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	02/06/2015

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
W000000	This visit was for a post certification revisit (PCR) to the full recertification and state licensure survey completed 11/13/14. This survey was done in conjunction with the investigation of Complaint #IN00162588. Dates of Survey: February 5 and 6, 2015. Facility Number: 000956 Provider Number: 15G442 AIMS Number: 100244760 Surveyor: Dotty Walton, QIDP. The following deficiencies reflect state findings in accordance with 460 IAC 9. Quality Review completed 2/19/15 by Ruth Shackelford, QIDP.	W000000		
W000149	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.			

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

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	Based on record review and interview for 1 of 1 investigation reviewed, affecting 4 of 4 sampled clients (A, B, C and D), the facility failed to ensure their policies prohibiting abuse and exploitation of clients by facility staff were implemented. The facility failed to ensure corrective action (restitution for personal items) was completed. Findings include: Facility investigations, incident reports and Bureau of Developmental Disabilities Services/BDDS reports since 12/13/14 were reviewed on 02/05/15 at 2:30 PM and indicated the following: An investigation completed on 1/13/15 (reported to BDDS 1/08/15) by Clinical Supervisor/CS #1 indicated some personal items of the clients had disappeared. The information was reported on 1/07/15 to House Manager #1 who in turn reported to the administrator. Client A had reported a Monopoly game she received for Christmas was missing. Client B reported a pearl necklace and earring set she purchased could not be located. Client C reported she was missing an iPod and a gift card. Client D reported staff #2 had borrowed a bracelet and blouse (valued at $40.00)	W000149	**149: 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 clients.** **Corrective Action: (Specific)** An investigation was completed regarding the missing items of clients (A, B, C &D). Clinical Supervisors will be in-serviced on the initiating investigations and having them completed within 5 business days and the final investigation will be sent to the Business Office Manager and restitution for missing items were reimbursed and deposited into the RFMS account. All staff will be in-serviced on the Abuse Neglect Exploitation Policy and Procedures. **How others will be identified: (Systemic)** The Program Manager will follow up with the Clinical Supervisor at least weekly to ensure that all incidents that require and investigation are initiated and completed within 5 business days. The Program Manager will ensure the Clinical Supervisor submits all finalized investigations to the Business Office Manager to ensure funds	03/08/2015

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	and staff #2 had not returned the items. The 1/13/15 investigation indicated staff #2 had "abandoned" her job on 1/02/15 and would not return phone calls. The investigation indicated the items were indeed missing but how it happened could not be determined. A follow-up BDDS report dated 1/16/15 indicated the missing items' value would be found so the items could be replaced. The report indicated a police report (complaint)had been filed on the missing items but there had been no follow up by the police on the complaint as of 1/16/15. Interview with CS #1 on 2/06/15 at 3:00 PM indicated the valuation of the missing items was still under investigation so the restitution to clients A, B, C and D had not been completed at the time of the survey. The interview indicated efforts had been made to contact staff #2 but they had failed. The interview indicated the facility's policy prohibited staff from borrowing clients' personal items regardless of their returning the items or having permission to borrow. The interview stated staff #2 had "abandoned" her job and all efforts to reach her regarding the allegations had failed. Staff #2 would have faced disciplinary action were she still employed by the agency		are reimbursed to the clients. All investigations will be provided to the Executive Director upon completion for review. **Measures to be put in place:** **Corrective Action: (Specific):** An investigation was completed regarding the missing items of clients (A, B, C &D). Clinical Supervisors will be in-serviced on the initiating investigations and having them completed within 5 business days and the final investigation will be sent to the Business Office Manager and restitution for missing items were reimbursed and deposited into the RFMS account. All staff will be in-serviced on the Abuse Neglect Exploitation Policy and Procedures. **Monitoring of Corrective Action:** The Program Manager will follow up with the Clinical Supervisor at least weekly to ensure that all incidents that require and investigation are initiated and completed within 5 business days. The Program Manager will ensure the Clinical Supervisor submits all finalized investigations to the Business Office Manager to ensure funds are reimbursed to the clients. All investigations will be provided to the Executive Director upon completion for review.	

