

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G157	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  05/21/2021
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NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP CODE 3011 APACHE DR JEFFERSONVILLE, IN 47130
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W 0000  Bldg. 00	<p>This visit was for the investigation of complaint #IN00349419.</p> <p>Complaint #IN00349419: Substantiated, Federal and State deficiencies related to the allegation(s) are cited at W149 and W186.</p> <p>Survey Dates: 5/20/21 and 5/21/21.</p> <p>Facility Number: 000693 Provider Number: 15G157 AIMS Number: 100234510</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 6/10/21.</p>	W 0000		
W 0149  Bldg. 00	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS</p> <p>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 5 incident reports affecting clients A, B, C, D, E, F, G and H, the facility failed to implement its policy and procedures for prohibiting abuse, neglect, exploitation, mistreatment or violation of an individual's rights when staffing coverage was not provided on 3/10/21 from 11 PM to 7:30 AM on 3/11/21.</p> <p>Findings include:</p> <p>On 5/20/21 at 4:42 PM, a review of the Bureau of Developmental Disabilities Services (BDDS) incident reports and accompanying Investigative</p>	W 0149	<p>The Program Manager will ensure the Area Supervisor and Residential Manager retrain staff on the Abuse, Neglect and Exploitation Policy and disciplinary action will be given if the policy is not followed.</p> <p>Area Supervisor and Residential Manager will ensure that the Abuse, Neglect and Exploitation Policy is followed.</p> <p>Monitoring of Corrective Action:</p>	06/20/2021

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>Summaries was completed. The reports indicated:</p> <p>-BDDS report dated 3/11/21 indicated, "It was reported staff [staff #6] was scheduled to work 12:00 AM to 8:00 AM at the group home. [Staff #6] did not report to his shift, which left clients unsupervised during this time frame".</p> <p>Investigation summary dated 3/11/21 through 3/12/21 indicated, "An investigation was initiated after it was reported staff did not show up for a scheduled shift, resulting in clients exceeding their allotted amount of alone time ... Conclusion: It is unsubstantiated [staff #6] was intentionally negligent by being a no call, no show for his shift on 3/11/2021".</p> <p>On 5/20/21 at 6:07 PM the team leader (TL) was interviewed. The TL was asked about the incident of staff #6 failing to report to his shift reported on 3/11/21. The TL stated, "He's worked for me before. He misunderstood the shifts. He said it was a miscommunication. He picked up a 2nd shift in a second house". The TL stated, "I had not confirmed he was coming in. The girls (clients) texted me at 7 AM that nobody was here". The TL was asked who the previous shift staff was and why they left. The TL stated, "[Staff #2]. I told her it was ok to leave early because the girls had not used all of their alone time". The TL was asked how long the clients A, B, C, D, E, F, G and H were alone. The TL stated, "From 11 PM to 7:30 AM no staff was here". The TL indicated staff #2 left the home prior to the end of her shift around 11 PM, and staff #6 failed to report to his shift leaving clients A, B, C, D, E, F, G and H alone from 11 PM to 7:30 AM.</p> <p>On 5/20/21 at 6:21 PM, the Qualified</p>		<p>The Program Manager, Area Supervisor and Residential Manager will ensure all incidents of possible abuse, neglect and exploitation are reported to the QA department.</p> <p>Persons Responsible: Program Manager, Area Supervisor, Residential Manager, Direct Support Lead</p>				

