

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G193	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  12/15/2016
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NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP CODE 13711 BENNETTSVILLE RD MEMPHIS, IN 47143
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W 0000  Bldg. 00	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Dates of Survey: 12/12/16, 12/13/16, 12/14/16 and 12/15/16</p> <p>Facility Number: 000723 Provider Number: 15G193 AIMS Number: 100234760</p> <p>This deficiency reflects state findings in accordance with 460 IAC 9.</p> <p>Quality review of this report was completed on January 3, 2017 by #09182.</p>	W 0000		
W 0154  Bldg. 00	<p>483.420(d)(3) STAFF TREATMENT OF CLIENTS</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on record review and interview for 2 of 2 allegations of abuse, neglect, mistreatment and injuries of unknown origin reviewed, the facility failed to ensure two separate incidents of client to client aggressing regarding client #1 were thoroughly investigated.</p>	W 0154	<p><b>W154:</b> The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p><b>Corrective Action: (specific):</b> The Quality Assurance Manager will be re-trained on the Operation Standard for reporting and investigating allegations of abuse,</p>	01/15/2017

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

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 12/12/16 at 1:06 PM. The review indicated the following:</p> <p>1. BDDS report dated 9/9/16 indicated, "On 9 September, 2016 [Client #1] was participating in job activities in the sheltered workshop. At approximately 9:30 AM he approached another consumer from behind and struck her hard in the back of the head with his open hand. A nearby staff then intervened and took [client #1] to the office of the Work Services Manager (WSM). No emergency safety physical intervention was needed. [Client #1] did not offer any explanation for his action. The other client was not seen to have aggressed towards [client #1]. The WSM placed [client #1] on in-house suspension in the client lounge and called his home to pick him up.. Staff arrived from [client #1's] home shortly thereafter and the WSM informed them [client #1] would be on suspension until 14 September."</p> <p>- There were no investigations to review for the 9/9/16 incident regarding client #1.</p>		<p>neglect, exploitation, mistreatment or violation of a client's rights and ensuring that all incidents that require an investigation per policy including those that occur at workshop are thoroughly investigated.</p> <p><b>How other will be identified (systemic):</b> The Program Manager will meet with the Quality Assurance Manager at least weekly for the next 30 days to review incident reports for the home and ensure that investigations are completed for all incidents that require an investigation.</p> <p><b>Measures to be out in the place:</b> The Quality Assurance Manager will be re-trained on the Operation Standard for reporting and investigating allegations of abuse, neglect, exploitation, mistreatment or violation of a client's rights and ensuring that all incidents that require an investigation per policy including those that occur at workshop are thoroughly investigated.</p> <p><b>Monitoring of corrective Action:</b> The Program Manager will meet with the Quality Assurance Manager at least weekly for the next 30 days to review incident reports for the home and ensure that investigations are completed for all incidents that require an investigation.</p>				

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	<p>2. BDDS report dated 9/22/16 indicated, "[Client #1] was agitated due to being ask (sic) to shared the CD player. When he became upset he approached consumer and housemate and hit him with an open hand between the shoulder blades. No mark was left and [client #1] was able to calm himself and apologize without the need for intervention."</p> <p>- There were no investigations to review for the 9/22/16 incident regarding client #1.</p> <p>Quality Assurance (QA) #1 was interviewed on 12/12/16 at 1:15 PM. QA #1 indicated the facility did not conduct an investigation for the incidents because they occurred at the workshop.</p> <p>Workshop Social Services Manager (WSSM) was interviewed on 12/13/16 at 9:32 AM. WSSM indicated the workshop would not have conducted the investigations. WSSM indicated the workshop reported to the facility and to BDDS (Bureau of Developmental Disabilities Services) the issues with client #1.</p> <p>Program Manager (PM) #1 was interviewed on 12/14/16 at 10:06 AM. PM #1 indicated all allegations of abuse, neglect, mistreatment or IUO (Injuries of</p>		Completion Date: 1/15/2017				

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	Unknown Origin) should be thoroughly investigated.  9-3-2(a)				