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	(staff who abandon their job are terminated). The "Abuse/Neglect/Exploitation Policy and Procedure" component of the agency's 08/01/07 Operational Policy and Procedure Manual (revised 01/09/2015) was reviewed on 2/06/2015 at 3:19 PM. The review indicated the agency prohibited abuse, neglect and exploitation of clients. The definition of exploitation was as follows: "E. Abuse--Exploitation Definition: 1. An act that deprives an individual of real or personal property by fraudulent or illegal means. 2. Utilization of another person for selfish purposes." This deficiency was cited on 11/13/14. The facility failed to implement a plan of correction to prevent recurrence. 9-3-2(a)		**Completion date: March 8, 2015**	
W000157	483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate			

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	corrective action must be taken. Based on record review and interview for 1 of 1 investigation reviewed, affecting 4 of 4 sampled clients (A, B, C and D), the facility failed to ensure corrective action (restitution for personal items) was completed. Findings include: Facility investigations, incident reports and Bureau of Developmental Disabilities Services/BDDS reports since 12/13/14 were reviewed on 02/05/15 at 2:30 PM and indicated the following: An investigation completed on 1/13/15 (reported to BDDS 1/08/15) by Clinical Supervisor/CS #1 indicated some personal items of the clients had disappeared. The information was reported on 1/07/15 to House Manager #1 who in turn reported to the administrator. Client A had reported a Monopoly game she received for Christmas was missing. Client B reported a pearl necklace and earring set she purchased could not be located. Client C reported she was missing an iPod and a gift card. Client D reported staff #2 had borrowed a bracelet and blouse (valued at $40.00) and staff #2 had not returned the items.	W000157	**W157: 483.420(d)(4) STAFF TREATMENT OF CLIENTS** **If the alleged violation is verified, appropriate corrective action must be taken.** **Corrective Action: (Specific)** An investigation was completed regarding the missing items of clients (A, B, C &D). Clinical Supervisors will be in-serviced on the initiating investigations and having them completed within 5 business days and the final investigation will be sent to the Business Office Manager and restitution for missing items were reimbursed and deposited into the RFMS account. All staff will be in-serviced on the Abuse Neglect Exploitation Policy and Procedures. **How others will be identified: (Systemic)** The Program Manager will follow up with the Clinical Supervisor at least weekly to ensure that all incidents that require and investigation are initiated and completed within 5 business days. The Program Manager will ensure the Clinical Supervisor submits all finalized investigations to the Business Office Manager to ensure funds are reimbursed to the clients. All investigations will be provided to the Executive Director upon	03/08/2015

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	The 1/13/15 investigation indicated staff #2 had "abandoned" her job on 1/02/15 and would not return phone calls. The investigation indicated how the items were indeed missing but how it happened could not be determined. A follow-up BDDS report dated 1/16/15 indicated the missing items' value would be found so the items could be replaced. Interview with CS #1 on 2/06/15 at 3:00 PM indicated the valuation of the missing items was still under investigation so the restitution to clients A, B, C and D had not been completed at the time of the survey. This deficiency was cited on 11/13/14. The facility failed to implement a plan of correction to prevent recurrence. 9-3-2(a)		completion for review. **Measures to be put in place:** **Corrective Action: (Specific):** An investigation was completed regarding the missing items of clients (A, B, C &D). Clinical Supervisors will be in-serviced on the initiating investigations and having them completed within 5 business days and the final investigation will be sent to the Business Office Manager and restitution for missing items were reimbursed and deposited into the RFMS account. All staff will be in-serviced on the Abuse Neglect Exploitation Policy and Procedures. **Monitoring of Corrective Action:** The Program Manager will follow up with the Clinical Supervisor at least weekly to ensure that all incidents that require and investigation are initiated and completed within 5 business days. The Program Manager will ensure the Clinical Supervisor submits all finalized investigations to the Business Office Manager to ensure funds are reimbursed to the clients. All investigations will be provided to the Executive Director upon completion for review. .	

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