STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G749	A. BUILDING 00 B. WING	07/15/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
RES CARE SOUTHEAST INDIANA	16613 SIMA GRAY RD HENRYVILLE, IN 47126

(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	This visit was for the investigation of complaint #IN00299830. Complaint #IN00299830: Substantiated, Federal and State deficiencies related to the allegation(s) are cited at W149, W154 and W156. Date of survey: 7/11/19, 7/12/19 and 7/15/19. Facility Number: 011595 Provider Number: 15G749 AIMS Number: 200905630 These deficiencies reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 7/23/19.	W 0000		
W 0149 Bldg. 00	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 1 of 4 incident reports reviewed affecting client A, the facility failed to implement its policies and procedures for conducting a thorough investigation of an incident where client A used a knife to cut his left forearm. Findings include: On 7/11/19 at 2:33 PM, a review of the Bureau of Developmental Disabilities Services (BDDS) incident reports was conducted. A BDDS incident report dated 6/30/19 indicated, "It was reported that [client A] got a knife that had been	W 0149	W149 Staff treatment of clients CFR 483.420(d)(1): 1. The facility purchased and provided lockable sharps containers that will be used to transport sharps from secured cabinet to kitchen for use and when the task is complete staff will return the sharps box to the secured cabinet. 2. All Staff will be retrained on sharps restriction by the QIDP. 3. If the sharps container is	08/14/2019

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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	used for food prep (preparation), took the knife to the restroom and cut his left forearm. [Client A] was taken to the ER (emergency room) for treatment. [Client A] told the Dr (doctor) that he was trying to kill himself. [Client A] received sutures for a one inch cut". There was no documentation of an investigation. The BDDS report did not indicate who was working at the time of the incident. There was no documentation client A and the staff present as well as client A's peers were interviewed. There was no documentation client A's Behavior Support Plan (BSP) was reviewed to ensure the staff implemented the plan as written. On 7/11/19 at 2:45 PM, the Quality Assurance Manager (QAM) indicated a recent incident involving client A using a knife to harm himself had occurred. The QAM indicated the investigation was started, but a peer review was needed. No documentation of a completed investigation was available for review. On 7/12/19 at 5:26 PM, the Investigative Summary dated June 28 through July 9, 2019 was received for review. Review of the investigative summary on 7/15/19 at 9:33 AM, indicated two aspects for the investigation to determine: First, "Determine if a knife was left where it could be obtained by clients" and second, "Determine if [client A] obtained the knife and cut himself". The investigative summary indicated three substantiated findings under the conclusion; 1) "[staff #11] left a knife in the kitchen unattended", 2) "[client A] entered the kitchen without staff" and 3) "[client A] obtained the knife from the kitchen, took it to the bathroom and made a one-inch cut in his left forearm".		damaged or fails to lock the Area Supervisor will be notified immediately and the sharps container will be replaced. **Persons Responsible:** QIDP, Residential Manager, Area Supervisor, and Program Manager. **DATE OF COMPLETION:** August 14, 2019	

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	On 7/12/19 at 11:44 AM, a review of client A's record was completed. -Behavior Support Plan (BSP) dated 6/29/19 indicated, "Restriction of unlimited access to eating utensils and inedible objects: Due to an incident of stabbing himself with a fork, forks and knives will be locked in the sharps box when not in use during meals. [Client A] will only be able to use larger spoons when necessary. Staff will utilize a toilet paper cardboard roll to determine if the item is large enough for [client A] to receive it. If the item fits within the cardboard roll or can be stuffed within it, [client A] will not have access to the item". -Emergency room consultation form dated 6/28/19 indicated, "Patient instruction reviewed: Suicide Prevention, Laceration and Care for Stitches. Patient should follow up with his mental health provider soon. Sutures should be removed in 10 days ....". On 7/12/19 at 12:51 PM, the Reporting and Investigating Abuse, Neglect, Exploitation, Mistreatment or Violation of an Individual's Rights policy dated 6/28/19 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". On 7/11/19 at 6:03 PM, staff #4 was interviewed. Staff #4 was asked what occurred surrounding the event of client A using a knife to cut his left			

