STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G442	A. BUILDING 00 B. WING	10/07/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RES CARE COMMUNITY ALTERNATIVES SE IN	402 EWING LN JEFFERSONVILLE, IN 47130

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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 recertification and state licensure survey. Dates of Survey: October 3, 4, 5, 6, and 7, 2016. Facility Number: 000956 Provider Number: 15G442 AIMS Number: 100244760 The following deficiencies reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 10/20/16.	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 observation, record review and interview for 2 of 10 investigations reviewed, affecting 4 of 4 sampled clients (#1, #2, #3, and #4), and 4 additional clients (#5, #6, #7, and #8), the facility failed to ensure their policies prohibiting abuse and neglect were implemented.	W 0149	**W149:** The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. **Corrective Action: (Specific):**	11/06/2016

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

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	Findings include: Facility investigations/incidents and those incidents reported to the BDDS (Bureau of Developmental Disabilities Services) were reviewed on 10/03/16 at 2:30 PM and on 10/04/16 at 3:45 PM and indicated the following: 1. An investigation dated April 27, 2016 indicated staff #5 had left clients #1, #2, #3, #4, #5, #6, #7, and #8 "unattended during dinner time to go out to her car to smoke. It was also reported that the same staff member had left the medication room unlocked and opened." The conclusion of the investigation substantiated staff #5 left clients #1, #2, #3, #4, #5, #6, #7, and #8 unattended at the dinner table and also left the medication room unlocked and open. Review of client #1's record on 10/05/16 at 10:00 AM indicated client #1 had a choking incident in 2015 and subsequent swallow study in 5/2015. The record indicated client #1 had her throat stretched in 7/2015. The client's 5/16/15 dining plan indicated she was at risk for choking. "[Client #1] has a tendency to take large bites and eat fast. Staff will sit at table and verbally cue [client #1] to take smaller bites, slow down and chew		All staff in the home will be re-trained on the operation standard for reporting and investigating allegations of abuse, neglect, exploitation, mistreatment and violation of individual rights, medication storage policy, all individuals dining plans, elopement operation standard, operation standard on individual rights, coughing and choking operation standard and offering privacy to clients during discussions relating to their care. **How others will be identified: (Systemic):** The site supervisor will be in the home at least five times weekly to ensure all operation standards and policies are being followed; all client dining plans are being implemented as written and offering privacy to clients during discussions relating to their care. The area supervisor will be in the home at least twice weekly to ensure all operation standards and policies are being followed; all client dining plans are being implemented as written and offering privacy to clients during discussions relating to their care. The Program Manager will be at the home at least weekly to ensure all operation standards and policies are being followed; all client dining plans are being implemented as written and offering privacy to clients during	

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	food thoroughly before swallowing." Client #5's dining plan dated 2/9/16 with a revision date of 7/1/16 (reviewed 10/06/16 at 2:15 PM) indicated she was at risk for choking. The dining plan indicated staff were to prompt client #5 to wear her dentures when eating. The plan indicated "staff is to sit close to her when she is eating and to cue [client #5] to slow down and take small bites. [Client #5] is at risk for choking. If [client #5] refuse to cut her food into bite size pieces staff will assist in cutting up her food for safety." 2. Observations at the facility were conducted on the evening of 10/03/16 from 4:00 PM until 8:40 PM. Client #8 was openly discussing her recent home visit and the fact that she had been selected to move into a less restrictive environment in the near future. During the evening meal as clients discussed the day's events, client #1 indicated she had some personal news. At 6:36 PM on 10/3/16, client #1 indicated she was interested in moving to another of the agency's facilities. House Manager/HM staff #2 stated to the whole dining table of clients (#1, #2, #3, #4, #5, #6, #7 and #8), "the state did not approve the move." Client #1, visibly upset, left the dining room table and walked back into the		discussions relating to their care. **Measures to be put in place:** All staff in the home will be re-trained on the operation standard for reporting and investigating allegations of abuse, neglect, exploitation, mistreatment and violation of individual rights, medication storage policy, all individuals dining plans, elopement operation standard, operation standard on individual rights, coughing and choking operation standard **Monitoring of Corrective Action:** The site supervisor will be in the home at least five times weekly to ensure all operation standards and policies are being followed; all client dining plans are being implemented as written and offering privacy to clients during discussions relating to their care. The area supervisor will be in the home at least twice weekly to ensure all operation standards and policies are being followed; all client dining plans are being implemented as written and offering privacy to clients during discussions relating to their care. The Program Manager will be at the home at least weekly to ensure all operation standards and policies are being followed; all client	

