

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G749	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/22/2022
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NAME OF PROVIDER OR SUPPLIER RES CARE SOUTHEAST INDIANA	STREET ADDRESS, CITY, STATE, ZIP COD 16613 SIMA GRAY RD HENRYVILLE, IN 47126
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W 0000 Bldg. 00	<p>This visit was for a pre-determined full annual recertification and state licensure survey.</p> <p>Survey Dates: 7/19/22, 7/20/22, 7/21/22 and 7/22/22.</p> <p>Facility Number: 011595 Provider Number: 15G749 AIM Number: 200905630</p> <p>These deficiencies reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review of this report completed by #39778 on 8/1/22.</p>	W 0000		
W 0137 Bldg. 00	<p>483.420(a)(12) PROTECTION OF CLIENTS RIGHTS</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing.</p> <p>Based on observation, record review and interview for 1 of 2 sampled clients (#2), and 1 additional client (#3), the facility failed to ensure 1) client #1's belt fit him appropriately and 2) client #3 wore appropriate fitting jeans.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 7/19/22 from 3:26 PM to 5:57 PM, on 7/20/22 from 7:00 AM to 8:23 AM and 10:14 AM to 1:06 PM.</p> <p>1) On 7/20/22 at 7:32 AM, staff #1 asked client #2</p>	W 0137	To correct the deficient practice the clients affected will be provided with appropriate fitting items. All site staff will be re-trained regarding client dignity. Additional monitoring will be achieved by weekly site visits to be completed by the AS/QIDP/BC to ensure the clients are wearing appropriately fitting clothes. To ensure no others are affected the AS will complete an inventory of all the clients' clothes and ensure they have clothes that fit. Ongoing	08/22/2022

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 disclosed 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>to shower and prepare for going to work. At 8:05 AM, client #2 sat at a dining room table and discussed various movies currently out at the local Theater where he was employed with a housemate and staff #1 and staff #5. Client #2 was wearing a company logo shirt and wore a belt around his pants. Client #2's belt wrapped around his left hip and stopped toward the middle of his back. At 11:09 AM, client #2 was asked about the belt he was wearing. Client #2 indicated it was his belt and stated, "If I can make it work, I'll make it work. I keep putting holes in it". Client #2 was asked if he would be willing to wear a different belt. Client #2 stated, "I would. I told them it was ok". At 11:11 AM, staff #1 left with client #2 to take him to work. Client #2 left for his community job wearing the belt which extended past his left hip towards the middle of his back.</p> <p>On 7/20/22 at 3:02 PM, client #2's record was reviewed. The record indicated the following:</p> <p>-Individual Support Plan dated 1/17/22 indicated, "Individual Profile: ... [Client #2] can dress self, requires prompts to wear appropriate and clean clothing. [Client #2] requires frequent prompting to complete activities of daily life, particularly bathing, brushing, and wearing clean clothes ...".</p> <p>On 7/20/22 at 11:33 AM, the Area Supervisor (AS) was interviewed. The AS was asked about client #2's belt and appropriate fitting. The AS indicated she had also identified client #2's belt did not fit him appropriately, and had a recent conversation with both client #2 and the Assistant Executive Director (AED). The AS stated, "I've talked with [AED] about needing new clothes... He (client #2) said it fit him and he had lost some weight since being here. He (client #2) did tell me a few things he wants clothing wise. Originally, I told him we</p>		<p>monitoring will be achieved through monthly site review completed by Rescare administrative staff.</p>	

