STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G746	A. BUILDING 00 B. WING	02/09/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
RES CARE SOUTHEAST INDIANA	16609 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 a predetermined full annual recertification and state licensure survey. Dates of Survey: 2/6/18, 2/7/18, 2/8/18 and 2/9/18. Facility Number: 011664 Provider Number: 15G746 AIMS Number: 200902010 These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 2/22/18.	W 0000		
W 0159 Bldg. 00	483.430(a) QIDP Each client's active treatment program must be integrated, coordinated and monitored by a qualified intellectual disability professional. Based on record review and interview for 1 of 2 sampled clients (#2), the QIDP (Qualified Intellectual Disabilities Professional) failed to convene the IDT (Interdisciplinary Team) to address client #2's refusals of medical appointments. Findings include: Client #2's record was reviewed on 2/7/18 at 1:00 PM. Client #2 did not have an annual hearing screening. Client #2 did not have an annual vision screening. Review of the record indicated the IDT had not been convened to address client #2's refusals to attend medical appointments. House Manager (HM) #1 was interviewed on 2/7/18 at 1:30 PM. HM #1 indicated client #2	W 0159	**159:** Each client's active treatment program must be integrated, coordinated and monitored by a Qualified intellectual disability professional. **Corrective Action: (Specific):** All staff in the location will be retrained on all induvial active treatment programming plans. The QIDP will be retrained to ensure that Active Treatment is provided per the client's active treatment programming plans. The QIDP will be retrained on ensuring that the interdisciplinary team meetings are being scheduled to ensure all programming plans, appointments	03/13/2018

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

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	refused to go to the appointments for his hearing/vision screening. LPN #1 was interviewed on 2/8/18 at 3:00 PM. LPN #1 indicated all clients should have a hearing/vision screening annually. LPN #1 indicated she had scheduled 2 hearing appointments and 2 vision appointments and client #2 was unable to go. LPN #1 indicated client #2 had missed 4 appointments. LPN #1 indicated the IDT (Interdisciplinary Team) had not met to discuss or put in place a plan to address client #2 not attending appointments. QIDP #1 was interviewed on 2/8/18 at 3:05 PM. QIDP #1 indicated he was filling in for the QIDP position which had not been filled. QIDP #1 indicated he was unaware of the refusals. QIDP #1 indicated an IDT meeting should be held to address client #2's refusals of medical appointments. 9-3-3(a)		and any other concerns are being addressed. **How others will be identified: (Systemic):** The Site Supervisor will be in the home at least five times weekly and the Area Supervisor will be in the home at least twice weekly to ensure the active treatment plans are being implemented. The QIDP will be in the home daily to ensure that the active treatment program plans are being implemented. The QIDP will schedule an interdisciplinary meeting to discuss the refusal of client 2 missing appointments and review and revise all programming plans to address the refusals. A member of the administrative management team will be in the home at least twice monthly. If a client misses an apt the staff need to contact the site supervisor and the site supervisor needs to notify the nurse and the nurse will send out an email to the team so a meeting can be scheduled by the QIDP. **Measures to be put in place:**. All staff in the location will be retrained on all induvial active treatment programming plans. The QIDP will be retrained to ensure that Active Treatment is provided per the client's active treatment programming plans. The QIDP will be retrained on ensuring that the interdisciplinary team meetings are being scheduled to ensure all	

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			programming plans, appointments and any other concerns are being addressed. **Monitoring of Corrective:** The Site Supervisor will be in the home at least five times weekly and the Area Supervisor will be in the home at least twice weekly to ensure the active treatment plans are being implemented. The QIDP will be in the home daily to ensure that the active treatment program plans are being implemented. The QIDP will schedule an interdisciplinary meeting to discuss the refusal of client 2 missing appointments and review and revise all programming plans to address the refusals. A member of the administrative management team will be in the home at least twice monthly. If a client misses an apt the staff need to contact the site supervisor and the site supervisor needs to notify the nurse and the nurse will send out an email to the team so a meeting can be scheduled by the QIDP. **Completion date:03.11.18**	
W 0186 Bldg. 00	483.430(d)(1-2) DIRECT CARE STAFF The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans.			

