

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

PRINTED: 11/26/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15G723		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 09/27/2018	
NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SE IN				STREET ADDRESS, CITY, STATE, ZIP COD 13009 HORIZON DR MEMPHIS, IN 47143			
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W 0000  Bldg. 00	<p>This visit was for a pre-determined full recertification and state licensure survey.</p> <p>Survey dates: September 10, 11, 12, 24, 25, 26 and 27, 2018.</p> <p>Facility Number: 004615 Provider Number: 15G723 AIM Number: 200528230</p> <p>These federal deficiencies reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 10/25/18.</p>		W 0000				
W 0102  Bldg. 00	<p>483.410 GOVERNING BODY AND MANAGEMENT</p> <p>The facility must ensure that specific governing body and management requirements are met.</p> <p>Based on observation, record review and interview for 1 of 3 sampled clients (#1), the facility failed to meet the Condition of Participation: Governing Body. The governing body neglected to implement policies and procedures to ensure the rights of all clients to be free of neglect by neglecting to monitor client #1 to keep him from repeatedly ingesting non-edible items (PICA) which led to hospitalizations.</p> <p>Findings include:</p> <p>1. The governing body failed to ensure the facility's neglect/abuse/mistreatment policy was implemented regarding staff neglect of client #1's PICA behavior (ingesting non-edible items). The governing body neglected to provide sufficient</p>		W 0102	<p><b>Corrective Action: (Specific):</b> The Behavior Clinician for client 1 will update his behavior support plan (BSP) to include the use of a choking assessment device to determine size of items that may become preferred ingestible items. Any items identified as such will be removed from client 1's environment. All staff will be retrained Client 1's BSP. Client 1 has relocated to a home more environmentally suitable for management of PICA.</p> <p><b>How others will be identified: (Systemic):</b> The Residential Manager will be in the location at</p>		10/27/2018	

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 0104  Bldg. 00	<p>staff supervision to monitor client #1 and his environment to keep him from ingesting objects. The governing body neglected to implement corrective measures to keep client #1 from ingesting objects. Please see W104.</p> <p>2. The governing body failed to meet the Condition of Participation: Client Protections for 1 of 3 sampled clients (client #1). The governing body neglected to implement policies and procedures to ensure the rights of all clients to be free of neglect by neglecting to monitor client #1 to keep him from repeatedly ingesting non-edible items (PICA) which led to hospitalizations. Please see W122.</p> <p>9-3-1(a)</p> <p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based on observation, record review and interview for 2 of 2 sampled clients (#1 and #2), and 2 additional clients (#3 and #4), the facility's governing body failed to exercise general policy, budget and operating direction over the facility by failing to develop policy and procedures to address the use of mechanical smoking devices/electronic cigarettes. The governing body neglected to implement policies and procedures to ensure the rights of all clients to be free of neglect by neglecting to monitor client #1 to keep him from repeatedly ingesting non-edible items (PICA) which led to hospitalizations.</p> <p>Findings include:</p>			W 0104	<p>least five times weekly to ensure all client plans are being followed. The Area Supervisor will be in the location at least three times weekly for 60 days, and at least weekly thereafter, to ensure all client plans are being followed. The Behavioral Clinician and the QIDP will be in the home at least ten hours weekly to ensure all client plans are being followed. The Program Manager will be in the location at least twice weekly for 60 days, then at least monthly thereafter, to ensure all client plans are being followed. Administrative observations will be done daily for the next sixty days.</p> <p><b>Corrective Action: (Specific):</b> A protocol for client use of electronic smoking devices will be developed and implemented. All staff will be trained on the protocol. The Behavior Clinician for client 1 will update his behavior support plan (BSP) to include the use of a choking assessment device to determine size of items that may become preferred ingestible items. Any items identified as such will be removed from client 1's environment. All staff will be retrained Client 1's BSP. Client 1 has relocated to a home more</p>		10/27/2018