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	hallway which led to her bedroom area. House Manager #2 and staff #3 did not follow client #1 after she left the dining area. Client #6 asked to speak to HM #2 privately. HM #2 ran into the medication area at 6:45 PM and stated "[Client #1's] down the street past the school." HM #2 obtained the van keys and drove down the road to retrieve client #1 who had eloped (left the premises without permission). HM #2 indicated client #6 had alerted her to the fact of client #1's elopement. A BDDS report dated 10/4/16 and reviewed on 10/04/16 at 3:45 PM indicated client #1's elopement. Area Director staff #1 did an investigation into client #1's elopement on 10/04/16 (reviewed on 10/05/16 at 3:00 PM). The investigation indicated client #1 had a history of elopement but it was no longer part of her behavior plan because she had "no recent episodes of the behavior." The investigation's client interview portion indicated "[Client #1] said that she was upset because she wants to move so bad. She went to see the living environment at the other home and she really wants to move. She said she was upset because she was told she could not move." Interview with Area Director #1 on 10/03/16 at 8:30 PM indicated it would		dining plans are being implemented as written and offering privacy to clients during discussions relating to their care. **Completion date: 11.06.16**	

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	have been preferable for HM #2 to speak to client #1 in private regarding information on the possibility of moving to another group home. The agency's Operational Standard "Reporting and Investigating Abuse, Neglect, Exploitation, Mistreatment or Violation of an Individual's Rights" revision date of 1/2016 was reviewed on 10/04/16 at 1:00 PM. The review indicated the agency prohibited staff neglect/abuse/exploitation of clients. The policy indicated all allegations would be investigated and addressed. The Operation's Standard included, in part, the following: "[The agency] strictly prohibits abuse, neglect exploitation, mistreatment, or violation of an Individual's rights. These include and are defined as any of the following:...hitting...the infliction of physical pain...verbal abuse including screaming, swearing, name-calling, belittling, damaging an individual's self-respect or dignity...Medical treatment or care...." 9-3-2(a)			
W 0186	483.430(d)(1-2) DIRECT CARE STAFF			

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Bldg. 00	The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans. 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 observation, record review and interview for 4 of 4 sampled clients (#1, #2, #3 and #4), and 4 additional clients, the facility failed to ensure there was sufficient staff to monitor clients during the morning routine. Findings include: Observations were conducted at the facility from 5:52 AM until 8:40 AM. Staff #5 was observed to be the only staff working with clients #1, #2, #3, #4, #5, #6, #7 and #8 during the observation period. The dining table was pre-set with snack items (baggies of graham crackers), bottled water, flavor packets for the water, some bottles pre-mixed by staff #5, and sodas. Staff #5 obtained small glasses and poured juice for all clients. Staff #5 awakened clients with bedrooms on the north hallway at 6:00 AM. Staff #5 administered medications to client #5 at 6:04 AM and client #3 at 6:08 AM. Client #3 was involved in doing laundry and making her bed. At 6:15 AM, staff #5 poured/prepared client #5's coffee and	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 re-trained on ensuring that staffing ratios are consistent with the scheduled hours for the home. **How others will be identified: (Systemic):** The area supervisor will be at the home at least twice weekly to ensure that staffing hours in the home are consistent with scheduled hours. The area supervisor will follow up with the Site Supervisor on all other days to verify staffing ratios in the home. The Program Manager will visit the home at least weekly to ensure that staffing hours in the home are consistent with the scheduled hours.	11/06/2016