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	forearm. Staff #4 stated, "I was not here, but a coworker said [staff #8] and [staff #7] were in the office with him (client A). [Staff #11] used the knife cooking and laid it down on the counter. He (client A) came out of the office mad, must have seen it and told [staff #11] he needed to use the bathroom. She (staff #11) had gone to the sofa, but he had gone to the bathroom and then came out dripping blood". On 7/11/19 at 5:15 PM, the Nurse was interviewed. The Nurse was asked if locking sharp objects was an identified restriction for client A. The Nurse stated, "I'm confident that sharps is identified in his plan (restriction)". The Nurse was asked if client A should have sustained a self-inflicted laceration to his left forearm by using a knife. The Nurse stated, "Correct that should not have happened. I'm not sure what the circumstances were around it, but an injury like that should not have occurred". On 7/11/19 at 6:54 PM, the Program Director (PD) was interviewed. The PD was asked if client A should have had access to a knife to be able to cause a self-inflicted injury to his left forearm. The PD indicated client A should not have had access to a knife. On 7/12/19 at 12:36 PM, the Qualified Intellectual Disability Professional (QIDP) was interviewed. The QIDP was asked if client A should have had access to a knife to be able to cause a self-inflicted injury to his left forearm. The QIDP stated, "He caught the lady (staff #11) not using the knife and took it to the bathroom to cut himself. I think she was not paying attention and should have known better. You can see on the HRPs (health risk plans) and plans that he has a sharps restriction. Apparently she was not paying			

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	attention and the plans were not implemented". This federal tag relates to complaint #IN00299830. 9-3-2(a)			
W 0154 Bldg. 00	483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated. Based on record review and interview for 1 of 4 incident reports reviewed affecting client A, the facility failed to conduct a thorough investigation of an incident where client A used a knife to self-inflict harm by cutting his left forearm. Findings include: On 7/11/19 at 2:33 PM, a review of the Bureau of Developmental Disabilities Services (BDDS) incident reports was conducted. A BDDS incident report dated 6/30/19 indicated, "It was reported that [client A] got a knife that had been used for food prep (preparation), took the knife to the restroom and cut his left forearm. [Client A] was taken to the ER (emergency room) for treatment. [Client A] told the Dr (doctor) that he was trying to kill himself. [Client A] received sutures for a one inch cut". There was no documentation of an investigation. The BDDS report did not indicate who was working at the time of the incident. There was no documentation client A and the staff present as well as client A's peers were interviewed. There was no documentation client A's Behavior Support Plan (BSP) was reviewed to ensure the staff implemented the plan as written. On 7/11/19 at 2:45 PM, the Quality Assurance	W 0154	W154 Staff treatment of clients CFR483.420(d)(3): 1. The Quality Assurance Department will ensure all investigations are completed in accordance with the policies of ResCare, local, state and federal guidelines. 2. The Quality Assurance Manager will be retrained by the Executive Director on the local, state and federal guidelines for investigations of ANE. 3. The Quality Assurance Manager will train the Quality Assurance Department on the local, state and federal guidelines for investigations of ANE. **Persons Responsible:** Executive Director, Quality Assurance Manager. **DATE OF COMPLETION: August 14, 2019**	08/14/2019

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	Manager (QAM) indicated a recent incident involving client A using a knife to harm himself had occurred. The QAM indicated the investigation was started, but a peer review was needed. No documentation of a completed investigation was available for review. On 7/12/19 at 5:26 PM, the Investigative Summary dated June 28 through July 9, 2019 was received for review. Review of the investigative summary on 7/15/19 at 9:33 AM, indicated two aspects for the investigation to determine: First, "Determine if a knife was left where it could be obtained by clients" and second, "Determine if [client A] obtained the knife and cut himself". The investigative summary indicated three substantiated findings under the conclusion; 1) "[staff #11] left a knife in the kitchen unattended", 2) "[client A] entered the kitchen without staff" and 3) "[client A] obtained the knife from the kitchen, took it to the bathroom and made a one-inch cut in his left forearm". On 7/12/19 at 11:44 AM, a review of client A's record was completed. -Behavior Support Plan (BSP) dated 6/29/19 indicated, "Restriction of unlimited access to eating utensils and inedible objects: Due to an incident of stabbing himself with a fork, forks and knives will be locked in the sharps box when not in use during meals. [Client A] will only be able to use larger spoons when necessary. Staff will utilize a toilet paper cardboard roll to determine if the item is large enough for [client A] to receive it. If the item fits within the cardboard roll or can be stuffed within it, [client A] will not have access to the item". -Emergency room consultation form dated 6/28/19			