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	<p>1. Observations were conducted on the evening of 9/10/18 from 4:00 PM until 6:00 PM in the residence of clients #1, #2, #3, and #4. Client #1 went to the outside deck and smoked a traditional cigarette with staff #1. Client #4 and staff #3 went onto the back deck of the facility and both used electronic cigarettes (An electronic cigarette or e-cigarette is a handheld electronic device that tries to create the feeling of tobacco smoking. It works by heating a liquid to generate an aerosol, commonly called a "vapor", that the user inhales. Using e-cigarettes is sometimes called vaping. These are electronic nicotine delivery systems.)</p> <p>The 6/10/14 Company "Smoking Policy" which was the policy/procedure used at the facility during the survey, was reviewed on 9/11/18 at 4:00 PM. The policy did not address electronic cigarettes being used by staff or clients. There was no mention of storage or safety issues that could be associated with these devices or the nicotine they contained.</p> <p>Interview with PD/Program Director #1 on 9/24/18 at 4:33 PM indicated the 6/10/14 "Smoking Policy" did not address electronic cigarettes or "vaping."</p> <p>2. The governing body failed to ensure the facility's neglect/abuse/mistreatment policy was implemented regarding staff neglect of client #1's PICA behavior (ingesting non-edible items). The facility neglected to provide sufficient staff supervision to monitor client #1 and his environment to keep him from ingesting objects. The facility neglected to implement corrective measures to keep client #1 from ingesting objects. Please see W149.</p> <p>3. The governing body neglected to implement corrective measures to keep client #1 from</p>				<p>environmentally suitable for management of PICA.</p> <p><b>How others will be identified:</b> <b>(Systemic):</b> The Residential Manager will be in the location at least five times weekly to ensure all client plans are being followed. The Area Supervisor will be in the location at least three times weekly for 60 days, and at least weekly thereafter, to ensure all client plans are being followed. The Behavioral Clinician and the QIDP will be in the home at least ten hours weekly to ensure all client plans are being followed. The Program Manager will be in the location at least twice weekly for 60 days, then at least monthly thereafter, to ensure all client plans are being followed. Administrative observations will be done daily for the next sixty days.</p>		

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W 0122  Bldg. 00	<p>ingesting objects after a pattern had been established. Please see W157.</p> <p>9-3-1(a)</p> <p>483.420</p> <p><b>CLIENT PROTECTIONS</b></p> <p>The facility must ensure that specific client protections requirements are met. Based on observation, record review and interview for 1 of 3 sampled clients (#1), the Condition of Participation: Client Protections was not met. The facility neglected to implement policies and procedures to ensure the rights of all clients to be free of neglect by neglecting to monitor client #1 to keep him from repeatedly ingesting non-edible items (PICA) which led to hospitalizations.</p> <p>Findings include:</p> <p>1. The facility failed to ensure the facility's neglect/abuse/mistreatment policy was implemented regarding staff neglect of client #1's PICA behavior (ingesting non-edible items). The facility neglected to provide sufficient staff supervision to monitor client #1 and his environment to keep him from ingesting objects. The facility neglected to implement corrective measures to keep client #1 from ingesting objects. Please see W149.</p> <p>2. The facility neglected to implement corrective measures to keep client #1 from ingesting objects after a pattern had been established. Please see W157.</p> <p>9-3-2(a)</p>			W 0122	<p><b>Corrective Action: (Specific):</b></p> <p>The Behavior Clinician for client 1 will update his behavior support plan (BSP) to include the use of a choking assessment device to determine size of items that may become preferred ingestible items. Any items identified as such will be removed from client 1's environment. The Behavior Clinician also reviewed and updated the 1:1 staffing for Client 1 for the prevention of PICA. All staff will be retrained Client 1's BSP. Client 1 has relocated to a home more environmentally suitable for management of PICA.</p> <p><b>How others will be identified: (Systemic):</b> The Residential Manager will be in the location at least five times weekly to ensure all client plans are being followed. The Area Supervisor will be in the location at least three times weekly for 60 days, and at least weekly thereafter, to ensure all client plans are being followed. The Behavioral Clinician and the QIDP will be in the home at least ten hours weekly to ensure all client plans are being followed.</p>		10/27/2018