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	<p>would get him a new belt". The AS indicated client #2's belt should fit him appropriately.</p> <p>2) On 7/19/22 at 3:36 PM, client #3 and staff #1 were in the common living area having a conversation. Client #3's pant legs to his blue jeans extended past the heels of his feet toward his toes. Client #3 was not wearing socks and shoes and ambulated with his feet on the inside of his pant legs. Client #3 was not prompted to change his pants. At 5:17 PM, client #3 assisted staff #1 with preparing the evening meal. While in the kitchen, client #3 continued to wear the same pair of pants that extended past his heels out to his toes. Client #3 was not prompted to change his pants. At 5:40 PM, client #3 assisted staff #1 and the Qualified Intellectual Disabilities Professional (QIDP) and Area Supervisor (AS) with setting the table for the evening meal. Client #3 continued to wear the pants that extended past his heels to his toes and ambulated with his feet on the inside of his pant legs. Client #3 was not prompted to change his blue jeans during the observation.</p> <p>On 7/20/22 at 7:37 AM, client #3 entered the medication administration room for his morning medicines. Client #3 had the same pair of pants on from the previous evening which extended past the ends of his feet. At 10:24 AM, client #3 began gathering clothing and hygiene items to prepare for his shower and his morning routine. At 11:20 AM, client #3 exited the bathroom with his dirty close in hand and took them to a laundry basket. The second pair of pants worn by client #3, also extended past client #3's heels toward his toes. Client #3 ambulated throughout the home with both of his feet inside the pant legs. Client #3 was not prompted to change his pants.</p>			

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	<p>On 7/20/22 at 4:26 PM, a focused review of client #3's record was conducted. The record indicated the following:</p> <p>-Individual Support Plan dated 3/28/22 indicated, "Individual Profile: ... [Client #3] can dress himself on his own, requiring prompts to wear appropriate and clean clothing due to the weather. [Client #3] requires frequent prompting to complete activities of daily life, particularly bathing, brushing, and wearing clean clothes ..."</p> <p>On 7/20/22 at 11:33 AM, the Area Supervisor (AS) was interviewed. The AS was asked about the length of client #3's pants. The AS stated, "Yeah. I said to [staff #1] that [client #3] needed to shower and change his clothes. He had the same clothes on this morning. His pants are too long". The AS indicated client #3 should have appropriately fitting pants.</p> <p>On 7/20/22 at 12:31 PM, the AS provided more follow up about client #3 clothing. The AS stated, "I'm going to review his clothing". The AS indicated client #3 had appropriately fitting pants, but allegedly prefers the longer pants.</p> <p>On 7/20/22 at 12:44 PM, staff #1 was interviewed. Staff #1 was asked about client #3's pants. Staff #1 stated, "He does have clothes that fit. We try to work with him". Staff #1 was asked if client #3 would refuse to change his pants. Staff #1 stated, "Yes. He has plenty of clothes. He will go into a behavior". Staff #1 was asked if client #3 had a goal to address wearing appropriate clothing. Staff #1 stated, "We do". Staff #1 indicated a conversation with client #3's behavior clinician had previously occurred and further follow up was needed to ensure client #3 was consistently prompted to wear appropriate fit clothing.</p>			

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W 0140 Bldg. 00	<p>9-3-2(a)</p> <p>483.420(b)(1)(i) CLIENT FINANCES</p> <p>The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of clients. Based on record review and interview for 2 of 2 sampled clients (#1 and #2), and 2 additional clients (#3 and #4), the facility failed to ensure clients #1, #2, #3 and #4's monthly allotment of \$52.00 was not commingled together in one account.</p> <p>Findings include:</p> <p>On 7/19/22 at 4:42 PM, a review of the clients' finances was conducted. The review indicated the following:</p> <p>1) Client #1's July 2022 financial ledger indicated a balance of \$91.85. A financial statement and/or process to reconcile client #1's personal funds for the monthly allotment of \$52.00 could not be verified. Client #1's personal funds were commingled in a P-card (debit) account with clients #2, #3 and #4.</p> <p>2) Client #2's July 2022 financial ledger indicated a balance of \$65.25. A financial statement and/or process to reconcile client #2's personal funds for the monthly allotment of \$52.00 could not be verified. Client #2's personal funds were commingled in a P-card (debit) account with clients #1, #3 and #4.</p> <p>3) Client #3's July 2022 financial ledger indicated a balance of \$33.03. A financial statement and/or</p>	W 0140	To correct the deficient practice the current procedure for client funds will be reviewed and updated by the business department and AED to ensure client funds are not commingled. Additional monitoring will be achieved by twice weekly ledger reviews to ensure client funds are not commingled. Ongoing monitoring will be achieved through monthly site review completed by ResCare administrative staff.	08/22/2022

