

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

PRINTED: 07/07/2017

FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G745	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 05/22/2017
NAME OF PROVIDER OR SUPPLIER RES CARE SOUTHEAST INDIANA		STREET ADDRESS, CITY, STATE, ZIP CODE 16611 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
W 0000 Bldg. 00	<p>This visit was for the investigation of complaint #IN00230254.</p> <p>Complaint #IN00230254: Substantiated, federal and state deficiencies related to the allegations are cited at W149 and W153.</p> <p>Unrelated deficiency cited.</p> <p>Dates of Survey: 5/19/17 and 5/22/17.</p> <p>Facility Number: 011663 Provider Number: 15G745 AIMS Number: 200902020</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review of this report completed by #15068 on 6/8/17.</p>	W 0000		
W 0104 Bldg. 00	<p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation and interview for 2 of 2 sampled clients (A and B) plus 2 additional clients (C and D), the governing body failed to exercise general policy, budget and operating direction</p>	W 0104	<p>W104: The governing body must exercise general policy, budget and operating direction over the facility.</p>	05/28/2017

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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	<p>over the facility to ensure the group home was maintained in good repair.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 5/19/17 between 7:00 AM and 8:20 AM. Clients A, B, C and D were observed in the home throughout the observation period. At 7:00 AM the home was observed to have 2 window air conditioner units in the windows. One window unit was placed in each of the home's living rooms. At 7:10 AM client A indicated his bedroom was hot because the air conditioner was still not fixed. Client A's bedroom was warmer than the main rooms in the home. Client A kept his bedroom door shut and used a key to unlock it. Client B was observed to be sleeping on a mattress which was pulled to the entryway of his bedroom door facing the home's living room. At 7:30 AM the water heater which was located in a closet of the home's garage was observed to be leaking. There was water running from the closet along the wall and to the entry of the home.</p> <p>House Manager (HM) #1 was interviewed on 5/19/17 at 7:45 AM. HM #1 indicated the air conditioner was not in working order. HM #1 indicated the home's central air conditioner had not</p>		<p>Corrective Action: (Specific): The air conditioner and the hot water heater in the home have been replaced.</p> <p>How others will be identified: (Systemic): The area supervisor will visit the home at least weekly to ensure that the home is in good repair and all items needing addressed are reported to the program manager immediately. The program manager will be in the home at least weekly to ensure that the home is in good repair.</p> <p>Measures to be put in place: The air conditioner and the hot water heater in the home have been replaced.</p> <p>Monitoring of Corrective Action: The area supervisor will visit the home at least weekly to ensure that the home is in good repair and all items needing addressed are reported to the program manager immediately. The program manager will be in the home at least weekly to ensure that the home is in good repair.</p>	

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W 0149	<p>been working since before a previous visit to the home on 4/17/17. HM #1 indicated client B was more comfortable sleeping on the floor in his doorway. HM #1 indicated it was probably cooler there and he liked his mattress on the floor. HM #1 indicated the home's water heater had been leaking for a few weeks. HM #1 indicated the water heater leaked from the top and ran down the water heater and out of the closet.</p> <p>Program Manager (PM) #1 was interviewed on 5/19/17 at 1:10 PM. PM #1 indicated the home should be in good repair at all times. PM #1 indicated the home's air conditioner was in the process of getting fixed. PM #1 produced a receipt dated 3/29/17 in the amount of \$4,975.00 for the air conditioner. PM #1 indicated the parts for the air conditioner had not come in. PM indicated the hot water heater was in the process of getting fixed. PM #1 produced a receipt dated 5/19/17 in the amount of \$1,400.07 for a water heater.</p> <p>9-3-1(a)</p> <p>483.420(d)(1)</p>			Completion date: 5/28/2017

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Bldg. 00	<p>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 2 of 2 sampled clients (A and B), plus one additional client (C), the facility failed to implement their policy to report allegations of abuse for clients A, B and C. The facility failed to implement their neglect policy to prevent injuries in restraint.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 5/19/17 from 7:00 AM through 8:20 AM. Clients A, B, C and D were observed throughout the observation period. At 7:20 AM client B indicated staff #1 had improperly put him in a YSIS (You're Safe I'm Safe-physical restraint) hold. Client B stated, staff #1 "put his knee in my chest." Client B indicated he had a small bruise on his left arm from the YSIS hold but it had gone away. Client B indicated staff #1 had also put client A in an improper hold. Client B stated client A was strong so staff #1 "had no choice." Client B stated staff #1 was "nice and it wasn't his fault."</p> <p>The facility's BDDS (Bureau Developmental Disabilities Services)/Incident Reports (IR) were</p>	W 0149	<p>W149: The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p>Corrective Action: (Specific): The QA Coordinator will be re-trained on the completion of investigations for all allegations of abuse, neglect or mistreatment.</p> <p>How others will be identified: (Systemic): The Program Manager will review incident reports for the home with QA at least twice weekly for the next 30 days then at least weekly thereafter to ensure that incidents requiring an investigation have an investigation initiated timely and the peer review will review investigations at least weekly to ensure that investigations are thorough.</p> <p>Measures to be put in place: The QA Coordinator will be re-trained on the completion of investigations for all allegations of abuse, neglect or mistreatment.</p>	05/28/2017

