

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G746	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/10/2023
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NAME OF PROVIDER OR SUPPLIER RES CARE SOUTHEAST INDIANA	STREET ADDRESS, CITY, STATE, ZIP COD 16609 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. This visit included the investigation of complaint #IN00383467.</p> <p>Complaint #IN00383467: Substantiated; Federal and State deficiency related to the allegation(s) is cited at W149.</p> <p>Survey dates: 3/7/23, 3/8/23, 3/9/23 and 3/10/23</p> <p>Facility Number: 011664 Provider Number: 15G746 AIM Number: 200902010</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 and #27547 on 3/16/23.</p>	W 0000		
W 0149 Bldg. 00	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview for 7 of 32 incident reports affecting clients A, B and C, the facility failed to implement its policy and procedures for prohibiting abuse, neglect, exploitation, mistreatment and/or violation of individuals' rights to prevent a pattern of client-to-client physical aggression.</p> <p>Findings include:</p> <p>On 3/8/23 at 9:19 AM, a review of the facility's Bureau of Developmental Disabilities Services</p>	W 0149	<p>1. The Facility will retrain Staff on the Abuse, Neglect, and Exploitation Policy and disciplinary action will be given if the policy is not followed. Area Supervisor and Residential Manager will ensure that the Abuse, Neglect, and Exploitation Policy is followed. Monitoring of ANE will be done by The Program Manager, Area Supervisor, and Residential Manager to ensure all</p>	03/30/2023

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Mark Slaughter	AED	05/25/2023

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>(BDDS) incident reports and investigations was conducted. The review indicated the following affecting clients A, B and C:</p> <p>1) BDDS incident report dated 2/3/23 indicated, "It was reported [client B] had been walking on treadmill when (he) gave staff a high five. [Client B] then attempted to give [client C] a high five. [Client B] then attempted to hit [client C] and staff got between the two men. [Client B] hit staff multiple times in the face/head. [Client C] then shoved [client B] causing [client B] to fall on his treadmill. Staff verbally redirected [client C]. [Client B] sustained a 2-inch red mark on his left cheek, and a red 3-inch red mark on his left side. Both red marks disappeared...".</p> <p>Investigation Summary dated 2/2/23 indicated, "[Client B] was in the living room walking on his treadmill. He got off of the treadmill and gave staff a high five. Client then offered [client C] a high five as staff was redirecting [client B's] attention to another activity. [Client B] tried to punch [client C]. Staff intervened and was hit three times in the face. [Client C] then ran up and pushed [client B] causing him to fall on the treadmill. [Client C] was redirected to his room and [client B] was evaluated. Both clients calmed and went to their rooms... Recommendations: Staff will continue to follow plans in order to prevent client to client (aggression) between these two clients".</p> <p>2) BDDS incident report dated 1/2/23 indicated, "[Client C] and [client B] were watching TV (television) when [client C] jumped up and ran over to [client B], grabbed his hand, scratched it, and ran to his room. Staff assisted [client B] with cleaning 1 half inch scratch and 5 quarter inch scratches on his left hand...".</p>		<p>incidents of possible abuse, neglect, and exploitation are reported to the QA department.</p> <p>2. The ESN IDT will meet weekly to identify client to client physical aggression and enact strategies developed through team discussion and planning. Client centered plans and strategies will recommend changes to the BSP and ISP as identified.</p> <p>3. The QIDP and BC will make changes identified during the IDT and Area Supervisor will ensure all staff in the facility are trained on updated plans as needed.</p> <p>Persons Responsible: Program Manager, Area Supervisor, QIDP, BC, DSL, and DSP.</p> <p>DATE OF COMPLETION: March 30, 2023</p>	