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W 0149 Bldg. 00	<p>process to reconcile client #3's personal funds for the monthly allotment of \$52.00 could not be verified. Client #3's personal funds were commingled in a P-card (debit) account with clients #1, #2 and #4.</p> <p>4) Client #4's July 2022 financial ledger indicated a balance of \$40.56. A financial statement and/or process to reconcile client #4's personal funds for the monthly allotment of \$52.00 could not be verified. Client #4's personal funds were commingled in a P-card (debit) account with clients #1, #2 and #3.</p> <p>On 7/19/22 at 4:58 PM, the Qualified Intellectual Disabilities Professional (QIDP) was interviewed. The QIDP was asked about clients #1, #2, #3 and #4's \$52.00 monthly allotment being maintained in a lump sum on one P-card. The QIDP stated, "Yes". The QIDP was asked if the ledger was a process to itemize the accounting of clients #1, #2, #3 and #4's personal funds. The QIDP stated, "Yes". The QIDP was asked how each clients' personal funds were reconciled to ensure the commingled personal funds were available to them. The QIDP stated, "I'm out here checking and going through the ledgers, making sure they're (staff) carrying over (balances) of money not spent from before". The QIDP was asked if all four clients personal monthly allotment of \$52.00 was in one account? The QIDP stated, "On the P-card, yes. Each house has it's own P-card".</p> <p>9-3-2(a)</p> <p>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.</p>			

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	<p>Based on record review and interview for 1 of 2 sampled clients (#1), the facility failed to implement its policy and procedures for prohibiting abuse, neglect, exploitation, mistreatment or violation of an individual's rights by not preventing client #1's pattern of ingesting inedible objects.</p> <p>Findings include:</p> <p>On 7/20/22 at 8:51 AM, a review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports and accompanying investigation summaries was conducted. The review indicated the following, which affected client #1:</p> <p>1. BDDS incident report dated 2/23/22 indicated, "It was reported [client #1] appeared agitated. [Client #1] refused to speak to staff, he was stomping and cracking his knuckles. [Client #1] then attempted to swallow a screw. Staff initiated two-man YSIS (You're Safe I'm Safe) and [client #1] and staff fell to the floor. Staff immediately released [client #1]. [Client #1] hit his head on the floor causing a ½ inch laceration. First Aid was applied, and nurse was contacted...".</p> <p>2. BDDS incident report dated 3/26/22 indicated, "[Client #1] was watching TV (television) while staff was sitting at the table. [Client #1] approached staff and reported he swallowed 2 batteries. ResCare LPN (Licensed Practical Nurse) was notified, [client #1] was transported to the ER (emergency room) for evaluation".</p> <p>Investigation Summary dated 3/25/22 to 4/1/22 indicated, "Introduction: An investigation was initiated when [client #1] reported to staff, he swallowed two batteries ... Factual Findings: [Client #1] was on his 45 minutes without his one</p>	W 0149	To correct the deficient practice all site staff have been trained the ResCare ANEM policy. As well as client #1s updated BSP and protocols. Additional monitoring will be achieved through at least weekly documentation review to be completed by the QIDP, BC, or AS to ensure staff are completing documentation as assigned for client 1's BSP. Any discrepancies found during the review will result in staff re-training immediately. As well as the QIDP/BC/AS are in the home routinely to ensure staff are following plans as written. Ongoing monitoring will be achieved through monthly site reviews completed by ResCare administrative staff.	08/22/2022