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	placed it at client #5's place setting on the dining table. Clients started to obtain cereal and measure the dry cereal and milk into bowls. Client #5 measured dry cereal placing it into a bowl at 6:24 AM. Staff #5 awakened the clients on the south hallway at 6:28 AM. Staff #5 continued the medication administration while remaining clients went about the morning routine of dressing, eating breakfast and morning hygiene. The medication room door was held open while staff gave medications. Client #5 was observed to eat breakfast alone at the dining table at 6:39 AM. At 6:51 AM, staff #5 went to check on clients #1 and #6, who were still in their bedrooms. At 6:52 AM, staff #5 administered medications to client #8 while client #2 sat at the table alone eating a bagel with coffee. Client #2 had medications at 7:02 AM. Then staff administered medications again to client #5. Clients #4 and #1 prepared and ate breakfast while staff was busy administering medications. Review of client #1's record on 10/05/16 at 10:00 AM indicated client #1 had a choking incident in 2015 and subsequent swallow study in 5/2015. The record indicated client #1 had her throat stretched in 7/2015. The client's 5/16/15 dining plan indicated she was at risk for choking. "[Client #1] has a tendency to		**Measures to be put in place:** The Site Supervisor will be re-trained on ensuring that staffing ratios are consistent with the scheduled hours for the home. **Monitoring of Corrective Action:** The area supervisor will be at the home at least twice weekly to ensure that staffing hours in the home are consistent with scheduled hours. The area supervisor will follow up with the Site Supervisor on all other days to verify staffing ratios in the home. The Program Manager will visit the home at least weekly to ensure that staffing hours in the home are consistent with the scheduled hours. **Completion date: 11.06.16**	

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	take large bites and eat fast. Staff will sit at table and verbally cue [client #1] to take smaller bites, slow down and chew food thoroughly before swallowing." Client #5's dining plan dated 2/9/16 with a revision date of 7/1/16 (reviewed 10/06/16 at 2:15 PM) indicated she was at risk for choking. The dining plan indicated staff were to prompt client #5 to wear her dentures when eating. The plan indicated "staff is to sit close to her when she is eating and to cue [client #5] to slow down and take small bites. [Client #5] is at risk for choking. If [client #5] refuse to cut her food into bite size pieces staff will assist in cutting up her food for safety." Interview with Qualified Intellectual Disabilities Professional/QIDP staff #1 on 10/06/16 at 1:03 PM indicated supervision at mealtime and privacy during administration of medications were preferable. 9-3-3(a)			
W 0369 Bldg. 00	483.460(k)(2) DRUG ADMINISTRATION The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.			

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	Based on observation, interview and record review for 1 of 14 medications observed affecting 1 additional client (#5), the facility failed to ensure the client's medications were given according to the physician's orders. Findings include: During observations at the facility on the morning of 10/04/16 at 6:04 AM, staff #5 administered levothyroxine 50 mcg/micrograms (hormone) to client #5. Client #5 was observed eating her breakfast at 6:27 AM. Review (10/04/16 at 6:05 AM) of client #5's October MARs (Medication Administration Records) indicated client #5's levothyroxine was to be given an hour before food or other medications. Interview with the Health Services Coordinator on 10/04/16 at 12:45 PM indicated medications should be given according to the physician's instructions as indicated on the medication labels and the MARs. 9-3-6(a)	W 0369	**W369:** The system for drug administration must assure that all drugs, including those are self-administrated without error. **Corrective Action: (Specific):** All staff at the home will be re-trained on the Medication Administration Policy and Procedure and administration of medications per physician's orders. **How others will be identified: (Systemic):** The Site Supervisor will complete an observation of medication administration at least three times weekly for the next 30 days to ensure that all medication administration policies and procedures are being followed and that all physicians' orders are being followed as written. The Area Supervisor will complete an observation of medication administration at least once weekly for the next 30 days to ensure that all medication administration policies and procedures are being followed and that all physicians' orders are being followed as written. The nurse will complete an observation of medication administration at least weekly for the next 30 days to ensure that all	11/06/2016

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			medication administration policies and procedures are being followed and that all physicians' orders are being followed as written. **Measures to be put in place:** The Site Supervisor will be at the home at least five times weekly to ensure the medication administration policy is being followed. The area supervisor will be in the home at least twice weekly to ensure the medication administration policy is being followed. The site nurse will be in the home at least monthly to ensure the medication administration policy is being followed. **Monitoring of Corrective Action:** The Site Supervisor will complete an observation of medication administration at least three times weekly for the next 30 days to ensure that all medication administration policies and procedures are being followed and that all physicians' orders are being followed as written. The Area Supervisor will complete an observation of medication administration at least once weekly for the next 30 days to ensure that all medication administration policies and procedures are being followed	

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			and that all physicians' orders are being followed as written. The nurse will complete an observation of medication administration at least weekly for the next 30 days to ensure that all medication administration policies and procedures are being followed and that all physicians' orders are being followed as written. **Completion date: 11.06.16**	