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	<p>Investigation Summary dated 1/4/23 indicated, "[Client B] and [client C] were sitting in the living room watching television. [Client C] jumped up and ran to [client B]. He grabbed [client B's] hand and squeezed it. [Client C] managed to scratch [client B's] left hand (six small scratches). [Client C] was redirected to his room and [client B] received first aid (cleaning of scratches)... Conclusion: [Client C] did grab [client B's] left hand and left six scratches on his left hand. Scratches were cleaned and no further medical attention was required. Recommendations: Team recommends that staff in the home ensure that [client C's] nails are trimmed on a regular basis to reduce his ability to scratch others".</p> <p>3) BDDS incident report dated 12/28/22 indicated, "As staff was screwing something in, [client A] told [client B] to back away. [Client B] became frustrated and punched [client A] and spit on him. Staff verbally redirected [client B] and [client B] went to his room..."</p> <p>Investigation Summary dated 12/30/22 indicated, "[Staff #5]... on duty during incident on 12-27-22... stated, "I was just helping [client A] with the television cover. I had a screwdriver in my hand and was concerned when [client B] came over. I told him to stay back. He kept coming toward me. [Client A] asked him to stay back because I had a tool and he shouldn't be that close. [Client B] got upset with [client A] redirecting him and he reached out an (sic) punched him in the arm and spit in his face... Conclusion: [Client B] did come to the oposite (sic) side of the home and punch [client A] in the arm and spit in his face. Recommendations: Team continues to have concerns over [client B's] unpredictable physical aggression toward staff and other clients in the home. Team continues to work to develop plan</p>			

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	<p>that works to reduce physical aggression".</p> <p>4) BDDS incident report dated 12/26/22 indicated, "It was reported [client B] and [client C] needed to use the restroom at the same time. [Client C] took hold of [client B] and staff got between the men and initiated one-person YSIS (You're Safe I'm Safe) for 15 seconds with [client C]. [Client C] was able to get out of YSIS hold and hit [client B] near the right eye causing a ½ inch scratch. [Client B's] eye was also red, but the redness went away in a few hours...".</p> <p>Investigation Summary dated 12/30/22 indicated, "At approximately 3 am on 12-26-22, [client C] and [client B] were up and heading to the restroom at the same time. [Client C] grabbed [client B] by the arm to pull him back. Staff intervened and provided one-person YSIS (You're Safe I'm Safe) to [client C]. [Client C] broke away and punched [client B] in the eye area and then ran to his bedroom. Staff checked [client B] and he had a dime sized scratch by his right eye ... Conclusion: [Client C] did grab and hit [client B]. Recommendations: Team continues to monitor the situation with these two clients and continue to develop plans to prevent further occurrences. Team has re-arranged furniture, placed staff in living room between the clients' rooms, added staff to that side of home to ensure clients safety and reviewed possible movement of clients in the home".</p> <p>5) BDDS incident report dated 11/29/22 indicated, "It was reported [client C] became agitated when [client B] was talking to [client C]. [Client C] hit [client B] on the left side of the head. [Client B] sustained a 1 inch swollen spot on his left eyebrow. The swelling went down and [client C] has a 1 inch bruise on his left eyebrow...".</p>			

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	<p>Investigation Summary dated 12/1/22 indicated, "[Client C] and [client B] were sitting in living room of home. [Client B] was talking with staff and with [client C]. [Client C] became agitated and stood up and hit [client B] in the face leaving a quarter sized red mark on [client B's] eyebrow. Nurse was notified but no further medical attention was required ... Conclusion: [Client C] hit [client B] in the face following agitation toward [client B]. Recommendations: Staff will continue to provide close supervision for these two clients in the living room area to reduce client to client incidents. BC (Behavior Clinician) and QIDP (Qualified Intellectual Disabilities Professional) are completing daily/weekly observations in the home".</p> <p>6) BDDS incident report dated 10/20/22 indicated, "It was reported [client C] and [client B] were in the living room watching TV (television) when [client C] attempted to give [client B] a 'high five' and [client B] ignored him. [Client C] then took hold of [client B's] hand and bit down without breaking the skin or causing any redness. [Client C] was also scratching [client B's] forearms. Staff attempted verbal redirection but then initiated one-man YSIS (You're Safe I'm Safe) for 30 seconds until [client C] calmed. [Client B] sustained multiple scratches on each forearm measuring from ¼ inch to ½ inch and a ¼-½ inch scratch on the left side of (his) nose...".</p> <p>Investigation Summary dated 10/21/22 indicated, "[Client C] was in living room of home. He went up to [client B] and offered to give him a high-five. [Client B] did not engage. [Client C] became agitated and lunged at [client B]. He landed on top of him and attempted to bite his hands. [Client C] got [client B's] hand but did not break his skin or</p>			

