

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G745		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 06/26/2017	
NAME OF PROVIDER OR SUPPLIER RES CARE SOUTHEAST INDIANA				STREET ADDRESS, CITY, STATE, ZIP CODE 16611 SIMA GRAY RD HENRYVILLE, IN 47126			
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W 0000 Bldg. 00	<p>This visit was for a PCR (Post Certification Revisit) to the PCR (4/21/17) to the investigation of complaint #IN00219614 completed on 1/27/17.</p> <p>This visit was done in conjunction with the PCR (Post Certification Revisit) to a fundamental annual recertification and state licensure survey completed on 4/21/17.</p> <p>This visit was done in conjunction with the PCR (Post Certification Revisit) to the investigation of complaint #IN00230254 completed on 5/22/17.</p> <p>This visit was done in conjunction with the investigation of complaint #IN00232023.</p> <p>Dates of Survey: 6/22/17, 6/23/17 and 6/26/17.</p> <p>Facility Number: 011663 Provider Number: 15G745 AIMS Number: 200902020</p> <p>This deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review of this report completed</p>		W 0000				

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 that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days 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 14 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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W 0186 Bldg. 00	<p>by #15068 on 7/14/17.</p> <p>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.</p> <p>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.</p> <p>Based on record review and interview for 2 of 2 sampled clients (A and B), plus 2 additional clients (C and D), the facility failed to provide 3 staff on first and second shifts and 2 staff on third shift for the Extensive Special Needs (ESN) home to ensure the clients' behavioral and supervision needs were met.</p> <p>Findings include:</p> <p>BDDS (Bureau of Developmental</p>		W 0186	<p>W186: The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans.</p> <p>Corrective Action: (Specific): The Residential Manager will be re-trained on ensuring that staffing ratios are consistent with the scheduled hours for the</p>		07/26/2017	

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	<p>Disabilities Services) reports were reviewed for clients A, B, C and D on 6/23/17 at 12:02 PM. BDDS reports dated 6/5/17 indicated, "On 6/4/17 [client A] appeared very agitated. He took batteries out of his window alarm in his bedroom, broke a picture frame in the bathroom, then threatened physical aggression toward other clients. [Client A] then left the house and was slamming doors, attempting to break his bedroom window by throwing a basketball at it and attempting to break another window with a metal water bottle. [Client A] then walked outside the gate and down the driveway. Staff followed [client A] for a while on the phone with 911. [Client A] proceeded to zigzag back and forth while staff was still following him. Another staff followed in a van and attempted to convince [client A] to enter the van, [client A] kept walking and went across the railroad tracks into a field. [Client A] then picked up some limbs and threw them at staff and told staff that he was not walking back to the van. Both staff then verbally redirected [client A] to the van again and failed. Staff then put [client A] in a 2 man You're Safe I'm Safe on the ground in 5 minute intervals until police arrived and took [client A] into custody."</p> <p>BDDS report dated 6/20/17 indicated,</p>				<p>home.</p> <p>How others will be identified: (Systemic): The Area Supervisor will review the schedule for the home with the Residential Manager at least three times weekly for the next 30 days then at least weekly thereafter to ensure that staffing ratios are consistent with the scheduled hours for the home and verifying that all shifts have staff scheduled. The Area Supervisor will send a copy of the schedule to the Program Manager for review at least weekly for the next 30 days and HR will continue active recruiting for any open staffing positions.</p> <p>Measures to be put in place: The Residential Manager will be re-trained on ensuring that staffing ratios are consistent with the scheduled hours for the home.</p> <p>Monitoring of Corrective Action :) The Area Supervisor will review the schedule for the home with the Residential Manager at least three times weekly for the next 30 days then at least weekly thereafter to ensure that staffing ratios are consistent with the</p>		

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	<p>"[Client A] was being verbally aggressive toward staff and attempted to elope. [Client A] left the assigned area with staff by his side and another staff following in the van. [Client A] was verbally redirected to return home, but refused. Staff contacted the police for assistance. Due to being on home incarceration and probation police arrested [client A] and transported him to [jail]. He is set to appear in court on 6/21/17. The team will meet following his court date and discuss what changes may need to be made to his plans. At this time [client A] remains in police custody."</p> <p>Staff time cards were reviewed on 6/23/17 at 4:00 PM for a 2 week period (6/8/17 - 6/22/17). Staff time cards indicated the home was under ratio on the following days: 1st shift (6:00 AM through 2:00 PM) was run with two staff and 4 clients on 6/12/17, 6/16/17, 6/19/17 and 6/20/17. 2nd shift (2:00 PM through 10:00 PM) was run with 2 staff and 4 clients on 6/12/17, 6/15/17, 6/17/17, 6/18/17 and 6/20/17. Third shift (10:00 PM through 6:00 AM) was run with one staff and 4 clients on 6/15/17, 6/19/17, 6/20/17 and 6/21/17.</p> <p>Staff #1 was interviewed on 6/22/17 at 4:20 PM. Staff #1 indicated there were</p>				<p>scheduled hours for the home and verifying that all shifts have staff scheduled. The Area Supervisor will send a copy of the schedule to the Program Manager for review at least weekly for the next 30 days and HR will continue active recruiting for any open staffing positions.</p> <p>Completion date: 7/26/17</p>		

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	<p>times when the home was short of staff. Staff #1 indicated the house was down 3 staff. Staff #1 indicated the home has to call other homes (next door) for help when they have client behaviors. Staff #1 indicated the other homes do not always come to help.</p> <p>Qualified Intellectual Disabilities Professional (QIDP) #1 was interviewed on 6/23/17 at 4:30 PM. QIDP #1 indicated client A now would have a one on one staff with him at all times. QIDP indicated his BSP (Behavior Support Plan) was updated on 6/4/17 to reflect the one to one staff.</p> <p>Program Manager (PM) #1 was interviewed on 6/22/17 at 1:45 PM. PM #1 indicated the home should have 3 staff on 1st shift, 3 staff on 2nd shift and 2 staff on overnight shift. PM #1 indicated client A had his court date on 6/21/17 and was released back to group home.</p> <p>This deficiency was cited on 1/27/17 and 4/21/17. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-3(a)</p>						

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

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FORM APPROVED

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