

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G167	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/05/2018
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NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP COD 749 SOUTH BEARS BEND ROAD FRENCH LICK, IN 47432
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W 0000 Bldg. 00	<p>This visit was for a full recertification and state licensure survey. This visit included an investigation of Complaint #IN00275510.</p> <p>Complaint #IN00275510: Substantiated. Federal/state deficiencies related to the allegation are cited at W149, W157 and W159.</p> <p>Survey Dates: October 31, November 1, 2 and 5, 2018.</p> <p>Facility Number: 000701 Provider Number: 15G167 AIM Number: 100248800</p> <p>These federal deficiencies reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 11/15/18.</p>	W 0000		
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 (A), for 3 of 15 reportable incidents/investigations of abuse/neglect reviewed, the facility failed to ensure the facility's neglect/abuse/mistreatment policy was implemented regarding staff neglect of client A's PICA behavior (ingesting non-edible items). The facility neglected to implement corrective measures to keep client A from ingesting objects.</p> <p>Findings include:</p>	W 0149	QIDP will be trained in regards to corrective actions at conclusion of investigations to ensure client safety and staff training. Staff will be trained on abuse/neglect policy. Program Manager and Associate Executive director will review with Quality Assurance Coordinator at the time of incident and upon completion of investigations to determine corrective actions.	12/05/2018

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 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>The facility's Bureau of Developmental Disabilities Services/BDDS reports, incident reports and investigations were reviewed on 11/01/18 at 1:30 PM and on 11/2/18 at 2:15 PM and indicated the following:</p> <p>1. An investigation dated 6/25/18 to 6/29/2018 by Quality Assurance Coordinator/QAM #1 indicated client A had swallowed a piece of metal from a clothes pin he had taken from clothes which had been dried on an outside clothesline. The facility staff had failed to take the clothes pin from the clothing. The investigation determined two staff (#5 and #6) had allowed client A to close his bedroom door so he was not in line of sight. The staff had not implemented his BSP (Behavior Support Plan dated 3/27/18) which was the same one he had when he transferred into his present facility. The investigation indicated client A was not supervised correctly. The investigation also determined the former QIDP/Qualified Intellectual Disability Professional had not trained the staff on client A's BSP to ensure he was supervised to prevent ingestion of inedible items. The client had a medical assessment and passed the piece of metal without problems.</p> <p>2. An investigation dated 7/30/18 to 8/03/18 indicated client A had a behavior after he heard a peer was visiting relatives over the coming weekend. Client A broke a cd (compact disc) and ingested a piece of it. The client was sent to a local emergency room/ER. The investigation concluded client A ingested a piece of the CD. It also concluded the BSP needed to be revised according to the new residential environment and staff needed to be trained. There was a medical assessment but the CD fragment was not in the client's system. He had thrown up the object when he tried to swallow it.</p>		Persons responsible: QIDP, Residential Manager, Area Supervisor, Quality Assurance Coordinator, Program Manager, Associate Executive Director	

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	<p>3. A BDDS report 10/1/18 indicated an incident on 10/1/18 at 10:00 AM for client A. The BDDS report indicated the following:</p> <p>"Narrative: [Client A] became agitated while Nurse was in the home. He told her he swallowed a bottle cap. He had an X-ray scheduled, so she advised him that they would see (sic) then. Once at the ER [client A] refused the x-ray and threw his walker and flipped over a table. RM (Residential Manager) then left with [client A] in the van. [Client A] then started to hit the windows and hit RM in the chest as she was driving. She stopped the van, got out and called 911. Another RM and the Police arrived, [client A] said that he would go back to the hospital for the x-ray. When the RM got back in the van to drive him back to the ER, [client A] spat in her face. The police at that time arrested him, taking him first to the ER and then to jail.</p> <p>Plan to Resolve: Staff notified team, who will hold an emergency IDT (Interdisciplinary Team) meeting on 10/02/2018 to discuss living options, due to [client A] wanting to move. In addition, the x-ray indicated no foreign objects had been ingested."</p> <p>Client A's record was reviewed on 11/01/18 at 11:59 AM. The review indicated a BSP (Behavior Support Plan) dated 10/05/18 which indicated the client had episodes of ingesting inedible items, (small batteries, metal pieces, plastic or paper). The BSP indicated the client would be monitored in line of sight (staff's sight) at times to prevent this behavior. The record review also indicated an older BSP (Behavior Support Plan) dated 3/27/18 was the same one he had when he transferred into his present facility. The BSP indicated client A</p>			