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W 0149  Bldg. 00	<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. Based on record review and interview for 1 of 2 sampled clients (#1), for 3 of 5 investigations of abuse/neglect reviewed, the facility failed to ensure the facility's neglect/abuse/mistreatment policy was implemented regarding staff neglect of client #1's PICA behavior (ingesting non-edible items). The facility neglected to provide sufficient staff supervision to monitor client #1 and his environment to keep him from ingesting objects. The facility neglected to implement corrective measures to keep client #1 from ingesting objects.</p> <p>Findings include:</p> <p>The facility's Bureau of Developmental Disabilities Services/BDDS reports, incident reports and investigations were reviewed on 9/10/18 at 1:30 PM and 3:15 PM and on 9/24/18 at 2:15 PM and indicated the following:</p> <p>1. An investigation dated 4/11-18/2018 by Quality Assurance Manager/QAM #1 indicated client #1 had swallowed batteries from a remote control. The investigation indicated the following (not all inclusive):</p> <p>"Factual Findings:</p>	W 0149	<p>The Program Manager will be in the location at least twice weekly for 60 days, then at least monthly thereafter, to ensure all client plans are being followed. Administrative observations will be done daily for the next sixty days.</p> <p><b>Corrective Action: (Specific):</b> The Behavior Clinician for client 1 will update his behavior support plan (BSP) to include the use of a choking assessment device to determine size of items that may become preferred ingestible items. Any items identified as such will be removed from client 1's environment. The Behavior Clinician also reviewed and updated the 1:1 staffing for Client 1 for the prevention of PICA. All staff will be retrained Client 1's BSP. Client 1 has relocated to a home more environmentally suitable for management of PICA. A review of the ResCare policy and procedure for abuse, neglect, exploitation, mistreatment or violation of an Individual's rights has been completed and the agency will continue to follow the policy and procedure as written.</p> <p><b>How others will be identified: (Systemic):</b> The Residential Manager will be in the location at</p>	10/27/2018	

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	<p>The BSP (client #1's Behavior Support Plan date unknown) 1:1 (one staff to one client) staffing protocol states staff are to use the 1:1 staffing form and be within 5 feet of [client #1] at all times and looking at him at the entire time. Staff will have no other responsibilities to any other client when providing 1:1 staffing to [client #1]... [Staff #9], [staff #10] and [client #1] state [staff #9] was the staff providing 1:1 staffing to [client #1] at the time he left the home.</p> <p>Review of time sheets confirms [staff #9] left the home at 7pm leaving the home with only two staff on shift.</p> <p>Conclusion: It is substantiated that [staff #9], DSP (Direct Support Professional) was neglectful and his actions contributed to [client #1's] ability to obtain batteries and swallow them."</p> <p>2. A BDDS report dated 8/11/18 indicated on 8/10/18 at 8:56 PM, client #1 had swallowed a small cigarette lighter while on a smoke break. The BDDS report indicated client #1 asked for his cigarette lighter and went outside to smoke. When he came back in, he told staff he had swallowed the lighter. He was taken to a local emergency room and subsequently admitted to a local hospital for observation. The BDDS report indicated client #1's behavior plan (BSP) did not prohibit his having a lighter in his possession. During the incident, the client was having a 4 hour interval wherein he was not on enhanced supervision/within staff's eyesight. This 4 hour interval was in the BSP. An investigation completed by Quality Assurance Coordinator/QAC #7 dated 8/10 to 8/17/2018 regarding the incident of swallowing the lighter indicated the following:</p>				<p>least five times weekly to ensure all client plans are being followed. The Area Supervisor will be in the location at least three times weekly for 60 days, and at least weekly thereafter, to ensure all client plans are being followed. The Behavioral Clinician and the QIDP will be in the home at least ten hours weekly to ensure all client plans are being followed. The Program Manager will be in the location at least twice weekly for 60 days, then at least monthly thereafter, to ensure all client plans are being followed. Administrative observations will be done daily for the next sixty days. The Peer Review committee will review all investigations and make recommendations consistent with the ResCare policy and procedure for abuse, neglect, exploitation, mistreatment or violation of an Individual's rights.</p>		