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	<p>Intellectual Disabilities Professional (QIDP) was interviewed. The QIDP was asked about the incident of staff #6 failing to report to his shift reported on 3/11/21. The QIDP indicated clients A, B, C, D, E, F, G and H's Individual Support Plans were updated to clarify their alone times would need to occur prior to 8 PM. Only the Area Supervisor could approve the use of the clients' alone time after 8 PM. The QIDP stated, "HRC (Human Rights Committee) approval" had been obtained as clients A, B, C, D, E, F, H and G, all clients have 4 to 6 hours of approved alone time within their plans. The QIDP was asked what corrective actions were taken to ensure the miscommunication did not reoccur. The QIDP stated, "[Staff #6] was suspended. They did bring him back (after investigation). I believe all of the Residential Managers were retrained". The QIDP indicated the staff coverage should be maintained and the Abuse, Neglect, Exploitation, Mistreatment, or violation of an Individuals Rights (ANE) policy should be implemented at all times.</p> <p>On 5/21/21 at 3:26 PM the Quality Assurance Manager (QAM) was interviewed. The QAM was asked about the incident noted above and the lack of staffing coverage. The QAM indicated the period of time without staffing coverage was 11 PM on 3/10/21 to 7:30 AM on 3/11/21. The QAM indicated it was determined through investigation that the use of client alone time for the benefit of staff and the lack of staff coverage during the overnight shift was a failure to implement staffing supports for clients A, B, C, D, E, F, G and H. The QAM stated, "It did not happen (staffing supports) the way we expect". The QAM indicated the ANE policy should be implemented at all times.</p>			

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W 0186 Bldg. 00	<p>On 5/21/21 at 12:45 PM, the ANE policy dated 10/16/20 was reviewed. The ANE policy indicated, "ResCare strictly prohibits abuse, neglect, exploitation, mistreatment, or violation of an Individual's rights".</p> <p>This federal tag relates to complaint #IN00349419.</p> <p>9-3-2(a)</p> <p>483.430(d)(1-2) DIRECT CARE STAFF</p> <p>The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans.</p> <p>Direct care staff are defined as the present on-duty staff calculated over all shifts in a 24-hour period for each defined residential living unit.</p> <p>Based on record review and interview for 3 of 3 sampled clients (A, B and C) and 5 additional clients (D, E, F, G and H), the facility failed to provide staffing supports on 3/10/21 from 11 PM to 7:30 AM on 3/11/21.</p> <p>Findings include:</p> <p>On 5/20/21 at 4:42 PM, a review of the Bureau of Developmental Disabilities Services (BDDS) incident reports and accompanying Investigative Summary was completed. The reports indicated:</p> <p>-BDDS report dated 3/11/21 indicated, "It was reported staff [staff #6] was scheduled to work 12:00 AM to 8:00 AM at the group home. [Staff #6] did not report to his shift, which left clients unsupervised during this time frame".</p>	W 0186	<ol style="list-style-type: none"> <li>The Program Manager will conduct a weekly meeting to project needs and plan coverage for open shifts. All Area Supervisors in the New Albany Program, and Residential Managers will attend if available.</li> <li>ResCare New Albany Operation has brought in staff from out of town and, increased wages for DSPs outside of the ICF System including paid travel time bonuses, and mileage.</li> <li>Human Resources has made filling DSP Open shifts a priority, this will continue until vacancies are filled.</li> <li>The Area Supervisor will</li> </ol>	06/20/2021

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	<p>Investigation summary dated 3/11/21 through 3/12/21 indicated, "An investigation was initiated after it was reported staff did not show up for a scheduled shift, resulting in clients exceeding their allotted amount of alone time ... Conclusion: It is unsubstantiated [staff #6] was intentionally negligent by being a no call, no show for his shift on 3/11/2021".</p> <p>On 5/20/21 at 6:07 PM the team leader (TL) was interviewed. The TL was asked about the incident of staff #6 failing to report to his shift. The TL stated, "He's worked for me before. He misunderstood the shifts. He said it was a miscommunication. He picked up a 2nd shift in a second house". The TL stated, "I had not confirmed he was coming in. The girls (clients) texted me at 7 AM that nobody was here". The TL was asked who the previous shift staff was and why they left. The TL stated, "[Staff #2]. I told her it was ok to leave early because the girls had not used all of their alone time". The TL was asked how long clients A, B, C, D, E, F, G and H had been without staffing supports. The TL stated, "From 11 PM to 7:30 AM no staff was here". The TL indicated staff #2 left the home prior to the end of her shift around 11 PM, and staff #6 failed to report to his shift leaving clients A, B, C, D, E, F, G and H alone from 11 PM to 7:30 AM.</p> <p>On 5/20/21 at 6:21 PM, the Qualified Intellectual Disabilities Professional (QIDP) was interviewed. The QIDP was asked about the incident of staff #6 failing to report to his shift reported on 3/11/21. The QIDP indicated clients A, B, C, D, E, F, G and H's Individual Support Plans were updated to clarify their alone times would need to occur prior to 8 PM. Only the</p>		<p>coordinate with ICF Residential Managers to ensure shift coverage. The unfilled shift will be reported to the Program Manager.</p> <p>5. A weekly report is being provided to the hiring manager that will identify open positions and forecast staff gains and losses.</p> <p>6. The Program Manager will in-service the Area Supervisor, Residential Manager, and DSPs on ResCare Shift Coverage procedure, and Shift Coverage Form.</p> <p>Persons Responsible: Program Manager, Human Resource, Quality Assurance, Area Supervisor, Behavior Clinician, QIDP, Residential Manager, and DSP.</p>	