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	<p>had Ingestion of Inedible items/objects and Attempted Ingestion of Inedible items/objects as targeted behaviors. The review of the investigation, BDDS reports and the client record review indicated the program had not been revised since his transfer to the facility until 10/05/18.</p> <p>Interview with QIDP/Qualified Intellectual Disability Professional #1 on 11/01/18 at 1:30 PM indicated client A had swallowed foreign objects. The interview indicated the former QIDP had not revised client A's program or trained staff on client A's behaviors. The interview indicated the client had been identified as needing another placement where his behavioral needs could be addressed. The client's moving out was in process at the time of the survey but had not yet been accomplished.</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 11/01/18 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. which may result in jeopardy without qualified</p>			

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	<p>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"> 1. 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. 2. 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... 3. 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... 4. The Program Manager will assign an investigative team. A full investigation will be conducted by investigators who have received training from Labor Relations Association and 			

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	<p>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 provided, if agency policies and/or procedures</p>			

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W 0157 Bldg. 00	<p>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>This federal tag relates to Complaint #IN00275510.</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 (A), for 3 of 15 reportable incidents/investigations of abuse/neglect reviewed, the facility failed to ensure corrective measures were taken to address client A's PICA behavior (ingesting non-edible items).</p> <p>Findings include: The facility's Bureau of Developmental Disabilities</p>	W 0157	QIDP will be trained in regards to corrective actions at conclusion of investigations to ensure client safety and staff training. Staff will be trained on abuse/neglect policy. Program Manager and Associate Executive director will review with Quality Assurance Coordinator at the time of incident and upon completion of	12/05/2018

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	<p>Services/BDDS reports, incident reports and investigations were reviewed on 11/01/18 at 1:30 PM and on 11/2/18 at 2:15 PM and indicated the following:</p> <p>1. An investigation dated 6/25/18 to 6/29/2018 by Quality Assurance Coordinator/QAM #1 indicated client A had swallowed a piece of metal from a clothes pin he had taken from clothes which had been dried on an outside clothesline. The facility staff had failed to take the clothes pin from the clothing. The investigation determined two staff (#5 and #6) had allowed client A to close his bedroom door so he was not in line of sight. The staff had not implemented his BSP (Behavior Support Plan dated 3/27/18) which was the same one he had when he transferred into his present facility. The investigation indicated client A's BSP had not been implemented correctly. The investigation also determined the former QIDP/Qualified Intellectual Disability Professional had not trained the staff on client A's BSP to ensure he was supervised to prevent ingestion of inedible items. Client A had a medical assessment and passed the metal object without problems.</p> <p>2. An investigation dated 7/30/18 to 8/03/18 indicated client A had a behavior after he heard a peer was visiting relatives over the coming weekend. Client A broke a cd (compact disc) and ingested a piece of it. The client was sent to a local emergency room/ER. The investigation concluded client A ingested a piece of the CD. It also concluded the BSP needed to be revised according to the new residential environment and staff needed to be trained. Client A had a medical assessment and the CD piece was not in his system. Client A threw up the piece of CD when he tried to swallow it.</p>		<p>investigations to determine corrective actions. Persons responsible: QIDP, Residential Manager, Area Supervisor, Quality Assurance Coordinator, Program Manager, Associate Executive Director</p>	

