

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

PRINTED: 11/07/2019

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G247		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 10/02/2019	
NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN				STREET ADDRESS, CITY, STATE, ZIP COD 2401 CORNWELL DR JEFFERSONVILLE, IN 47130			
(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	<p>This visit was for an investigation of complaint #IN00296499.</p> <p>Complaint #IN00296499: Substantiated. Federal/state deficiency related to the allegation was cited at W149.</p> <p>Unrelated deficiency cited.</p> <p>Dates of Survey: October 1 and 2, 2019.</p> <p>Facility Number: 000769 Provider Number: 15G247 AIMS Number: 100248810</p> <p>These deficiencies reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review of this report completed October 11, 2019 by #15068.</p>			W 0000			
W 0104 Bldg. 00	<p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation and interview for 3 of 3 sampled clients (A, B and C) and 5 additional clients (D, E, F, G and H), the facility's governing body failed to maintain operating direction over the facility by failing to ensure the outside storm door leading to the deck area was in good repair.</p> <p>Findings include:</p> <p>On 10/01/19 at 4:45 PM, the facility's environment was observed. The storm door leading to the deck</p>			W 0104	<p>1.The facility will ensure repairs are made to the Storm Door leading to the back deck. A replacement door has been ordered and will be installed by 1 November 2019.</p> <p>2.Staff will be in serviced on the procedure for notifying Maintenance for any issues needing repair. Staff will contact (844)-ResCare as soon as</p>		11/01/2019

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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W 0149 Bldg. 00	<p>area of the facility had a torn screen and would not close properly. This affected clients A, B, C, D, E, F, G and H.</p> <p>Interview with Direct Support Personnel/DSP #4 on 10/01/19 at 5:50 PM indicated the door was in need of repair.</p> <p>9-3-1(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> <p>Based on record review and interview for 1 of 3 investigations reviewed affecting 1 of 3 sampled clients (A), the facility failed to ensure the facility's neglect/abuse/exploitation (A/N/E) policy was implemented in regards to financial exploitation of client A when \$40.00 of his personal money could not be accounted for.</p> <p>Findings include:</p> <p>The facility's Bureau of Developmental Disabilities Services/BDDS reports, incident reports and investigations were reviewed on 10/01/19 at 1:45 PM and indicated the following:</p> <p>An investigation dated 5/24-6/01/19 indicated client was missing \$40.00 of his personal money.</p> <p>The Quality Assurance Manager initiated an investigation and found, in part, the following:</p> <p>"...[Staff #1] took [client A] to cash a \$40 check on</p>			W 0149	<p>possible when repairs are needed.</p> <p>3. The Facility will be checked Monthly by a representative from ResCare and repairs will be made as needed.</p> <p>Persons Responsible: Program Manager, Maintenance Manager, Business Manager, Area Supervisor, QIDP, Residential Manager, and DSPs.</p> <p>-- An investigation was completed by the facility and Client A was reimbursed the missing \$40 on July 2, 2019.</p> <p>The Facility will retrain staff on the standard of maintaining the system of accounting for clients funds entrusted to the facility. All receipts for the purchases must be returned to the facility and identify which client funds were spent on. The Residential Manager will conduct weekly reviews of the Clients A, B, C, D, E, F, G and H to ensure all transactions have been recorded and account is balanced. The Residential Manager will ensure any outstanding checks are redeposited after 30 days.</p>		11/01/2019

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	<p>5/21/19. [Staff #1] took [client A] shopping on 5/21/19 but he did not buy anything. The bank envelope with 2-\$20 bills and [client A's] ID (identification card) was (sic) placed in the office under a magazine folder. ...On May 24th [staff #2] and [staff #3] were in the office looking for paperwork when the bank envelope containing [client A's] ID was found...there was no money in it... The morning of the 24th, [staff #3] and [staff #1] reported the missing money to [Area Supervisor/AS #1]. [AS #1], [staff #1] and [staff #3] state [staff #1] stated she put the envelope with the money in it under the magazine holder and then under the tray. Between May 23rd and 24th when the money was found to be missing, [staff #1], [staff #4], [staff #6], [staff #2], [staff #9], and [staff #3] accessed the office. A finance (sic) audit completed on May 28th confirmed all client funds except the missing \$40 are accounted for."</p> <p>The investigation's conclusions indicated:</p> <p>"It is substantiated [client A] is missing \$40. It is unsubstantiated who took the money as six employees had access to the office where the money (was) before it went missing. It is substantiated the client finance policy was not being followed."</p> <p>Interview with the QAC (Quality Assurance Coordinator) on 10/01/19 at 2:00 PM indicated it was not determined what had happened to client A's \$40.00 dollars. The interview indicated the client's money should have been put into the safe. The staff should have called a supervisory staff for assistance with accessing the safe. The</p>				<p>For employees that do not have access to the safe, a security drop box has been purchased and will be installed no later than May 31, 2019. This will provide a secure location for client funds and receipts to be stored until they can be accounted for by the Residential Manager/Area Supervisor or Program Manager.</p> <p>All employees will be trained on the revised standard and disciplinary action will be given if the standard is not followed.</p> <p>The Facility will ensure that the abuse neglect and exploitation policy is followed.</p> <p>Persons Responsible: Program Manager, QA, Business Manager, Area Supervisor, QIDP, Residential Manager, and DSP.</p>		

