDDS to discuss transitions to a residential setting that will meet developmental and behavioral needs appropriately. The IDT will assist with educating Client #19's team. The IDT team will continue to follow up and monitor and address the individuals' rights.</p> <p>For the next 30 days, members of the Operations Team will conduct daily administrative monitoring during varied shifts/times, to assure interaction with multiple staff, involved in a full range of active treatment scenarios, including weekend observations. After 30 days, administrative monitoring will occur no less than three times weekly until all staff demonstrate competence. After this period of enhanced administrative monitoring and support, the Executive Director and Regional Director will determine the level of ongoing support needed at the facility. Current Operations Team members received training from the Operations Support Specialist to assure a clear understanding of</p>		

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	<p>targeted behaviors, behavior goals, behavior medications....</p> <p>Been participating more with groups and having lunch in the rec (recreation) room, goes on the daily van rides.</p> <p>Purchase him new clothes w/ (with) his money.</p> <p>What would the future look like for [client #19].</p> <p>[Guardian] said he thinks the placement he is at is perfect, he's aging and [guardian] wants him to be in a lock down facility. Said he has a peace of mind knowing [client #19] can't run.</p> <p>[Client #19] no longer meets level of care in this facility, and he will need to be transitioned to another facility.</p> <p>Discussed that he could still have a 1:1 (one to one) staff and could get a monitor for location tracking and still receive nursing supports.</p> <p>[Guardian] said he agrees and disagrees with our recommendation about meeting discharge criteria, but he doesn't want to discuss it right now....</p> <p>Doesn't want to schedule another meeting until the quarterly.</p> <p>[Bureau of Developmental Disabilities Services (BDDS) case manager] is going to talk to his supervisor about [guardian] not wanting to discuss [client #19] moving out.</p> <p>Next meeting date and time: November 16, 2022 at 10:30 am."</p> <p>An IDT meeting note dated 8/11/21 indicated the following:</p> <p>"Purpose of Meeting: Annual Meeting....</p> <p>Meeting Minutes: Discussed ISP, goals, etc....</p> <p>Behavioral Data: Discussed Medical High Risk</p> <p>Plans: Discussed.... Recommendations: BDDS to send alternative placement info (information)...."</p> <p>An IDT note dated 6/22/22 indicated the following:</p> <p>"Purpose of meeting: Follow up on next step from</p>		<p>administrative monitoring as defined below.</p> <ul style="list-style-type: none"> · The role of the administrative monitor is not simply to observe & Report. · When opportunities for training are observed, the monitor must step in and provide the training and document it. · If gaps in active treatment are observed the monitor is expected to step in and model the appropriate provision of supports. · Assuring the health and safety of individuals receiving supports at the time of the observation is the top priority. · Review all relevant documentation, providing documented coaching and training as needed <p>Administrative oversight will include assuring that clients are placed in a socially and developmentally appropriate environment.</p> <p>The team has scheduled and documented several IDT's held with BDDS and the individual's guardians. At this point the guardians are refusing to consider or allow change of placement for this individual as they feel this is the least restrictive environment for him. The facility continues to meet with BDDS and guardians to facilitate eventual change of placement.</p>	

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	<p>CRMNF (Comprehensive Rehabilitative Management Needs Facility).</p> <p>Meeting Minutes:</p> <p>... Families (sic) biggest concern is that he is non-verbal and can't communicate abuse or neglect if he moves.</p> <p>Family said they would never agree for [client #19] to move unless it is in a locked facility.</p> <p>Family states they will get a lawyer involved to keep [client #19] here....</p> <p>Waiting on next step meeting from BDDS."</p> <p>Program Manager (PM) #1 was interviewed on 9/6/22 at 4:15 pm and stated, "We had a meeting on 8/17/22 with [client #19's] brother. BDDS was involved. The guardian is adamant about not wanting him to move out. [BDDS] emailed a week later and asked for notes. He was getting his supervisor involved. [Guardian] does not want him discharged." PM #1 stated, "[Client #19] is not appropriately placed."</p> <p>This deficiency was cited on 6/9/22 and on 8/9/2022. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>5-1.2(6)</p>		<p>RESPONSIBLE PARTIES: QIDP, Residential Manager, Direct Support Staff, Operations Team, Regional Director, Operations Support Specialist, Executive Director</p> <p>CORRECTIONS COMPLETED BY: 09/30/22</p>	