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	<p>3. A BDDS report 10/1/18 indicated an incident on 10/1/18 at 10:00 AM for client A. The BDDS report indicated the following:</p> <p>"Narrative: [Client A] became agitated while Nurse was in the home. He told her he swallowed a bottle cap. He had an X-ray scheduled, so she advised him that they would see (sic) then. Once at the ER [client A] refused the x-ray and threw his walker and flipped over a table. RM (Residential Manager) then left with [client A] in the van. [Client A] then started to hit the windows and hit RM in the chest as she was driving. She stopped the van, got out and called 911. Another RM and the Police arrived, (and) [client A] said that he would go back to the hospital for the x-ray. When the RM got back in the van to drive him back to the ER, [client A] spat in her face. The police at that time arrested him, taking him first to the ER and then to jail.</p> <p>Plan to Resolve: Staff notified team, who will hold an emergency IDT (Interdisciplinary Team) meeting on 10/02/2018 to discuss living options, due to [client A] wanting to move. In addition, the x-ray indicated no foreign objects had been ingested."</p> <p>Client A's record was reviewed on 11/01/18 at 11:59 AM. The review indicated a BSP (Behavior Support Plan) dated 10/05/18 which indicated the client had episodes of ingesting inedible items, (small batteries, metal pieces, plastic or paper). The BSP indicated the client would be monitored in line of sight (staff's sight) at times to prevent this behavior. The record review also indicated an older BSP (Behavior Support Plan) dated 3/27/18 was the same one he had when he transferred into</p>			

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W 0159 Bldg. 00	<p>his present facility. The BSP indicated client A had Ingestion of Inedible items/objects and Attempted Ingestion of Inedible items/objects as targeted behaviors. The review of the investigation, BDDS reports and the client record review indicated the program had not been revised since his transfer to the facility until 10/05/18.</p> <p>Interview with QIDP/Qualified Intellectual Disability Professional #1 on 11/01/18 at 1:30 PM indicated client A had swallowed foreign objects. The interview indicated the former QIDP had not revised client A's program or trained staff on client A's behaviors. The interview indicated the client had been identified as needing another placement where his behavioral needs could be addressed. The client's moving out was in process at the time of the survey but had not yet been accomplished.</p> <p>This federal tag relates to Complaint #IN00275510.</p> <p>9-3-2(a)</p> <p>483.430(a) QIDP</p> <p>Each client's active treatment program must be integrated, coordinated and monitored by a qualified intellectual disability professional. Based on record review and interview for 3 of 3 sampled clients (A, B and C), the facility's QIDP/Qualified Intellectual Disability Professional failed to ensure clients' behavior plans were revised as needed, failed to train staff regarding programs, failed to implement corrective measures when clients had behaviors or had medication changes, and failed to ensure clients' ISP/Individual Support Plans program training objectives' data was reviewed.</p>	W 0159	QIDP will be trained in regards to corrective actions at conclusion of investigations to ensure client safety and staff training. QIDP will trained on abuse/neglect policy. Program Manager and Associate Executive director will review with Quality Assurance Coordinator and QIDP at the time of incident and upon completion of	12/05/2018

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	<p>Findings include:</p> <p>1. Client A's record was reviewed on 11/01/18 at 11:59 AM. Client A's record indicated an ISP/Individual Support Plan dated 3/27/18. There was no evidence the QIDP had reviewed the client's ISP training objectives since the program was written. The Client's Behavior Support Plan of 3/27/18 (the one he had at a former placement) had not been revised until 10/05/18 to address his current placement.</p> <p>Client B's record was reviewed on 11/01/18 at 11:08 AM. Client B's record indicated an ISP dated 4/25/18. The client's QIDP had not reviewed the client's program plan objectives since the date of the ISP.</p> <p>2. The QIDP failed to ensure client A was free from staff neglect by failing to revise the client's program and train staff regarding his behavior of eating foreign objects. Please see W149.</p> <p>3. The QIDP failed to ensure corrective measures were implemented regarding client A's ingesting of foreign objects by failing to revise the client's program and train staff regarding his behavior of eating foreign objects. Please see W157.</p> <p>4 The QIDP failed to ensure client C's programs contained a behavioral medication, Risperidone (anti-psychotic). Please see W312.</p> <p>Interview with QIDP/Qualified Intellectual Disability Professional #1 on 11/01/18 at 1:30 PM indicated client A had swallowed foreign objects. The interview indicated the former QIDP, (#2), had not revised client A's program or trained staff on client A's behaviors. The interview indicated the</p>		<p>investigations to determine corrective actions. QIDP will be trained in regards to updating Behavioral support plans, Individual Support plans based on client need and changes made in programming including target behaviors and medications being used to manage behavior Behavioral support plan and Individual support plans will be update and reviewed by Program Manager and Associate Executive Director</p> <p>Persons responsible: QIDP, Residential Manager, Area Supervisor, Quality Assurance Coordinator, Program Manager, Associate Executive Director</p>	

