

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

PRINTED: 12/04/2019

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G749		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/08/2019	
NAME OF PROVIDER OR SUPPLIER RES CARE SOUTHEAST INDIANA				STREET ADDRESS, CITY, STATE, ZIP CODE 16613 SIMA GRAY RD HENRYVILLE, IN 47126			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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 a pre-determined full recertification and state licensure survey.</p> <p>Survey dates: 11/4/19, 11/6/19 and 11/8/19.</p> <p>Facility Number: 011595 Provider Number: 15G749 AIM Number: 200905630</p> <p>This deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 11/18/19.</p>			W 0000			
W 0125 Bldg. 00	<p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>Based on observation, record review and interview for 1 of 2 sampled clients (#1), the facility failed to ensure client #1 had an active legal guardian or healthcare representative.</p> <p>Findings include:</p> <p>Observations were conducted at the facility on 11/4/19 from 4:03 PM to 5:35 PM and on 11/6/19 from 6:44 AM to 8:15 AM. During observations client #1 remained to himself primarily in one of the home's common living areas. Client #1 stood in front of a television singing to himself, jumping up and down and dancing. Client #1 was able to</p>			W 0125	<p>The Program Manager will ensure the QIDP (Qualified Intellectual Disabilities Professional) continues to pursue guardianship for clients that have been identified as needing a guardian with outside agencies. The Area Supervisor and Residential Manager will assist in the process of identifying appropriate guardians for the client. The Program Manager will schedule an IDT (Interdisciplinary Team) Meeting with Patty Ballard APS (Adult Protective Service) no</p>		12/08/2019

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.

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

PRINTED: 12/04/2019
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G749		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/08/2019	
NAME OF PROVIDER OR SUPPLIER RES CARE SOUTHEAST INDIANA				STREET ADDRESS, CITY, STATE, ZIP CODE 16613 SIMA GRAY RD HENRYVILLE, IN 47126			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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
	<p>express his basic wants and needs verbally among housemates, his Qualified Intellectual Disability Professional (QIDP) and staff #1, #3, #7 and #8.</p> <p>On 11/6/19 at 2:03 PM, client #1's record was reviewed and indicated:</p> <p>-Individual Program Plan (IPP) dated 10/24/19 indicated, "...[Client #1] requires frequent prompting to complete activities of daily life, particularly bathing, brushing, and wearing clean clothes. [Client #1] can complete toileting without assistance. [Client #1] would be able to complete some basic household chores given assistance to guide him on appropriate methods. He needs assistance making purchases in the community; however, he needs assistance with financial management as he cannot count funds correctly often and does not understand budgeting. [Client #1] needs assistance in scheduling and attending medical appointments. He relies on others to obtain his medication and their administration. [Client #1] receives psychotropic medications to assist him in managing negative behaviors. He can learn most basic skills using one-on-one repetitive training and visualization. [Client #1] needs significant training in order to generalize skills in everyday life, he is easily coerced ...".</p> <p>-Comprehensive Functional Assessment (CFA) dated 4/15/19 indicated under the informed consent section, "A. Medical: Routine care, dental and medical: Does the individual have the ability to understand - no. Is the individual likely to act responsibly - no. Does the individual require supervision - yes. Needs assistance in this area - yes. Medical: Elective procedures and surgery: Does the individual have the ability to understand - no. Is the individual likely to act responsibly - no. Does the individual require supervision - yes.</p>				<p>later than December 8, 2019 to assist in the process. The facility will continue to explore all options until guardianship is in place.</p> <p>Persons Responsible, Program Manager, QIDP, Area Supervisor, Residential Manager</p> <p>DATE OF COMPLETION: December 8, 2019</p>		

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

PRINTED: 12/04/2019

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G749		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/08/2019	
NAME OF PROVIDER OR SUPPLIER RES CARE SOUTHEAST INDIANA				STREET ADDRESS, CITY, STATE, ZIP COD 16613 SIMA GRAY RD HENRYVILLE, IN 47126			
(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		
	<p>Needs assistance in this area - yes. Medical: Non-elective procedures and surgery: Does the individual have the ability to understand - no. Is the individual likely to act responsibly - no. Does the individual require supervision - yes. Needs assistance in this area - yes ...".</p> <p>On 11/6/19 at 7:59 AM, the Nurse was interviewed. The Nurse was asked about a guardian and/or healthcare representative to support client #1 in decision making. The Nurse indicated client #1 did not have a guardian or healthcare representative to support him with decision making. The Nurse indicated client #1's Qualified Intellectual Disability Professional (QIDP) was working on obtaining client #1 guardianship and would have more information. The nurse indicated if a doctor office called about a procedure she would be unable to provide consent and stated, "I can't say yes, do that (medical procedure). I know [QIDP] is working on that. Do I feel [client #1] has the understanding of a good informed decision about an operation or procedure medically, No".</p> <p>On 11/6/19 at 8:56 AM, the Qualified Intellectual Disability Professional (QIDP) was interviewed. The QIDP was asked about client #1's ability to make informed decisions and guardianship and/or healthcare representative. The QIDP stated, "I'll have to talk with [name]. He's over the guardianships. If he (client #1) has any issues we're in trouble". The QIDP indicated he had been working on the issue with the Program Manager.</p> <p>On 11/6/19 at 11:55 AM, the Program Manager (PM) was interviewed. The PM was asked about client #1's ability to make informed decisions and guardianship and/or healthcare representative. The PM stated, "We've turned over every leaf</p>						

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

PRINTED: 12/04/2019
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G749		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/08/2019	
NAME OF PROVIDER OR SUPPLIER RES CARE SOUTHEAST INDIANA				STREET ADDRESS, CITY, STATE, ZIP CODE 16613 SIMA GRAY RD HENRYVILLE, IN 47126			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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	
	<p>with guardianship and APS (adult protective services). I have left messages with [name] and tried to find a paid guardianship. It's not the program, we can get it paid for, we just can't find a volunteer". The PM indicated APS was in agreement that guardianship was needed for a group of clients assessed as having a need and provided the name of an organization the client information was shared with and stated, "We can't get them to agree to look at a group situation". At 2:43 PM, the PM followed up on a guardian name listed on client #1's admission packet information sheet with the QIDP. The PM indicated this person was an advocate while client #1 was under the age of 18 and stated, "I don't think we believed he (client #1) had a guardian when came to us".</p> <p>9-3-2(a)</p>						