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	<p>"Factual Findings: [Client #1] swallowed the cigarette lighter following a smoke break. [Client #1] has PICA. Following his quarterly meeting on 8/8/2018, [client #1] had been anxious. [Client #1] told staff he had swallowed the lighter. [Client #1] had only been smoking within the last 3 weeks.</p> <p>Conclusion: The cause of [client #1] ingesting the lighter is unsubstantiated. It is unsubstantiated that any neglect was a factor in the incident."</p> <p>Review (9/12/18 4:00 PM) of client #1's Behavior Support Plan dated 8/28/18 which indicated a "PICA Protocol" implemented by Behavioral Clinician #1. Client #1 was to be placed one 1:1 (one staff to one client) at all times in the same room within staff's eyesight. The client's physical environment was to be searched for small objects he could ingest. Staff were to physically do "room sweeps" for objects client #1 could ingest or harm himself with.</p> <p>Interview with QIDP/Qualified Intellectual Disability Professional #1 on 9/10/18 at 4:30 PM indicated client #1 had swallowed a small cigarette lighter on 8/10/18. The interview indicated client #1 had passed the lighter through his system and surgery was not necessary.</p> <p>3. A BDDS report dated 9/16/18 indicated client #1 had swallowed 3 keys on 9/15/18 at 7:00 PM. The BDDS report indicated the client had been admitted to a local hospital and the keys would need to be removed endoscopically (using a medical device to access the client's stomach</p>						

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	<p>and/or intestines). An investigation dated 9/16-21/2018 by QAC #7 indicated the following (not all inclusive):</p> <p>"Factual Findings: The keys were in [client #1's] possession since 8/18/2018. [Client #1] told staff he swallowed the keys. [Client #1] swallowed the keys. [Client #1] has PICA. Staff followed the HRC (Human Rights Committee) approved BSP.</p> <p>Conclusion: The cause of [client #1] ingesting the keys is unsubstantiated. It is unsubstantiated neglect was a factor in the incident. It is substantiated [client #1] had the keys in his possession. It is substantiated staff followed the BSP in place at the time of ingestion."</p> <p>Interview with Program Director #1 on 9/24/18 at 4:33 PM indicated client #1 had a history of PICA and had ingested batteries on 4/11/18, a cigarette lighter on 8/10/18 and 3 keys on a round key ring on 9/15/18. The interview indicated client #1 had been given his backpack on 8/18/18 as part of his BSP.</p> <p>The interview indicated the BSP dated 8/18/18 indicated staff were to do a "sweep" or search for objects the client could ingest. The client's backpack contained 3 keys on a key ring staff had not found.</p> <p>Interview with QAC #7 on 9/27/18 at 9:45 AM indicated the investigation of 9/16-21/18 regarding client #1 was going to be reopened to look at the facts again to see if staff could have prevented</p>						



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	<p>the ingestion of the keys.</p> <p>Interview with QAM #1 (Quality Assurance Manager) on 9/12/18 at 3:30 PM indicated the Agency's most recent abuse/neglect policy was the one of March 2018 and the agency's policy prohibited abuse and neglect of clients.</p> <p>Confidential interview (CI) #1 indicated client #1 had a history of ingesting objects such as batteries and keys. CI #1 stated staff had "neglected" to supervise client #1 correctly and should have searched his back pack for small objects before it was given to him.</p> <p>Confidential interview #2 indicated client #1's BSP should have included a smoking protocol so he was not given a cigarette lighter. Staff should have kept the lighter due to his past history of PICA.</p> <p>The agency's "Operation Standard Reporting and Investigating Abuse, Neglect, Exploitation, Mistreatment or Violation of an Individual's Rights" dated 3/08/2018 was reviewed on 9/12/18 at 10:30 AM and indicated the agency prohibited, reported, investigated and implemented corrective measures in regards to abuse/neglect/exploitation/mistreatment of the clients it served. The review of the agency's policy indicated, in part, the following:</p> <p>..."ResCare strictly prohibits abuse, neglect, exploitation, mistreatment or violation of an Individual's rights....Program Implementation/Intervention: Failure to provide goods and/or services necessary for the individual to avoid physical harm and /or intentional failure to implement a support plan, inappropriate application of intervention, etc.</p>						

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	<p>which may result in jeopardy without qualified person notification/review.... Any situation involving weapons, regardless if abuse, neglect, mistreatment or violation of an Individual's rights is suspected, will be immediately investigated.</p> <p>All employees receive training upon hire regarding definitions/causes of different types of, how to identify, prevent, document, remedial action to be taken, timely debriefing following the incident 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> <ol style="list-style-type: none"> <li>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 Program Manager will then notify the Executive Director immediately.</li> <li>The Program Manager, or designee, will report the suspected abuse, neglect, exploitation, mistreatment or violations of Individual's rights with 24 hours of the initial report to the appropriate contacts...</li> <li>Any person who is suspected of abuse, neglect, exploitation, mistreatment or violation of an Individual's rights toward an individual will be immediately suspended until the allegation can be fully investigated...</li> <li>The Program Manager will assign an investigative team. A full investigation will be conducted by investigators who have received</li> </ol>						