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W 0312 Bldg. 00	<p>client had been identified as needing another placement where his behavioral needs could be addressed. The client's moving out was in process at the time of the survey but had not yet been accomplished. The interview indicated former QIDP #2 had not ensured the medication, risperidone, was included in client C's BSP/Behavior Support Plan.</p> <p>This federal tag relates to Complaint #IN00275510.</p> <p>9-3-3(a)</p> <p>483.450(e)(2) DRUG USAGE</p> <p>Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed.</p> <p>Based on record review and interview for 1 of 2 sampled clients (C), who received medications for behavior management, the facility failed to ensure the client's programs contained a behavioral medication, Risperidone (anti-psychotic).</p> <p>Findings include:</p> <p>Client C's record was reviewed on 11/01/18 at 12:51 PM. The review indicated client C had a BSP/Behavior Support Plan dated 8/20/18. The BSP did not contain the use of the drug, Risperidone, nor was there withdrawal criteria for the medication.</p> <p>An interview was conducted with Qualified Intellectual Disability Professional (QIDP #1) on 11/01/18 at 1:30 PM. The interview indicated</p>	W 0312	<p>QIDP will be trained in regards to updating Behavioral support plans based on client need and changes made in programming including target behaviors and medications being used to manage behavior</p> <p>Behavioral support plan will be updated and reviewed by Program Manager and Associate Executive Director</p> <p>Persons responsible: QIDP, Quality Assurance Coordinator, Program Manager, Associate Executive Director</p>	12/05/2018

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G167	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/05/2018
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NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP COD 749 SOUTH BEARS BEND ROAD FRENCH LICK, IN 47432
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W 9999 Bldg. 00	<p>former QIDP #2 should have ensured the medication Risperidone was in client C's BSP.</p> <p>9-3-5(a)</p> <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 1 of 3 sampled clients (A). The facility failed to ensure the client attended an outside day service or an alternative.</p> <p>Findings include:</p> <p>Client A was observed to be at the facility on 10/31/18 at 4:08 PM when his peers arrived home from day program..On 11/01/18 at 8:40 AM, client</p>	W 9999	<p>QIDP will be trained on individuals being actively involved in day programming, Team will meet to decide day programming needs and determine active treatment based on assessment. Program Manager and Associate Executive Director will review plans and assessments to ensure day programming needs are met. Persons responsible: QIDP, Residential manager, Area Supervisor, Quality Assurance Coordinator, Program manager and Associate Executive Director</p>	12/05/2018

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	<p>A was at home until he left for a physician's appointment at 10:30 AM. Client A did not go the day program before or after his medical appointment. The client did not go to a day program with his peers.</p> <p>Client A's record was reviewed on 11/01/18 at 11:59 AM. The review indicated a BSP (Behavior Support Plan) dated 10/05/18 which indicated the client had episodes of ingesting inedible items, (small batteries, metal pieces, plastic or paper). The BSP indicated the client would be monitored in line of sight (staff's sight) at times to prevent this behavior. The record review also indicated an older BSP (Behavior Support Plan) dated 3/27/18 was the same one he had when he transferred into his present facility. The BSP indicated client A had Ingestion of Inedible items/objects and Attempted Ingestion of Inedible items/objects as targeted behaviors. A letter dated 7/30/2018 from the local day program agency indicated the following: "We can't accept a consumer who has it listed on their BSP that they need to be in line of sight. We are unable to provide line of sight at our facility, so we would not be able to follow and implement his BSP as written." The letter from the day program referred to the BSP of 3/27/18.</p> <p>An interview was conducted with Qualified Intellectual Disabilities Professional #1 on 11/01/18 at 1:30 PM. The interview indicated client A did not attend a day service.</p> <p>9-3-4(b)(1)(2)</p>			