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	<p>Area Supervisor could approve the use of the clients' alone time after 8 PM. The QIDP stated, "HRC (Human Rights Committee) approval" had been obtained as clients A, B, C, D, E, F, H and G, all clients have 4 to 6 hours of approved alone time within their plans. The QIDP was asked what corrective actions were taken to ensure the miscommunication did not reoccur. The QIDP stated, "[Staff #6] was suspended. They did bring him back (after investigation). I believe all of the Residential Managers were retrained". The QIDP indicated the staff coverage should be maintained and the Abuse, Neglect, Exploitation, Mistreatment, or violation of an Individuals Rights (ANE) policy should be implemented at all times.</p> <p>On 5/21/21 at 11:15 AM, client A's record was reviewed. The record indicated the following:</p> <p>-Individual Support Plan dated 3/17/21 indicated, "Discharge Plan: The interdisciplinary team recommends that she (client A) have supervision while participating in community activities, due to her current diagnosis for health and safety issues. [Client A] requires some structure for leisure time activities. The interdisciplinary team has reviewed the comprehensive assessments and determined that at this time, due to the level of needs and training required and her inability to transfer some skills to other environments or settings is in need of continued placement and active treatment services...".</p> <p>On 5/21/21 at 11:35 AM, client B's record was reviewed. The record indicated the following:</p> <p>-Individual Support Plan dated 3/16/21 indicated, "The interdisciplinary team recommends that she (client B) have supervision while participating in</p>			

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	<p>community activities, due to her current diagnosis for health and safety issues. [Client B] requires some structure for leisure time activities. The interdisciplinary team has reviewed the comprehensive assessments and determined that at this time, due to the level of needs and training required and her inability to transfer some skills to other environments or settings is in need of continued placement and active treatment services...".</p> <p>On 5/21/21 at 11:43 AM, client C's record was reviewed. The record indicated the following:</p> <p>-Individual Support Plan dated 3/17/21 indicated, "The interdisciplinary team recommends that she (client C) have supervision while participating in community activities, as she has not acquired safe pedestrian skills. [Client C] requires structure for leisure time activities... The team has assessed that she is capable and has safety skills to remain alone at her residence in the day for up to 3 hours alone during the day while others are transported to work or while peers have daily appointments. The interdisciplinary team has reviewed the comprehensive assessments and determined that at this time, due to the level of needs and training required and her inability to transfer some skills to other environments or settings is in need of continued placement and active treatment services...".</p> <p>On 5/21/21 at 3:26 PM the Quality Assurance Manager (QAM) was interviewed. The QAM was asked about the incident noted above and the lack of staffing coverage. The QAM indicated the period of time without staffing coverage was 11 PM on 3/10/21 to 7:30 AM on 3/11/21. The QAM indicated it was determined through investigation that the use of client alone time for</p>			

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	<p>the benefit of staff and the lack of staff coverage during the overnight shift was a failure to implement staffing supports for clients A, B, C, D, E, F, G and H. The QAM stated, "It did not happen (staffing supports) the way we expect".</p> <p>This federal tag relates to complaint #IN00349419.</p> <p>9-3-3(a)</p>						