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	<p>training from Labor Relations Association and ResCare's internal procedures on investigations. ResCare will not allow for nepotism during the conducting, directing, reviewing or other managerial activity of an investigation into an allegation of abuse, neglect, exploitation or mistreatment, by prohibiting friends and relatives of an alleged perpetrator from engaging in these managerial activities. One of the investigators will complete a detailed investigative case summary based on witness statements and other evidence collected. The report will be maintained in a confidential, secured file at the office. The investigation file will include the following components: a clear statement indicating why the investigation/review is being conducted along with the nature of the allegations/event (e.g., allegation of neglect, etc.), a clear statement of the event or alleged event in a time-line format including what, where, and when the event happened or is alleged to have happened, Identification by name and title of all involved parties or alleged involved parties including any victim(s) or alleged victim(s), all staff assigned to the victim(s) or alleged victim(s) at the time of the incident, all alleged perpetrators, when indicated; and all actual or potential witnesses to the event or alleged event, signed and dated statements from all involved parties, including all actual and potential witnesses to the event or alleged event, a statement describing all record and other document review associated with the event or alleged event, copies of all records and other documents reviewed that provide evidence supporting the finding of the investigation or review, if there are any discrepancies/conflicts between the evidence gathered, the discrepancy is resolved and/or explained, a determination if rights have been violated, if services and/or care were not provided or were not appropriately</p>						

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W 0157  Bldg. 00	<p>provided, if agency policies and/or procedures were not followed, and/or if any federal or state regulations were not followed, a clear statement of substantiation or non-substantiation of any allegation that includes a description/summary of the evidence that result in the finding, a definitive description of all corrective actions developed and implemented and/or to be implemented as a result of the investigation or review, including completion dates for each corrective action, the signature, name and title of the person completing the investigation and the date the investigation was completed.</p> <p>5. An investigative peer review committee chosen by the Executive Director will meet to discuss the outcome of the investigation and to ensure that a thorough investigation has been completed. Members of the committee must include at least one of the investigators, the Executive Director or designee, Program Manager, QA representative and a Human Resources representative."</p> <p>9-3-2(a)</p> <p>483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken. Based on record review and interview for 1 of 2 sampled clients (#1), for 3 of 5 investigations of abuse/neglect reviewed, facility neglected to implement corrective measures to keep client #1 from ingesting objects after a pattern had been established.</p> <p>Findings include:</p> <p>The facility's Bureau of Developmental Disabilities Services/BDDS reports, incident reports and</p>			W 0157	<p><b>Corrective Action: (Specific):</b> The Behavior Clinician for client 1 will update his behavior support plan (BSP) to include the use of a choking assessment device to determine size of items that may become preferred ingestible items. Any items identified as such will be removed from client 1's environment. The Behavior Clinician also reviewed and</p>		10/27/2018

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	<p>investigations were reviewed on 9/10/18 at 1:30 PM and 3:15 PM and on 9/24/18 at 2:15 PM and indicated the following:</p> <p>1. An investigation dated 4/11-18/2018 by Quality Assurance Manager/QAM #1 indicated client #1 had swallowed batteries from a remote control. The investigation indicated the following (not all inclusive):</p> <p>"Factual Findings: The BSP (client #1's Behavior Support Plan date unknown) 1:1 (one staff to one client) staffing protocol states staff are to use the 1:1 staffing form and be within 5 feet of [client #1] at all times and looking at him at the entire time. Staff will have no other responsibilities to any other client when providing 1:1 staffing to [client #1]... [Staff #9], [staff #10] and [client #1] state [staff #9] was the staff providing 1:1 staffing to [client #1] at the time he left the home. Review of time sheets confirms [staff #9] left the home at 7pm leaving the home with only two staff on shift.</p> <p>Conclusion: It is substantiated that [staff #9], DSP (Direct Support Professional) was neglectful and his actions contributed to [client #1's] ability to obtain batteries and swallow them."</p> <p>2. A BDDS report dated 8/11/18 indicated on 8/10/18 at 8:56 PM, client #1 had swallowed a small cigarette lighter while on a smoke break. The BDDS report indicated client #1 asked for his cigarette lighter and went outside to smoke. When he came back in, he told staff he had swallowed the lighter. He was taken to a local emergency room and subsequently admitted to a local hospital for observation. The BDDS report</p>				<p>updated the 1:1 staffing for Client 1 for the prevention of PICA. All staff will be retrained Client 1's BSP. Client 1 has relocated to a home more environmentally suitable for management of PICA. A review of the ResCare policy and procedure for abuse, neglect, exploitation, mistreatment or violation of an Individual's rights has been completed and the agency will continue to follow the policy and procedure as written.</p> <p><b>How others will be identified:</b> <b>(Systemic):</b> The Residential Manager will be in the location at least five times weekly to ensure all client plans are being followed. The Area Supervisor will be in the location at least three times weekly for 60 days, and at least weekly thereafter, to ensure all client plans are being followed. The Behavioral Clinician and the QIDP will be in the home at least ten hours weekly to ensure all client plans are being followed. The Program Manager will be in the location at least twice weekly for 60 days, then at least monthly thereafter, to ensure all client plans are being followed. Administrative observations will be done daily for the next sixty days. The Peer Review committee will review all investigations and make recommendations consistent with the ResCare policy and procedure for abuse, neglect, exploitation, mistreatment or violation of an</p>		

