

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/30/2019

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G723		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 09/24/2019	
NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SE IN				STREET ADDRESS, CITY, STATE, ZIP CODE 13009 HORIZON DR MEMPHIS, IN 47143			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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	<p>This visit was for the full annual recertification and state licensure survey.</p> <p>Survey dates: September 19, 23 and 24, 2019.</p> <p>Facility Number: 004615 Provider Number: 15G723 AIM Number: 200528230</p> <p>This federal deficiency reflects state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 10/8/19.</p>			W 0000			
W 0125  Bldg. 00	<p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>Based on record review and interview for 1 of 2 sampled clients (#2), and 2 additional clients (#3 and #4), the facility failed to ensure the clients had surrogates to advocate for the rights of the clients and assist them in decision making.</p> <p>Findings include:</p> <p>1. On 9/23/19 at 11:45 AM, a review of client #2's record was conducted. The review indicated a Individual Support Plan/ISP dated 6/30/19. The plan indicated Client #2's diagnoses included, but were not limited to, Intermittent Explosive Disorder, Anti-social Disorder- PTSD (Post</p>			W 0125	<p><b>W 125 Protection of Client Rights CFR(s): 483.420(a)(3):</b></p> <p>1.The Facility will work with outside agencies, volunteer programs and state departments to find surrogates to advocate for the rights of the clients to assist them in decision making.</p> <p>2.The Facility will contact organizations that provide Adult Guardianship Program to provide clients a guardian that will help ensure that the protected person</p>		10/24/2019

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 other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 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>Traumatic Stress Disorder)- moderate intellectual (disability), Traumatic Brain Injury-Nocturnal enuresis, constipation, Obesity and Salivary secretions. Client #2 did not have a guardian or surrogate to help him with life choices or decisions. The ISP indicated client #2 was a resident of a (name) State Hospital since March 2, 2006. "[Client #2] endured a poor home life at an early age where he was abused by his parents. He has been in numerous foster homes before (sic) came to [state hospital]. He has had several hospitalizations due to sexual maladaptive behaviors and physical aggression. [Client #2] is an attention seeking individual who likes to be praised for his behaviors. He has many barriers to overcome with limited intellectual development, limited education, difficulty understanding how his behaviors affect others, limited focus and difficulty retaining information. [Client #2]'s strengths are his abilities to cooperate, friends to friend's involvement, outgoing, overall pleasant, vocational employment, several months of being free from physically aggressive behaviors and being helpful to staff and other clients." The record review indicated Client #2's CFA (Comprehensive Functional Assessment) dated 12/2018 indicated he required assistance to make decisions and life choices.</p> <p>2. Review of client #3's record on 9/24/19 at 12:00 PM indicated an ISP/Individual Support Plan dated 8/20/19. The plan indicated Client #3's diagnoses included, but were not limited to, "...Bi-Polar 1 Disorder (psychotic disorder),...Factitious Disorder (when someone deceives others by appearing sick, by purposely getting sick, or self-injury), Mild Intellectual Difficulties, Anti-social and Borderline Personality Disorder, Klinefelter's Syndrome (genetic disorder/extra X chromosome),... Hypothyroidism</p>				<p>lives with security and dignity to the greatest extent possible given their circumstances.</p> <p>3.The Facility will meet monthly to update status of clients guardianship until all clients in the Facility have guardians in place.</p> <p><b>Persons Responsible: Program Manager, QA, Business Manager, Area Supervisor, QIDP, Residential Manager.</b></p>		

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	<p>(underactive thyroid gland), Asthma, Constipation, Urinary Incontinence, Anemia, and Hypertension (high blood pressure). ... [Client #3] carries several psychiatric diagnoses of Bi-Polar Disorder, Borderline Personality Disorder, Anti-Social Personality Disorder, Factitious Disorder and Intellectual Disability Mild. [Client #3] has been hospitalized continuously in State facilities since he was 11 years of age for increased aggression toward others, intense sexual behaviors towards others, making threats of self-harm, making threats of hurting others physically. [Client #3]'s parents divorced when he was 2 years of age; living with his mother and father periodically. He was then sent to his Grandmother's until he started having behavioral issues. Records indicate [Client #3] has been a victim (age 6-7, duration 4-5 years) and a perpetrator (age 11) of sexual abuse and he was physically and emotionally abused by his mother. [Client #3] was admitted to a juvenile home at the age of 11, then transferred to [city] State Hospital after a series of aggressive behavior and homicidal and suicide ideations. He exhibited references to both sexual and physical aggression towards staff members at [city] and [city] Hospitals. He has been hospitalized several times at [city] and [city]. An attempt to discharge into the community lasted for 24 hours after he 'huffed gasoline.' He has had a reduction in aggressive behavior at [state hospital] following treatments overcoming family history of substance abuse, lack of connection to community/others, lack of support system, limited education, limited intellectual/development, prior failed community placement and residential stability. [Client #3]'s next admission will be to the ESN homes in [city] Indiana to increase his response and encourage [Client #3] in the future endeavors." The record review indicated Client #3's CFA (Comprehensive</p>						

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	<p>Functional Assessment) dated 12/2018 indicated he required assistance to make decisions and life choices.</p> <p>3. The review of client #4's record on 9/24/19 at 11:30 AM indicated an Individual Support Plan/ISP dated 6/25/19. The review of the ISP indicated the client's diagnoses included, but were not limited to, Attention Deficit Hyperactivity Disorder, Disruptive Mood Dysregulation Disorder (DMDD), Autism Spectrum and Mild Intellectual Disability. Client #4 did not have a surrogate to assist him with decision making. "[Client #4] is a [identifying characteristics]. He resides in [name] County Indiana with his mother and two brothers. He is (sic) middle child. He is coming to ResCare ESN home from [name]. On [date] [Client #4] was arrested and charged with Battery (Public Safety Officer) and Criminal Mischief. He spent time in the [city] Juvenile Detention Center until he was admitted to [name] on [date]. It is reported that while in the detention center, [Client #4] exhibited aggressive behaviors towards staff and other peers.</p> <p>According to records, [Client #4] has a legal history with multiple battery and assault charges. He has also made bomb threats at school and threatened to kill his probation officer. He is currently on probation. [Client #4] can complete ADL's with multiple prompts. He enjoys taking walks and playing video games."</p> <p>Review of the client's informed consent assessment dated 12/2018 indicated the client required assistance with making decisions regarding life choices (medical and programming).</p> <p>On 9/24/19 at 1:00 PM, the QIDP (Qualified</p>						

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	Intellectual Disabilities Professional) was interviewed. The QIDP indicated clients #2, #3 and #4 did not currently have surrogates to help them make life choices and decisions. The QIDP indicated the clients needed surrogates to help them make good decisions. The QIDP indicated he was actively working to obtain surrogates for clients #2, #3 and #4.  9-3-2(a)						