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	<p>leave any marks. However, [client B] was scratched on the forearms and nostril by [client C]. AS [Area Supervisor name] placed [client C] in a one-person YSIS (You're Safe I'm Safe) and redirected him to his room. [Client B's] injuries did not require medical attention past first aid ...</p> <p>Conclusion: [Client C] did lunge at [client B] and attempt to bite his hands and to scratch him. There was no need for further medical treatment past first aid for [client B]... Recommendations: BC (Behavior Clinician) in-servicing staff on plan to keep a staff between these two clients when they are sitting in the living room at the same time. Daily calls and observations are being completed to ensure plan implementation".</p> <p>7) BDDS incident report dated 6/18/22 indicated, "It was reported [client A] asked [client C] to leave the kitchen so he could close the kitchen door. [Client C] got hold of [client A's] hands and bit him. [Client C] then went to his bedroom. Staff completed skin assessment and found a ¼ inch abrasion on the inside of [client A's] pinky (little) finger and a ¼ inch abrasion on the outside of [client A's] pinky (little) finger. Nurse was contacted and staff applied first aid..."</p> <p>Investigation Summary dated 6/20/22 indicated, "Client [client A] was in the kitchen of the home on his side of the home. [Client C] attempted to go into the kitchen and [client A] tried to shut the door and asked [client C] to leave. [Client C] stood there and then grabbed [client A's] hands and placed them in his mouth and bit down on his left hand. [Client C] ran to his room and staff attended to [client A]. He had two small abrasions on the inner and outer sides of his left pinky (little finger) at the first knuckle. Nurse was notified. Assessment revealed that there was no need for further medical treatment and abrasions were</p>			

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	<p>cleaned and a band aid was placed on the area... Conclusion: There was an incident of client-to-client aggression... Recommendations: Staff continue to follow BSPs (Behavior Support Plans) for both clients and work to keep clients separated by having clients on assigned sides of the home. Staff to place themselves in a position between clients at all opportunities when at all possible. Area Supervisor, [former area supervisor name] to review with client (client A) not to allow [client C] to hold his hands even when they are being friendly toward each other to reduce the opportunities for client-to-client incidents between the two".</p> <p>On 3/8/23 at 3:49 PM, the Qualified Intellectual Disabilities Professional (QIDP) was interviewed. The QIDP was asked about the pattern of physical aggression between clients A, B and C. The QIDP indicated the interdisciplinary team had emphasized with staff the importance of being between clients A, B and C to redirect and prevent client-to-client physical aggression and reviewing with the recently hired behavior clinician more ways to prevent the occurrences of client-to-client aggression. The QIDP stated, "At night we brought the night shift staff out between the two doors (between client B and client C's bedrooms)". The QIDP was asked about the pattern of client-to-client aggression and implementation of the abuse, neglect, exploitation, mistreatment and/or violation of individual's rights (ANE) policy. The QIDP indicated clients A, B and C should be free from abuse such as physical aggression. The QIDP indicated the ANE policy should be implemented at all times.</p> <p>On 3/10/23 at 10:02 AM, the Quality Assurance Manager (QAM) was interviewed. The QAM was asked about the pattern of client-to-client physical</p>			

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W 0153 Bldg. 00	<p>aggression and the implementation of the ANE policy. The QAM indicated the client-to-client physical aggression was decreasing due to staff placing themselves between clients A, B and C to intervene. The QAM stated, "Yes, the ANE policy should be implemented at all times. I feel the incident reports show a decrease".</p> <p>On 3/8/23 at 10:45 AM, a review of Reporting and Investigating Abuse, Neglect, Exploitation, Mistreatment or a Violation of Individual's Rights dated 2/28/23 indicated, "ResCare strictly prohibits abuse, neglect, exploitation, mistreatment, or violation of an Individual's rights...".</p> <p>This federal tag relates to complaint #IN00383467.</p> <p>9-3-2(a)</p> <p>483.420(d)(2)</p> <p>STAFF TREATMENT OF CLIENTS</p> <p>The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.</p> <p>Based on record review and interview for 1 of 5 incident reports affecting clients B and C, the facility failed to ensure an incident of physical aggression was immediately reported to the administrator and Bureau of Developmental Disabilities Services (BDDS) within 24 hours.</p> <p>Findings include:</p> <p>On 3/8/23 at 9:19 AM, a review of the facility's Bureau of Developmental Disabilities Services (BDDS) incident reports was conducted. The</p>	W 0153	<p>1. The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.</p> <p>2. The Area Supervisor will train all Facility Staff on the BDDS Reporting Standard.</p>	03/30/2023