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	<p>indicated client #1's behavior plan (BSP) did not prohibit his having a lighter in his possession. During the incident, the client was having a 4 hour interval wherein he was not on enhanced supervision/within staff's eyesight. This 4 hour interval was in the BSP. An investigation completed by Quality Assurance Coordinator/QAC #7 dated 8/10 to 8/17/2018 regarding the incident of swallowing the lighter indicated the following:</p> <p>"Factual Findings: [Client #1] swallowed the cigarette lighter following a smoke break. [Client #1] has PICA. Following his quarterly meeting on 8/8/2018, [client #1] had been anxious. [Client #1] told staff he had swallowed the lighter. [Client #1] had only been smoking within the last 3 weeks.</p> <p>Conclusion: The cause of [client #1] ingesting the lighter is unsubstantiated. It is unsubstantiated that any neglect was a factor in the incident."</p> <p>Review (9/12/18 4:00 PM) of client #1's Behavior Support Plan dated 8/28/18 which indicated a "PICA Protocol" implemented by Behavioral Clinician #1. Client #1 was to be placed one 1:1 (one staff to one client) at all times in the same room within staff's eyesight. The client's physical environment was to be searched for small objects he could ingest. Staff were to physically do "room sweeps" for objects client #1 could ingest or harm himself with.</p> <p>Interview with QIDP/Qualified Intellectual Disability Professional #1 on 9/10/18 at 4:30 PM</p>				Individual's rights.		

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	<p>indicated client #1 had swallowed a small cigarette lighter on 8/10/18. The interview indicated client #1 had passed the lighter through his system and surgery was not necessary.</p> <p>3. A BDDS report dated 9/16/18 indicated client #1 had swallowed 3 keys on 9/15/18 at 7:00 PM. The BDDS report indicated the client had been admitted to a local hospital and the keys would need to be removed endoscopically (using a medical device to access the client's stomach and/or intestines). An investigation dated 9/16-21/2018 by QAC #7 indicated the following (not all inclusive):</p> <p>"Factual Findings: The keys were in [client #1's] possession since 8/18/2018. [Client #1] told staff he swallowed the keys. [Client #1] swallowed the keys. [Client #1] has PICA. Staff followed the HRC (Human Rights Committee) approved BSP.</p> <p>Conclusion: The cause of [client #1] ingesting the keys is unsubstantiated. It is unsubstantiated neglect was a factor in the incident. It is substantiated [client #1] had the keys in his possession. It is substantiated staff followed the BSP in place at the time of ingestion."</p> <p>Interview with Program Director #1 on 9/24/18 at 4:33 PM indicated client #1 had a history of PICA and had ingested batteries on 4/11/18, a cigarette lighter on 8/10/18 and 3 keys on a round key ring on 9/15/18. The interview indicated client #1 had been given his backpack on 8/18/18 as part of his</p>						