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	<p>reviewed on 5/19/17 at 11:00 AM. The review indicated the following:</p> <p>1. IR report dated 5/3/17 indicated, "[Client A] had become agitated towards peers and then went after staff. This went on for a couple of hours, [client A] would calm down for a bit and then would get regressive (sic) towards peer and staff. YSIS hold was done, it went from 1 man to 2 man after 30 minutes of a 2 man YSIS. 3rd staff member contacted and had arrive (sic) a 4th staff member for support. In another 30 minutes [client A] started to calm down and the situation deescalated." The review indicated client A's 5/3/17 YSIS hold was not reported to BDDS within 24 hours of the facility's knowledge.</p> <p>IR report dated 5/10/17 indicated, "[Client C] was eating breakfast became (sic) upset by housemates music. [Client C] became very upset, started yelling and threatening staff and housemates, flipped kitchen table, tried to hit staff with kitchen chairs, swung at staff and was placed in YSIS to protect [client C] and housemates. Bruising from YSIS." The review indicated client C's 5/10/17 incident of injury due to a YSIS was not reported to BDDS within 24 hours of the facility's knowledge.</p>		<p>Monitoring of Corrective Action: The Program Manager will review incident reports for the home with QA at least twice weekly for the next 30 days then at least weekly thereafter to ensure that incidents requiring an investigation have an investigation initiated timely and the peer review will review investigations at least weekly to ensure that investigations are thorough.</p> <p>Completion date: 5/28/2017</p>	

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	<p>IR report dated 5/12/17 indicated, "[Client A] was sitting talking to staff and another client. [Client A] wanted to get the other client to fight him. Staff placed [client A] in a 1 man YSIS by redirecting him into a chair to stop him from wanting to fight another client. [Client A] was able to loosen the YSIS and get to the floor attempting to get free. [Client A] was then placed in a 2 person YSIS by staff until calmed down. [Client A] stated he wanted to fight so he could go to jail so he could fight with others." The review indicated client A's 5/12/17 incident of YSIS was not reported to BDDS within 24 hours of the facility's knowledge.</p> <p>IR report dated 5/12/17 indicated, "[Client C] throwing punches at staff, slamming his bedroom door repeatedly and being verbally aggressive towards housemates and threatened to commit suicide multiple times. Repeated YSIS (You're Safe I'm Safe) was done on client to redirect him, then client went to bed. [Client C] was lightly bruised on back due to hitting walls, windows and doors." The review indicated client C's 5/12/17 incident of injury due to a YSIS hold was not reported to BDDS within 24 hours of the facility's knowledge.</p> <p>IR report dated 5/14/17 indicated, "Staff</p>				

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	<p>asked [client A] to return the tray of snacks as they were not just for him but for the entire house, he refused. Went outside started yelling and cussing staff, hit staff was placed in YSIS for his protection as well as staff and housemates. Possible bruising from YSIS." The review indicated the incident YSIS was not reported to BDDS within 24 hours of the facility's knowledge.</p> <p>IR report dated 5/14/17 indicated, "[Client B] was upset because he can't have his tobacco. He kept trying to get staff and other clients or anybody that he could get (sic). [Client B] was asked to go to his room to calm down and he refused whole time (sic). [Client C] began hitting furniture, pushing living room chair into wall hard enough it shook kitchen cupboards, was placed in YSIS hold after refusing to calm down and continuing to cause property damage. Possible bruising." The review indicated client C's 5/14/17 incident of injury due to a YSIS hold was not reported to BDDS within 24 hours of the facility's knowledge.</p> <p>IR report dated 5/16/17 indicated, "[Client A] was in his room and began throwing his possessions into the 2nd living room floor. Another client was removed from the area for their safety.</p>				