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	<p>to one staff at the time of the incident ... Conclusion: It was determined that [client #1] received quality services while residing in his group home".</p> <p>3. BDDS incident report dated 6/18/22 indicated, "It was reported [client #1] took back from tv remote and swallowed the 2 batteries. Nurse was contacted and [client #1] was transported to ER for evaluation. X-ray (electronic image) was completed and showed the batteries in [client #1's] stomach. Physician ordered [client #1] to take Miralax (laxative) ... until batteries pass naturally. If batteries do not pass in 2-3 days [client #1] is to return to ER follow up x-ray".</p> <p>Investigation Summary dated 6/17/22 through 6/24/22 indicated, "Introduction: [Client #1] had an incident of ingesting two batteries while at the ESN (Extensive Supports Need) home. Scope of Investigation: Determine if staff followed the plan as written. Determine if changes need to be made ... Factual Findings: ... Staff failed to follow the room sweep protocol detailed in the 11/8/21 BSP (Behavior Support Plan). Staff failed to document on the ABC (behavior) tracking, and sign in/out sheet for [client #1's] supervision... Conclusion: It is substantiated [client #1] swallowed 2 batteries. It is substantiated that staff did not follow the plans as written ... Recommendations: Corrective action to [staff #7], [staff #4] and [staff #6] ... Inservice ... all staff on room sweeps ... Room sweeps completed at ongoing (sic) and off going shift and sweeps documented. AS (Area Supervisor) and BC (Behavior Clinician) to review documentation weekly and complete onsite training as needed. IDT (interdisciplinary team) to meet to discuss a more secure location for the remote or how to secure the back of the remote".</p>			

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	<p>On 7/20/22 at 2:17 PM, client #1's record was reviewed. The record indicated the following:</p> <p>-Behavioral Support Plan dated 6/20/22 indicated, "Target Behaviors: ... Ingestion of inedible items/objects: any time [client #1] places an inedible item/object in his mouth ... Attempted ingestion of items/objects: any time [client #1] attempts to ingest an object and is blocked ... Current Schedule: He (client #1) will be 1:1 (one-to-one) on a four-hour rotation. With 30-day reductions of supervision. Staff are not to inform [client #1] that 15-minute increments are going on. The 30-day period reflects a specified amount of alone time while staff are still monitoring him ... If he has an episode of SIB (self-injurious behavior), PICA (ingesting inedible object) or attempted PICA he will be back on 1:1 and the procedure will start over... Enhanced Supervision: Due to consistent self-injurious behavior as well as ingestion of foreign objects, [client #1] will be placed on 1:1 within eyesight with the staff in the same room ... Room sweeps: Room sweeps will be conducted in each of the areas where he has access to each shift and any time a staff assumes responsibility of the 1:1 staff ..."</p> <p>-Undated Enhanced Supervision Staffing Form indicated, "Date:" with a blank space. "Resident who is placed on 1:1 defined as within eyesight: [Client #1]... Instructions: daily beginning with 1st shift... rotate every 4 hours... off going staff will sign off at normal time, while the oncoming staff will sign in four hours later... Room sweeps will be conducted in each of the areas where he has access to each shift and anytime a staff assumes responsibility of the 1:1...". Client #1's Enhanced Supervision Form was undated with blank spaces for the "Off-going Staff Signature" and "Time" columns.</p>			

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	<p>On 7/20/22 at 11:41 AM, the Area Supervisor (AS) was interviewed. The AS was asked about client #1's incident history of ingesting batteries and the staff documentation for Enhanced Supervision Form with missing data. The AS shook her head up and down and indicated yes to a pattern of client #1 ingesting inedible objects while reviewing client #1's Enhanced Staffing Supervision Form. The AS then stated, "Basically, it looks like there is no data of course (blank spaces)... There needs to be another retraining or in-service. Nightshift needs to sign off. I think that's the problem. I need to retrain on this. We have been keeping the remote in the office until we can get something in place". The AS indicated implementation of the abuse, neglect and/or exploitation policy should occur at all times.</p> <p>On 7/21/22 at 4:05 PM, the Quality Assurance Manager (QAM) was interviewed. The QAM was asked about client #1's pattern of ingesting inedible objects and lack of staff documentation on the Enhanced Supervision Staffing Form. The QAM indicated a pattern of client #1 ingesting inedible objects existed and the abuse, neglect, exploitation policy should be implemented at all times. The QAM stated "Yes". The QAM then stated, "We'll get it (supports and documentation) more clear. His one-to-one should sign in and off".</p> <p>On 7/21/22 at 3:05 PM, the 5/5/21 Abuse, Neglect, Exploitation, Mistreatment and/or Violation of Individual's Rights (ANE) policy was reviewed. The ANE policy indicated, "ResCare staff actively advocate for the rights and safety of all individuals ... ResCare strictly prohibits abuse, neglect, exploitation, mistreatment, or violation of an Individual's rights".</p>			