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W 0369  Bldg. 00	<p>BSP.</p> <p>The interview indicated the BSP dated 8/18/18 indicated staff were to do a "sweep" or search for objects the client could ingest. The client's backpack contained 3 keys on a key ring staff had not found.</p> <p>Interview with QAC #7 on 9/27/18 at 9:45 AM indicated the investigation of 9/16-21/18 regarding client #1 was going to be reopened to look at the facts again to see if staff could have prevented the ingestion of the keys.</p> <p>Interview with QAM #1 (Quality Assurance Manager) on 9/12/18 at 3:30 PM indicated the Agency's most recent abuse/neglect policy was the one of March 2018. The interview indicated the agency's policy prohibited neglect of clients and part of the investigative process was to recommend corrective measures to prevent additional incidents.</p> <p>Confidential interview (CI) #1 indicated client #1 had a history of ingesting objects such as batteries and keys. CI #1 stated staff had "neglected" to supervise client #1 correctly and should have searched his back pack for small objects before it was given to him.</p> <p>Confidential interview #2 indicated client #1's BSP should have included a smoking protocol so he was not given a cigarette lighter. Staff should have kept the lighter due to his past history of PICA.</p> <p>9-3-2(a)</p> <p>483.460(k)(2) DRUG ADMINISTRATION The system for drug administration must</p>						



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	<p>assure that all drugs, including those that are self-administered, are administered without error.</p> <p>Based on observation, record review and interview for 2 of 22 medications observed for 1 additional client (#3), the facility failed to ensure medications were given without error and according to doctor's orders.</p> <p>Findings include:</p> <p>During observations of the morning medication administration on 9/11/18 at 6:57 AM, client #3 received clozapine 250 milligrams (antipsychotic) from staff #4. Client #3 did not receive Bisacodyl 10 mg. (for constipation).</p> <p>Review of client #3's 9/2018 MAR/Medication Administration Record on 9/11/18 at 7:10 AM indicated he received 200 mg. of clozapine in the morning. The 9/2018 MAR indicated client #3 received 250 mg. of the clozapine in the evening. The 9/2018 MAR review indicated client #3 received Bisacodyl 10 mg. every morning.</p> <p>On 9/11/18 at 7:24 AM, the nurse was called by staff #4 to inform her the wrong dosage of clozapine had been given to client #3 and there was no Bisacodyl at the facility for client #3. Staff #4 stated on 9/11/18 at 7:28 AM "It was my mistake."</p> <p>Interview with the nurse on 9/11/18 at 2:12 PM indicated the dosages of client #3's clozapine would be reversed that day. Client #3 had received his evening dosage (clozapine 250 mg.) that morning so he would receive his morning dosage that evening (200 mg.). The interview indicated the pharmacy had been contacted regarding a refill needed of client #3's Bisacodyl.</p>			W 0369	<p><b>Corrective Action: (Specific):</b> All staff will be retrained by nursing on the administration of medication and the parameters for administering medication. All clients receiving medication will have their Medication Administration Record (MAR) reviewed and updated to ensure medications are given as prescribed. The Director of Nursing will develop a protocol for medications given outside the physician's written orders. The LPN will train all staff in the home on the protocol. Administrative observations will be done daily for the next sixty days.</p> <p><b>How others will be identified: (Systemic):</b> The Residential Manager will visit the home 5 times weekly to ensure medication is given at the appropriate time. Nursing will monitor the MARs monthly to ensure medication is on hand, given as prescribed and the administration of medication and parameters for administering medication are being followed. Administrative observations will be done daily for the next sixty days.</p>		10/27/2018