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	indicated, "Patient instruction reviewed: Suicide Prevention, Laceration and Care for Stitches. Patient should follow up with his mental health provider soon. Sutures should be removed in 10 days ....". On 7/11/19 at 6:03 PM, staff #4 was interviewed. Staff #4 was asked what occurred surrounding the event of client A using a knife to cut his left forearm. Staff #4 stated, "I was not here, but a coworker said [staff #8] and [staff #7] were in the office with him (client A). [Staff #11] used the knife cooking and laid it down on the counter. He (client A) came out of the office mad, must have seen it and told [staff #11] he needed to use the bathroom. She (staff #11) had gone to the sofa, but he had gone to the bathroom and then came out dripping blood". On 7/11/19 at 5:15 PM, the Nurse was interviewed. The Nurse was asked if locking sharp objects was an identified restriction for client A. The Nurse stated, "I'm confident that sharps is identified in his plan (restriction)". The Nurse was asked if client A should have sustained a self-inflicted laceration to his left forearm by using a knife. The Nurse stated, "Correct that should not have happened. I'm not sure what the circumstances were around it, but an injury like that should not have occurred". On 7/11/19 at 6:54 PM, the Program Director (PD) was interviewed. The PD was asked if client A should have had access to a knife to be able to cause a self-inflicted injury to his left forearm. The PD indicated client A should not have had access to a knife. On 7/12/19 at 12:36 PM, the Qualified Intellectual Disability Professional (QIDP) was interviewed.			

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	The QIDP was asked if client A should have had access to a knife to be able to cause a self-inflicted injury to his left forearm. The QIDP stated, "He caught the lady (staff #11) not using the knife and took it to the bathroom to cut himself. I think she was not paying attention and should have known better. You can see on the HRPs (health risk plans) and plans that he has a sharps restriction. Apparently she was not paying attention and the plans were not implemented". This federal tag relates to complaint #IN00299830. 9-3-2(a)			
W 0156 Bldg. 00	483.420(d)(4) STAFF TREATMENT OF CLIENTS The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law within five working days of the incident. Based on record review and interview for 1 of 1 allegation of abuse, neglect and mistreatment reviewed affecting client A, the facility failed to report the results and recommendations of an investigation regarding client A's use of a knife on 6/28/19 to self-inflict harm to the administrator within 5 business days. Findings include: On 7/11/19 at 2:33 PM, a review of the Bureau of Developmental Disabilities Services (BDDS) incident reports was conducted. A BDDS incident report dated 6/30/19 indicated, "It was reported that [client A] got a knife that had been used for food prep (preparation), took the knife to the restroom and cut his left forearm. [Client A] was taken to the ER (emergency room) for	W 0156	W156 Staff treatment of clients CFR483.420(d)(4): 1. The Quality Assurance Department will ensure all investigations are reported to the administrator, designate representative or other officials in accordance with the policies of ResCare, local, state and federal guidelines. 2. The Quality Assurance Manager will be trained by the Executive Director on the local, state and federal guidelines for investigations of ANE. 3. The Quality Assurance Manager will train the Quality	08/14/2019

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	treatment. [Client A] told the Dr (doctor) that he was trying to kill himself. [Client A] received sutures for a one inch cut". On 7/11/19 at 2:45 PM, the Quality Assurance Manager (QAM) indicated a recent incident involving client A using a knife to harm himself had occurred. The QAM indicated the investigation was started, but a peer review was needed. No documentation of a completed investigation was available for review. On 7/12/19 at 5:26 PM, the Investigative Summary dated June 28 through July 9, 2019 was received for review. Review of the investigative summary on 7/15/19 at 9:33 AM, indicated two aspects for the investigation to determine: First, "Determine if a knife was left where it could be obtained by clients" and second, "Determine if [client A] obtained the knife and cut himself". The investigative summary indicated three substantiated findings under the conclusion; 1) "[staff #11] left a knife in the kitchen unattended", 2) "[client A] entered the kitchen without staff" and 3) "[client A] obtained the knife from the kitchen, took it to the bathroom and made a one-inch cut in his left forearm". This investigation was not completed within five working days. On 7/11/19 at 6:54 PM, the Program Director (PD) was interviewed. The PD was asked if the investigation should be completed with five working days. The PD indicated the investigation should be completed within 5 working days. This federal tag relates to complaint #IN00299830. 9-3-2(a)		Assurance Department on the local, state and federal guidelines for investigations of ANE. **Persons Responsible:** Executive Director, Quality Assurance Manager. **DATE OF COMPLETION:** August 14, 2019	