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	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. Based on record review and interview for 2 of 2 sampled clients (#1 and #2) plus 2 additional clients (#3 and #4), the facility failed to provide adequate staff to keep the ESN (Extensive Special Needs) home within ratio. Findings include: Time sheets were reviewed on 2/9/18 at 10:00 AM. Time sheets dated 1/7/18 through 1/31/18 indicated the home had 2 staff for first shift on 1/7/18, 1/20/18 and 1/23/18. The home had 1 staff on second shift on 1/11/18, 1/15/18, 1/16/18 and 1/21/18. The home had 2 staff on second shift on 1/7/18, 1/8/18 1/9/18, 1/10/18, 1/12/18, 1/13/18, 1/14/18, 1/17/18, 1/18/18, 1/20/18, 1/23/18, 1/24/18, 1/26/18, 1/27/18, 1/28/18, 1/29/18, 1/30/18. The home had 1 staff on 3rd shift on 1/11/18, 1/15/18, 1/16/18 and 1/21/18. Staff #1 was interviewed on 2/6/18 at 4:00 PM. Staff #1 indicated the staff at this house will often be sent to another home. Staff #1 indicated this would leave the home with clients #1, #2, #3 and #4 under ratio. Staff #1 indicated the facility will offer a $50 bonus to go to another home. Staff #1 indicated he had been sent to another home 3 times this month. Staff #2 was interviewed on 2/7/18 at 11:10 AM. Staff #2 indicated the staff from the home were often sent to another home. Staff #2 indicated if they (staff) refused to go to another home they would have to clock out and be sent home. Staff #2 indicated the home would then be out of ratio.	W 0186	**W186:** The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans. **Corrective Action: (Specific):** The site supervisor will be retrained on ensuring the staffing ratio for the location is per the regulations for an ESN home. The Site Supervisor will submit a schedule to the Area Supervisor daily to ensure the location is within ratio. The Area Supervisor will be submitting the schedule daily to the Program Manager and Executive Director to ensure the location is within ratio. The Area Supervisor will be retrained on ensuring the staffing ratios are consistent with the locations schedule per the regulations for the ESN home. **How others will be identified: (Systemic):** The Site Supervisor will be in the home at least five times weekly and the Area Supervisor will be in the home at least twice weekly to ensure the staffing ratio is consistent with the schedule per the regulations for an ESN location. Upper Management will be in the home at least twice monthly for site	03/11/2018

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	Assistant Executive Director (AED) #1 was interviewed on 2/9/18 at 12:30 PM. AED #1 indicated the home should be staffed 3 on first shift, 3 on second shift and 2 on 3rd shift. AED #1 indicated if another home did not have staff, staff would be pulled from the home. AED #1 indicated if staff refused to leave the home putting it out of ratio they would be sent home without pay. 9-3-3(a)		observations. **Measures to be put in place:** The site supervisor will be retrained on ensuring the staffing ratio for the location is per the regulations for an ESN home. The Site Supervisor will submit a schedule to the Area Supervisor daily to ensure the location is within ratio. The Area Supervisor will be submitting the schedule daily to the Program Manager and Executive Director to ensure the location is within ratio. The Area Supervisor will be retrained on ensuring the staffing ratios are consistent with the locations schedule per the regulations for the ESN home. **Monitoring of Corrective:** The Site Supervisor will be in the home at least five times weekly and the Area Supervisor will be in the home at least twice weekly to ensure the staffing ratio is consistent with the schedule per the regulations for an ESN location. Upper Management will be in the home at least twice monthly for site observations. **Completion date: 03.11.18**	
W 0323 Bldg. 00	483.460(a)(3)(i) PHYSICIAN SERVICES The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing.			