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W 0385  Bldg. 00	<p>9-3-6(a)</p> <p>483.460(l)(3) <b>DRUG STORAGE AND RECORDKEEPING</b> The facility must maintain records of the receipt and disposition of all controlled drugs. Based on observation, record review and interview for 1 additional client (#3), the facility failed to maintain a record of the disposition of his controlled medications.</p> <p>Findings include:</p> <p>During observations of the afternoon medication administration on 9/10/18 at 4:00 PM, client #3 received clonazepam 0.5 milligrams (anxiety), a controlled medication.</p> <p>Review of client #3's 9/2018 MAR/Medication Administration Record on 9/11/18 at 7:10 AM indicated no paperwork (descending count sheet for controlled medications) which noted the amount of clonazepam sent to the facility for client #3 or the daily dispensing/disposition of the clonazepam.</p> <p>On 9/11/18 at 2:12 PM, the nurse indicated the clients' controlled medications should be accounted for when the pills were administered and counted daily during staff shift changes. the interview indicated the facility's pharmacy had not sent the proper paperwork (controlled substance count sheets) to the facility for September 2018.</p> <p>9-3-6(a)</p>			W 0385	<p><b>Corrective Action: (Specific):</b> All staff at the home will be re-trained on the Operation Standard for the use of descending controlled medication count sheets. Staff will ensure controlled medications are administered and counted daily during shift changes.</p> <p><b>How others will be identified: (Systemic):</b> Daily observations will be conducted to ensure proper use of descending controlled medication count sheets and controlled medications are administered and counted daily during shift changes. The Residential Manager will be in the location at least five times weekly to ensure medication administration and auditing procedures are being followed. The Program Manager will be in the location at least twice weekly for 60 days, then at least twice monthly thereafter to ensure medication administration and auditing procedures are being followed. The Program Manager will be in the location at least twice weekly for 60 days, then at least monthly thereafter to ensure medication administration and auditing procedures are being</p>		10/27/2018

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W 9999  Bldg. 00	<p>State Findings:</p> <p>The following Community Residential Facilities for Persons with Developmental Disabilities rule was not met:</p> <p>460 IAC 9-3-4 Active Treatment Services.</p> <p>(b) The provider shall obtain day services for each resident which: (1) meet the criteria and certification requirements established by the division of aging and rehabilitative services for all day service providers; (2) meet the resident's active treatment needs set forth in the resident's individual program plan as determined by the interdisciplinary team conference with preference for services in the least restrictive environment.</p> <p>This state rule was not met as evidenced by:</p> <p>Based on observation, record review and interview, the facility failed to meet the active treatment needs pertaining to day services programming for 2 of 2 sampled clients (#1 and #2), and did not ensure the clients attended an outside day service or an alternative.</p> <p>Findings include:</p>	W 9999	<p>followed. The nurse will be in the home at least monthly to ensure medication administration and auditing procedures are being followed. Administration observations will be done daily for the next thirty days.</p> <p><b>Corrective Action: (Specific):</b> All staff at the home will be re-trained on active treatment standards. The implementation of a fifteen-minute timer for active treatment participation and an incentive program designed by the behavior clinician will be utilized for client #2. The QIDP will update client #2's ISP to include the use of the fifteen-minute timer and incentive and incentive program for participation in active treatment. Staff will be retrained on behavioral support plan and ISP to ensure clients are engaged in active treatment.</p> <p><b>How others will be identified: (Systemic):</b> Daily observations will be conducted to ensure proper use of prompting timer and documentation of active treatment. The Residential Manager will be in the location at least five times weekly to ensure programming plans are being followed. The Area Supervisor will be in the location at least three times weekly then at least twice</p>	10/27/2018	

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	<p>Clients #1 and #2 were observed to be at the facility on 9/11/18 from 5:38 AM until 10:30 AM. The clients did not go to a day program with their peers. The clients had medications and breakfast and then went back to bed. Client #1 was asleep at 9:27 AM and still asleep at 10:25 AM on 9/11/18. Client #2 was observed to be in his bed, with the unscreened window opened, covered head to toe with a comforter. An electrical power strip and electrical cord were on the mattress beside him.</p> <p>Staff interview with Direct Support Professional (DSP) #1 on 9/11/18 at 9:50 AM indicated client #2 was covered up with his tablet computer under his comforter.</p> <p>Review of client #1's record on 9/11/18 and 9/12/18 at 3:57 PM indicated an Assessment of Pre-Requisite Vocational Skills dated 6/12/17 completed by the Area Supervisor. The assessment indicated client #1 could perform simple work like parts assembly with minimal supervision.</p> <p>An interview was conducted with QIDP/Qualified Intellectual Disabilities Professional #1 on 9/10/18 at 4:40 PM. The interview indicated client #2 was difficult to motivate. Client #2 had a community job but did not have a job or attended a workshop at the time of the survey. Client #1 was waiting for paperwork to be completed and did not attend a day program at the time of the survey.</p> <p>9-3-4(b)(1)(2)</p>				<p>monthly thereafter to ensure the location is following programming plans are followed. The Program Manager will be in the location at least twice weekly then at least monthly thereafter to ensure all programming plans are being implemented as written. Administration observations will be done daily for the next sixty days.</p>		