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	<p>review indicated the following affecting clients B and C:</p> <p>BDDS incident report dated 2/3/23 indicated, "It was reported [client B] had been walking on treadmill when (client B) gave staff a high five. [Client B] then attempted to give [client C] a high five. [Client B] then attempted to hit [client C] and staff got between the two men. [Client B] hit staff multiple times in the face/head. [Client C] then shoved [client B] causing [client B] to fall on his treadmill. Staff verbally redirected [client C]. [Client B] sustained a 2-inch red mark on his left cheek and a red 3-inch red mark on his left side. Both red marks disappeared...". The incident report indicated the client-to-client physical aggression occurred on 2/1/23, the date of knowledge (when the administrator was notified) was on 2/2/23, but not reported to BDDS until 2/3/23.</p> <p>On 3/8/23 at 3:49 PM, the Qualified Intellectual Disabilities Professional (QIDP) was interviewed. The QIDP was asked about the immediate reporting of the client-to-client physical aggression and within 24 hours to BDDS. The QIDP indicated all abuse, neglect, exploitation, mistreatment and/or violation of individual's rights should be reported immediately to administrator and within 24 hours to BDDS.</p> <p>On 3/10/23 at 10:02 AM, the Quality Assurance Manager (QAM) was interviewed. The QAM was asked about the reporting of the client-to-client physical aggression immediately to the administrator and within 24 hours to BDDS. The QAM indicated further review was needed and stated, "Yes, it should have been reported (to BDDS) within 24 hours".</p>		<p>Persons Responsible: Program Manager, Area Supervisor, QIDP, BC, DSL and DSP.</p> <p>DATE OF COMPLETION: March 30, 2023</p>	

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W 0249 Bldg. 00	<p>9-3-2(a)</p> <p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on record review and interview for 1 of 2 sampled clients (A) and 1 additional client (D), the facility failed to ensure the implementation of clients A and D's money management objectives.</p> <p>Findings include:</p> <p>1) On 3/8/23 at 1:49 PM, client A's record was reviewed. The review of client A's Individual Support Plan (ISP) dated 11/18/22 indicated, "Goal 2: To improve money management. Objective: Will make his purchase in the community by budgeting and handing the cashier money with one verbal prompt 100% of the opportunities for 12 months by 11/18/23 ... Methodology: Staff will provide him assistance with budgeting his money in order to make a purchase in the community. [Client A] will select the item and make the purchase with his money. [Client A] will count his change, sign the receipt and hand the receipt to staff. Staff is provide one opportunity for him to make the purchase. A successful trial will be recorded when [client A] budgets enough money, hands the cashier the money and makes the purchase. Verbal praise and encouragement are to be given for all efforts ...".</p> <p>-Resource Ledger dated 3/2023 indicated a "\$0.00"</p>	W 0249	<ol style="list-style-type: none"> 1. The Facility will retrain 2. 3. 4. Clients will be given the option to use cash on hand accounted for in the client ledger for client specific purchases of their choice. 5. The ESN IDT will review client finance procedures and update plans based on the needs and abilities to create client specific plans. 6. The Area Supervisor will retrain all facility on client finances. <p>Persons Responsible: Program Manager, Area Supervisor, QIDP, BC, DSL and DSP.</p> <p>DATE OF COMPLETION: March 30, 2023</p>	03/30/2023
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	<p>balance and no debit transaction(s) client A spent money to make a purchase in the community in March.</p> <p>-Resource Ledger dated 2/2023 indicated a "\$0.00" balance and no debit transaction(s) client A spent money to make a purchase in the community in February.</p> <p>-Resource Ledger dated 1/2023 indicated a "\$0.00" balance and no debit transaction(s) client A spent money to make a purchase in the community in January.</p> <p>-Resource Ledger dated 12/2022 indicated a "\$0.00" balance and no debit transaction(s) client A spent money to make a purchase in the community in December.</p> <p>-Residential Fund Management System (RFMS) dated 2/1/23 through 2/28/23 indicated no debit transactions occurred for client A's expenditure of money to make a purchase.</p> <p>-RFMS dated 1/1/23 through 1/31/23 indicated no debit transactions occurred for client A's expenditure of money to make a purchase.</p> <p>-RFMS dated 12/1/22 through 12/31/22 indicated client A had one debit transaction on 12/16/22 for a total of \$232.05 for Christmas Shopping.</p> <p>-RFMS dated 11/1/22 through 12/6/22 indicated no debit transactions occurred for client A's expenditure of money to make a purchase.</p> <p>2) On 3/9/23 at 12:23 PM, client D's record was reviewed. The review of client D's Individual Support Plan (ISP) dated 6/22/22 indicated, "Goal 2: To improve money management. Objective: Will</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G746	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/10/2023
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NAME OF PROVIDER OR SUPPLIER RES CARE SOUTHEAST INDIANA	STREET ADDRESS, CITY, STATE, ZIP COD 16609 SIMA GRAY RD HENRYVILLE, IN 47126
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	<p>make his purchase in the community by budgeting and handing the cashier money with two verbal prompts 50% of the opportunities for 12 months by 7/16/23 ... Methodology: Staff will provide him assistance with budgeting his money in order to make a purchase in the community. [Client D] will select the item and make the purchase with his money. [Client D] will count his change, sign the receipt and hand the receipt to the staff. Staff is to provide one opportunity for him to make the purchase. A successful trial will be recorded when [client D] budgets enough money, hands the cashier the money and makes the purchase. Verbal praise and encouragement are to be given for all efforts ...".</p> <p>-Resource Ledger dated 3/2023 indicated a "\$0.00" balance and no debit transaction(s) client D spent money to make a purchase in the community in March.</p> <p>-Resource Ledger dated 2/2023 indicated a "\$0.00" balance and no debit transaction(s) client D spent money to make a purchase in the community in February.</p> <p>-Resource Ledger dated 1/2023 indicated a "\$0.00" balance and no debit transaction(s) client D spent money to make a purchase in the community in January.</p> <p>-Resource Ledger dated 12/2022 indicated a "\$0.00" balance and no debit transaction(s) client D spent money to make a purchase in the community in December.</p> <p>-Residential Fund Management System (RFMS) dated 2/1/23 through 2/28/23 indicated no debit transactions occurred for client D's expenditure of money to make a purchase.</p>			