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	<p>[Client A] attempted to physically assault staff and was immediately placed in YSIS by 1 staff. After unable to get [client A] to calm down in YSIS 2nd staff assisted with 2 person YSIS. After about 5 minutes [client A] calmed down and was released from YSIS without injury to staff or clients." The review indicated client A's 5/16/17 YSIS was not reported to BDDS within 24 hours of the facility's knowledge.</p> <p>2. BDDS (Bureau Developmental Disabilities Services) were reviewed on 5/19/17 at 11:00 AM. BDDS reports dated 5/15/17 indicated, "[Client B] is a 22 year old male with a primary diagnosis of Autism living in an ESN (Extensive Special Needs). On 5/14/17 [client B] displayed property damage as well as aggression staff. During the incident it was reported that a staff put their knee in his chest. The other staff working during the time redirected the staff to move his knee off of [client B] and the staff complied. [Client B] was assessed for injuries and none were noted. The staff member in question was placed on administrative leave pending investigation."</p> <p>BDDS reports dated 5/16/17 indicated, "[Client A] is an 18 year old male with a primary diagnosis of expressive language</p>				

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	<p>disorder living in an ESN home. On 5/14/17 [client A] displayed physical aggression towards staff. Staff performed YSIS techniques with [client A] that are approved in [client A's] BSP. It was reported however that during the incident staff used an unapproved YSIS technique with [client A]. The staff member in question was placed on administrative leave pending investigation. There were no injuries as a result of this incident."</p> <p>Quality Assurance (QA) was interviewed on 5/19/17 at 2:00 PM. QA indicated the facility did not file BDDS reports for YSIS. QA indicated YSIS holds/restraints were BDDS reportable incidents however she was told not to file BDDS reports for the incidents because YSIS was in the clients' BSPs (Behavior Support Plans). QA indicated the incidents of improper YSIS holds were still pending investigation.</p> <p>PM (Program Manager) #1 was interviewed on 5/19/17 at 1:45 PM. PM #1 indicated allegations of abuse, neglect and mistreatment should be reported to BDDS within 24 hours of the facility knowledge of the allegation.</p> <p>Area Director (AD) was interviewed on 5/19/17 at 2:15 PM. AD indicated the facility did not file BDDS reports for</p>			

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W 0153 Bldg. 00	<p>YSIS because they did not consider it to be a restrictive procedure. AD indicated all the clients had YSIS in their BSPs.</p> <p>ResCare 1/2016 Abuse, Neglect, Exploitation, Mistreatment or Violation of Individual Rights policy was reviewed on 5/19/17 at 12:36 PM. ResCare Policy indicated, "All allegations of occurrences of abuse, neglect, exploitation, mistreatment or violation of an Individual's rights shall be reported to the appropriate authorities through the appropriate supervisory channels."</p> <p>This federal tag relates to complaint #IN00230254.</p> <p>9-3-2(a)</p> <p>483.420(d)(2) STAFF TREATMENT OF CLIENTS 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 7 of 10 allegations of abuse, neglect or mistreatment reviewed, the facility failed to ensure allegations of staff to client</p>	W 0153	<p>W153: The facility must ensure that all allegations of mistreatment, neglect, abuse as well as injuries of unknown source, are reported immediately</p>	05/28/2017

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	<p>abuse/mistreatment regarding clients A, B and C were reported to BDDS (Bureau of Developmental Disabilities Services) within 24 hours of the facility's knowledge of the allegations in accordance with state law.</p> <p>Findings include:</p> <p>The facility's Incident Reports (IR) were reviewed on 5/19/17 at 11:00 AM. The review indicated the following:</p> <p>IR report dated 5/3/17 indicated, "[Client A] had become agitated towards peers and then went after staff. This went on for a couple of hours, [client A] would calm down for a bit and then would get regressive (sic) towards peer and staff. YSIS (You're Safe, I'm Safe-physical restraint) hold was done, it went from 1 man to 2 man after 30 minutes of a 2 man YSIS. 3rd staff member contacted and had arrive (sic) a 4th staff member for support. In another 30 minutes [client A] started to calm down and the situation deescalated." The review indicated client A's 5/3/17 YSIS was not reported to BDDS within 24 hours of the facility's knowledge.</p> <p>IR report dated 5/10/17 indicated, "[Client C] was eating breakfast became (sic) upset by housemates music. [Client</p>		<p>to the administrator or to other officials in accordance with state law through established procedures.</p> <p>Corrective Action: (Specific): The QA Coordinator will be re-trained on reporting all allegations of abuse, neglect or mistreatment as well as injuries of unknown source to the administrator and/or other officials in accordance with state law.</p> <p>How others will be identified: (Systemic): The QA Manager and the Program Manager will review incident reports at least twice weekly for the next 30 days and then at least weekly thereafter to ensure that all allegations of abuse, neglect, mistreatment and injuries of unknown origin are reported to the administrator and other officials in accordance with state law.</p> <p>Measures to be put in place): The QA Coordinator will be re-trained on reporting all allegations of abuse, neglect or mistreatment as well as injuries of unknown source to the administrator and/or other</p>	