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	Based on record review and interview for 1 of 2 sampled clients (#2), the facility failed to ensure client #2 received a hearing and vision screening on an annual basis. Findings include: Client #2's record was reviewed on 2/7/18 at 1:00 PM. Client #2 did not have an annual hearing screening. Client #2 did not have an annual vision screening. House Manager (HM) #1 was interviewed on 2/7/18 at 1:30 PM. HM #1 indicated client #2 refused to go to the appointments for his hearing/vision screening. LPN #1 was interviewed on 2/8/18 at 3:00 PM. LPN #1 indicated all clients should have a hearing/vision screening annually. LPN #1 indicated she had scheduled 2 hearing appointments and 2 vision appointments and client #2 was unable to go. LPN #1 indicated client #2 had missed 4 appointments. 9-3-6(a)	W 0323	**323:** The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing. **Corrective Action: (Specific):** The nurse of the location will be retrained on ensuring all appointments are up to date or scheduled per physician's orders or annually. **How others will be identified: (Systemic):** The Site Supervisor will be in the home at least five times weekly and the Area Supervisor will be in the home at least twice weekly to ensure that all clients are attending their appointments. The QIDP will schedule an interdisciplinary meeting to discuss the refusal of client 2 missing appointments and review and revise all programming plans to address the refusals. The Director of Nursing will review all clients nursing charts to ensure all appointments are up to date or scheduled. A member of the administrative management team will be in the home at least twice monthly. **Measures to be put in place:**. The nurse of the location will be retrained on ensuring all appointments are up to date or scheduled per physician's orders or annually. **Monitoring of Corrective:** The Site Supervisor will be in the home at least five times weekly and the	03/11/2018

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			Area Supervisor will be in the home at least twice weekly to ensure that all clients are attending their appointments. The QIDP will schedule an interdisciplinary meeting to discuss the refusal of client 2 missing appointments and review and revise all programming plans to address the refusals. The Director of Nursing will review all clients nursing charts to ensure all appointments are up to date or scheduled. A member of the administrative management team will be in the home at least twice monthly. **Completion date:03.11.18**	
W 0440 Bldg. 00	483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills at least quarterly for each shift of personnel. Based on record review and interview for 2 of 2 sampled clients (#1 and #2) plus 2 additional clients (#3 and #4), the facility failed to conduct evacuation drills quarterly for each shift of personnel. Findings include: The facility's evacuation drill records were reviewed on 2/7/18 at 11:30 AM. The review indicated the facility failed to conduct evacuation drills for clients #1, #2, #3 and #4 for the evening shift (3 PM-10 PM) during the first and fourth quarters; January, February, March 2017 and October, November and December 2017. The facility failed to conduct evacuation drills for	W 0440	**W440:** The facility must hold evacuation drills at least quarterly for each shift of personnel. **Corrective Action: (Specific):** All staff in the location will be retrained on the evacuation drills. **How others will be identified: (Systemic):** The Site Supervisor will be in the home at least five times weekly and the Area Supervisor will be in the home at least monthly to ensure that evacuation drills are completed. A member of the administrative management team will be in the home at least twice monthly for	03/11/2018

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	clients #1, #2, #3 and #4 for the overnight shift (10 PM-6 AM) during the second quarter; April, May and June 2017. QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 2/7/18 at 12:45 PM. QIDP #1 indicated the group home should conduct evacuation drills one time per quarter per shift of personnel. 9-3-7(a)		site reviews. **Measures to be put in place:**. All staff in the location will be retrained on the evacuation drills. **Monitoring of Corrective:** The Site Supervisor will be in the home at least five times weekly and the Area Supervisor will be in the home at least monthly to ensure that evacuation drills are completed. A member of the administrative management team will be in the home at least twice monthly for site reviews. **Completion date:03.11.18**	