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	<p>-RFMS dated 1/1/23 through 1/31/23 indicated no debit transactions occurred for client D's expenditure of money to make a purchase.</p> <p>-RFMS dated 12/1/22 through 12/31/22 indicated no debit transactions occurred for client D's expenditure of money to make a purchase.</p> <p>On 3/8/23 at 3:49 PM, the Qualified Intellectual Disabilities Professional (QIDP) was interviewed. The QIDP was asked about implementation of clients A and D's objectives for money management and the lack of debit transactions for purchases made in the community indicated in their financial ledgers. The QIDP indicated clients A and D did not use cash to make purchases. The QIDP indicated clients A and D's purchases were made through the use of P-card (debit) for the home. The QIDP indicated clients A and D were no longer gifted \$52.00 a month in spending and their financial ledger should track debit transactions for purchases in the community which would relate to the implementation of their program objectives for money management. The QIDP indicated she spoke with QIDP Lead about the possible need to revise clients A and D's money management objectives since they no longer used cash to make purchases.</p> <p>On 3/9/23 at 12:42 PM, the Associate Executive Director (AED) was interviewed. The AED was asked about implementation of clients A and D's objectives for money management and the lack of debit transactions for purchases made in the community indicated by their financial ledgers. The AED indicated clients A and D's were participating in community outings with the expenditure of monies, but staff had not accounted for the transactions to indicate the</p>			

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

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	<p>debit transaction from their individual accounts. The AED indicated this resulted in the provider making the purchase rather than the client. The AED stated, "That's fair, there needs to be a training opportunity. We tried to streamline to give them access to money". The AED indicated further review was needed to ensure clients A and D had training opportunities to make individual purchases and continue working toward their money management objectives.</p> <p>On 3/10/23 at 10:02 AM, the Quality Assurance Manager (QAM) was interviewed. The QAM was asked about the implementation of clients A and D's objectives for money management and the lack of debit transactions for purchases made in the community indicated by their financial ledgers. The QAM indicated further follow up was needed. The QAM stated, "I think we're going to assess to see who can handle their money". The QAM indicated implementation of clients A and D's objectives for money management needed further review.</p> <p>9-3-4(a)</p>			