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	<p>C] became very upset started yelling and threatening staff and housemates, flipped kitchen table, tried to hit staff with kitchen chairs, swung at staff, was placed in YSIS to protect [client C] and housemates. Bruising from YSIS." The review indicated client C's 5/10/17 incident of injury due to a YSIS was not reported to BDDS within 24 hours of the facility's knowledge.</p> <p>IR report dated 5/12/17 indicated, "[Client A] was sitting talking to staff and another client. [Client A] wanted to get the other client to fight him. Staff placed [client A] in a 1 man YSIS by redirecting him into a chair to stop him from wanting to fight another client. [Client A] was able to loosen the YSIS and get to the floor attempting to get free. [Client A] was then placed in a 2 person YSIS by staff until calmed down. [Client A] stated he wanted to fight so he could to go to jail so he could fight with others." The review indicated client A's 5/12/17 incident of YSIS was not reported to BDDS within 24 hours of the facility's knowledge.</p> <p>IR report dated 5/12/17 indicated, "[Client C] throwing punches at staff, slamming his bedroom door repeatedly and being verbally aggressive towards housemates and threatened to commit</p>			<p>officials in accordance with state law.</p> <p>Monitoring of Corrective Action: The QA Manager and the Program Manager will review incident reports at least twice weekly for the next 30 days and then at least weekly thereafter to ensure that all allegations of abuse, neglect, mistreatment and injuries of unknown origin are reported to the administrator and other officials in accordance with state law.</p> <p>Completion date: 05/28/2017</p>	

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	<p>suicide multiple times. Repeated YSIS (You're Safe I'm Safe) was done on client to redirect him, then client went to bed. [Client C] was lightly bruised on back due to hitting walls, windows and doors." The review indicated client C's 5/12/17 incident of injury due to a YSIS was not reported to BDDS within 24 hours of the facility's knowledge.</p> <p>IR report dated 5/14/17 indicated, "Staff asked [client A] to return the tray of snacks as they were not just for him but for the entire house, he refused. Went outside started yelling and cussing staff, hit staff was placed in YSIS for his protection as well as staff and housemates. Possible bruising from YSIS." The review indicated the incident YSIS was not reported to BDDS within 24 hours of the facility's knowledge.</p> <p>IR report dated 5/14/17 indicated, "[Client B] was upset because he can't have his tobacco. He kept trying to get staff and other clients or anybody that he could get (sic). [Client B] was asked to go to his room to calm down and he refused whole time (sic). [Client C] began hitting furniture, pushing living room chair into wall hard enough it shook kitchen cupboards, was placed in YSIS after refusing to calm down and continuing to cause property damage.</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G745	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 05/22/2017	
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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	<p>Possible bruising." The review indicated client C's 5/14/17 incident of injury due to a YSIS was not reported to BDDS within 24 hours of the facility's knowledge.</p> <p>IR report dated 5/16/17 indicated, "[Client A] was in his room and began throwing his possessions into the 2nd living room floor. Another client was removed from the area for their safety. [Client A] attempted to physically assault staff and was immediately placed in YSIS by 1 staff. After unable to get [client A] to calm down in YSIS 2nd staff assisted with 2 person YSIS. After about 5 minutes [client A] calmed down and was released from YSIS without injury to staff or clients." The review indicated client A's 5/16/17 YSIS was not reported to BDDS within 24 hours of the facility's knowledge.</p> <p>Quality Assurance (QA) was interviewed on 5/19/17 at 2:00 PM. QA indicated the facility did not file BDDS reports for YSIS. QA indicated YSIS holds/restraints were BDDS reportable incidents however she was told not to file BDDS reports for the incidents because YSIS was in the clients' BSPs (Behavior Support Plans).</p> <p>PM (Program Manager) #1 was</p>				

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	<p>interviewed on 5/19/17 at 1:45 PM. PM #1 indicated allegations of abuse, neglect and mistreatment should be reported to BDDS within 24 hours of the facility knowledge of the allegation.</p> <p>Area Director (AD) was interviewed on 5/19/17 at 2:15 PM. AD indicated the facility did not file BDDS reports for YSIS because they did not consider it to be a restrictive procedure. AD indicated all the clients had YSIS in their BSPs.</p> <p>This federal tag relates to complaint #IN00230254.</p> <p>9-3-1(b)(5) 9-3-2(a)</p>				