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W 0252 Bldg. 00	<p>9-3-2(a)</p> <p>483.440(e)(1) PROGRAM DOCUMENTATION</p> <p>Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.</p> <p>Based on record review and interview for 1 of 2 sampled clients (#1), the facility failed to accurately and consistently document on client #1's Enhanced Staffing Supervision.</p> <p>Findings include:</p> <p>On 7/20/22 at 2:17 PM, client #1's record was reviewed. The record indicated the following:</p> <p>-Behavioral Support Plan dated 6/20/22 indicated, "Target Behaviors: ... Ingestion of inedible items/objects: any time [client #1] places an inedible item/object in his mouth ... Attempted ingestion of items/objects: any time [client #1] attempts to ingest an object and is blocked ... Current Schedule: He (client #1) will be 1:1 (one-to-one) on a four-hour rotation. With 30-day reductions of supervision. Staff are not to inform [client #1] that 15-minute increments are going on. The 30-day period reflects a specified amount of alone time while staff are still monitoring him ... If he has an episode of SIB (self-injurious behavior), PICA (ingesting inedible object) or attempted PICA he will be back on 1:1 and the procedure will start over... Enhanced Supervision: Due to consistent self-injurious behavior as well as ingestion of foreign objects, [client #1] will be placed on 1:1 within eyesight with the staff in the same room ... Room sweeps: Room sweeps will be conducted in each of the areas where he has</p>	W 0252	To correct the deficient practice all site staff have been trained on client #1s updated BSP, protocols, and need documentation. Additional monitoring will be achieved through at least weekly documentation review to be completed by the QIDP, BC, or AS to ensure staff are completing documentation as assigned for client 1's BSP. Any discrepancies found during the review will result in staff re-training immediately. As well as the QIDP/BC/AS are in the home routinely to ensure staff are following plans as written. Ongoing monitoring will be achieved through monthly site reviews completed by ResCare administrative staff.	08/22/2022

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G749	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/22/2022
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NAME OF PROVIDER OR SUPPLIER RES CARE SOUTHEAST INDIANA	STREET ADDRESS, CITY, STATE, ZIP COD 16613 SIMA GRAY RD HENRYVILLE, IN 47126
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	<p>access to each shift and any time a staff assumes responsibility of the 1:1 staff ..."</p> <p>-Undated Enhanced Supervision Staffing Form indicated, "Date:" with a blank space. "Resident who is placed on 1:1 defined as within eyesight: [Client #1]... Instructions: daily beginning with 1st shift... rotate every 4 hours... off going staff will sign off at normal time, while the oncoming staff will sign in four hours later... Room sweeps will be conducted in each of the areas where he has access to each shift and anytime a staff assumes responsibility of the 1:1...". Client #1's Enhanced Supervision Form was undated with blank spaces for the "Off-going Staff Signature" and "Time" columns.</p> <p>On 7/20/22 at 11:41 AM, the Area Supervisor (AS) was interviewed. The AS was asked about client #1's incident history of ingesting batteries and the staff documentation for Enhanced Supervision Form with missing data. The AS shook her head up and down and indicated yes to a pattern of client #1 ingesting inedible objects while reviewing client #1's Enhanced Staffing Supervision Form. The AS then stated, "Basically, it looks like there is no data of course (blank spaces)... There needs to be another retraining or in-service. Nightshift needs to sign off. I think that's the problem. I need to retrain on this. We have been keeping the remote in the office until we can get something in place".</p> <p>On 7/21/22 at 4:05 PM, the Quality Assurance Manager (QAM) was interviewed. The QAM was asked about client #1's pattern of ingesting inedible objects and lack of staff documentation on the Enhanced Supervision Staffing Form. The QAM indicated a pattern of client #1 ingesting inedible objects existed. The QAM stated "Yes".</p>			

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

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NAME OF PROVIDER OR SUPPLIER RES CARE SOUTHEAST INDIANA			STREET ADDRESS, CITY, STATE, ZIP CODE 16613 SIMA GRAY RD HENRYVILLE, IN 47126		
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	The QAM then stated, "We'll get it (supports and documentation) more clear. His one-to-one should sign in and off". 9-3-4(a)				