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	<p>interview indicated this was a violation of the facility's policy prohibiting financial exploitation of individuals. The client had been repaid the money on 7/02/19 by the facility.</p> <p>The agency's policy date 7/10/19 (reviewed on 10/01/19 at 7:30 PM) "Reporting and Investigating Abuse, Neglect, Exploitation, Mistreatment or a Violation of an Individual's Rights" indicated:</p> <p>"ResCare staff actively advocate for the rights and safety of all individuals. All allegations or occurrences of abuse, neglect, exploitation, mistreatment or violation of an Individual's rights shall be reported to the appropriate authorities through the appropriate supervisory channels and will be thoroughly investigated under the policies of ResCare, local, state and federal guidelines. Although ResCare staff are instructed and encouraged to use the internal reporting system outlined below, any staff has the right to contact Adult Protective Services directly, should they suspect abuse, neglect, exploitation, mistreatment or violation of an Individual's rights.</p> <p>ResCare strictly prohibits abuse, neglect, exploitation, mistreatment, or violation of an Individual's rights. These include but are not limited to any of the following: corporal punishment i.e. forced physical activity, prone restraints, contingent exercise, hitting, pinching, the application of pain or noxious stimuli, the use of electric shock, the infliction of physical pain, seclusion in an area which exit is prohibited, an example of seclusion is locking an individual in their bedroom and not allowing them to leave, negative practice or overcorrection, visual or facial screening, verbal abuse including screaming, swearing, name-calling, belittling, damaging an individual's self-respect or dignity,</p>						

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	<p>failure to follow physician's orders, denial of sleep, shelter, food, drink, physical movement for prolonged periods of time, Medical treatment or care or use of bathroom facilities. The use of mechanical restraints except for when ordered as a medical restraint by a licensed physician or dentist is strictly prohibited. ResCare strictly prohibits the use of any other technique that incorporates the use of painful or noxious stimuli; incorporates denial of any health-related necessity; or degrades the dignity of an individual. Abuse, neglect, exploitation, mistreatment or violation of an Individual's rights may also be defined as forcing an individual to complete chores benefiting others without pay unless: (A) The Provider has obtained a certificate from the US Department of Labor to authorize employment; (B) The services are being performed in the individual's own home as a normal and customary part of housekeeping duties; or (C) Individual desires to perform volunteer work in the community. This includes that the individual should not be compelled to provide services for a provider, either by request of the provider, enticements or aversive techniques.</p> <p>All employees receive training upon hire regarding definitions/causes of different types of, how to identify and how to report abuse, neglect, exploitation, mistreatment or violation of an Individual's rights, as well as what to expect from an investigation. All employees receive this training upon hire and annually, thereafter.</p> <p>Procedures:</p> <p>1. Any ResCare staff person who suspects an individual is the victim of abuse, neglect, exploitation or mistreatment of an individual should immediately notify the Program Manager, and then complete an Incident Report. The</p>						

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	<p>Program Manager will then notify the Executive Director. This step should be done within 24 hours...</p> <p>7. If the allegation is substantiated, the staff person accused will follow progressive corrective action up to and including termination.</p> <p>8. Any staff person who is discovered withholding information about alleged or observed abuse, neglect, exploitation, mistreatment or violation of an Individual's rights toward an individual may be subject to disciplinary action up to and including suspension or termination.</p> <p>9. Any individual who has been a victim of substantiated abuse, neglect, exploitation, mistreatment or violation of an Individual's rights will be offered formal or informal counseling, as determined to be appropriate for the individual by the Interdisciplinary Team...."</p> <p>This federal tag relates to Complaint #IN00296499.</p> <p>9-3-2(a)</p>						