

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

PRINTED: 02/12/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G247		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/14/2016	
NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN				STREET ADDRESS, CITY, STATE, ZIP CODE 2401 CORNWALL DR JEFFERSONVILLE, IN 47130			
(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 a PCR (Post Certification Revisit) to an extended annual recertification and state licensure survey completed on 11/13/15.</p> <p>Dates of Survey: 1/11/16, 1/12/16, 1/13/16 and 1/14/16.</p> <p>Facility Number: 000769 Provider Number: 15G247 AIMS Number: 1002498810</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 1/19/16.</p>		W 0000				
W 0102 Bldg. 00	<p>483.410 GOVERNING BODY AND MANAGEMENT The facility must ensure that specific governing body and management requirements are met.</p> <p>Based on observation, record review and interview, the facility failed to meet the</p>		W 0102	<p>W102: The facility must ensure that specific governing body and</p>		02/02/2016	

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>Condition of Participation: Governing Body for 4 of 4 sampled clients (#1, #2, #3 and #4), plus 4 additional clients (#5, #6, #7 and #8).</p> <p>The governing body failed to exercise general policy, budget and operating direction over the facility to ensure client #2's privacy during personal care, to ensure clients #4, #5 and #6's personal finances were fully accounted for, to ensure the facility implemented its written policy and procedures to prevent program intervention neglect regarding client #2 and prevent alleged financial exploitation/theft regarding clients #4, #5 and #6, to ensure two separate allegations of staff neglect regarding clients #2 and #3 were reported to the facility administrator and/or BDDS (Bureau of Developmental Disabilities Services) within 24 hours of the alleged incident, to ensure thorough investigations were completed regarding allegations of staff neglect regarding four separate allegations for clients #2 and #3, to develop and implement effective corrective measures regarding program intervention neglect of clients #2 and #3, alleged financial exploitation/theft of clients #4, #5 and #6's personal finances and to report the findings/results of four separate allegations for clients #2 and #3 were reported to the administrator within</p>		<p>management requirements are met. Corrective Action: (Specific): Administrative observations have been implemented in the home twice daily seven days per week for 30 days. All staff in the home will be in-serviced on all client program plans, active treatment, privacy and dignity during personal care, the operation standard for client finance management, the operation standard for reporting and investigating abuse neglect exploitation mistreatment or violation of an individual's rights, the client bill of rights, a clean and safe environment for all clients, family style dining and client participation in meal preparation. The Residential Manager will be in-serviced on ensuring staffing ratios in the home are consistent with the scheduled hours for the home. An audit will be completed for clients #4, #5, #6 as well as all other clients in the home for the last 3 months and any expenditure not accompanied with receipt will be reimbursed. The Quality Assurance Manager will be in-serviced on the BDDS reporting policy, reporting investigation findings to the administrator within 5 business days, thorough investigations and the addition of recommendations for all investigations. The internal incident report has been revised to include notification of the incident within 24 hours to the administrator by QA. Local day</p>				

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	<p>5 business days of the alleged incidents.</p> <p>The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the QIDP (Qualified Intellectual Disabilities Professional) integrated, coordinated and monitored clients #1, #2, #3, #4, #5, #6, #7 and #8's active treatment programs by failing to ensure there were sufficient staff working in the home to implement risk plans, active treatment and ensure the physical environment was safe and clean, to ensure clients #2 and #3 received continuous, aggressive active treatment to increase the behaviors necessary for them to function with as much self determination and independence as possible, to ensure clients #2 and #3 received continuous active treatment when opportunities existed, to ensure client #2's dignity during personal care, to ensure clients #1, #2, #3, #4, #5, #6, #7 and #8 participated in meal preparation and family style dining according to their capabilities and failed to ensure clients #2 and #3's active treatment needs pertaining to day services programming were met.</p> <p>The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility met the Condition of</p>		<p>service providers will be contacted to initiate the process for clients #2 and #3 to attend.</p> <p>How others will be identified: (Systemic): Administrative observations have been implemented in the home twice daily seven days per week for 30 days. The Residential Manager will be in the home at least five times weekly to ensure the home is clean and safe for all clients, that all clients are attending workshop according to schedule, a complete and accurate accounting of all client finances, ensure the staffing ratios in the home are consistent with the scheduled hours for the home, ensure privacy and dignity are being provided, ensure all clients are receiving continuous active treatment, family style dining is being completed and all clients are involved in meal preparation. The QIDP will be in the home at least three times weekly to ensure a complete and accurate accounting of all client finances, ensure the staffing ratios in the home are consistent with the scheduled hours for the home, ensure privacy and dignity are being provided to all clients, family style dining is being completed and all clients are involved in meal preparation. The Program Manager will be in the home at least twice weekly to ensure the home is clean and safe for all clients, that all clients are attending workshop according</p>				

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	<p>Participation: Active Treatment Services for 4 of 4 sampled clients (#1, #2, #3 and #4), plus 4 additional clients (#5, #6, #7 and #8).</p> <p>Findings include:</p> <p>1. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure client #2's privacy during personal care, to ensure clients #4, #5 and #6's personal finances were fully accounted for.</p> <p>The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility implemented its written policy and procedures to prevent program intervention neglect regarding client #2 and prevent alleged financial exploitation/theft regarding clients #4, #5 and #6, to ensure two separate allegations of staff neglect regarding clients #2 and #3 were reported to the facility administrator and/or BDDS (Bureau of Developmental Disabilities Services) within 24 hours of the alleged incident, to ensure thorough investigations were completed regarding allegations of staff neglect regarding four separate allegations for clients #2 and #3, to develop and implement effective corrective measures regarding program</p>		<p>to schedule, a complete and accurate accounting of all client finances, ensure the staffing ratios in the home are consistent with the scheduled hours for the home, ensure privacy and dignity are being provided, ensure all clients are receiving continuous active treatment, family style dining is being completed and all clients are involved in meal preparation. The business office manager or the office coordinator will visit the home at least twice weekly to complete an audit of all client finances to ensure accurate and complete accounting. The administrator will meet with QA at least twice weekly to discuss and review the findings of investigations. Measures to be put in place: Administrative observations have been implemented in the home twice daily seven days per week for 30 days. All staff in the home will be in-serviced on all client program plans, active treatment, privacy and dignity during personal care, the operation standard for client finance management, the operation standard for reporting and investigating abuse neglect exploitation mistreatment or violation of an individual's rights, the client bill of rights, a clean and safe environment for all clients, family style dining and client participation in meal preparation. The Residential Manager will be in-serviced on ensuring staffing ratios in the home are consistent</p>				

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	<p>intervention neglect of clients #2 and #3, alleged financial exploitation/theft of clients #4, #5 and #6's personal finances and to report the findings/results of four separate allegations for clients #2 and #3 were reported to the administrator within 5 business days of the alleged incidents.</p> <p>The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the QIDP (Qualified Intellectual Disabilities Professional) integrated, coordinated and monitored clients #1, #2, #3, #4, #5, #6, #7 and #8's active treatment programs by failing to ensure there were sufficient staff working in the home to implement risk plans, active treatment and ensure the physical environment was safe and clean, to ensure clients #2 and #3 received continuous, aggressive active treatment to increase the behaviors necessary for them to function with as much self determination and independence as possible, to ensure clients #2 and #3 received continuous active treatment when opportunities existed, to ensure client #2's dignity during personal care, to ensure clients #1, #2, #3, #4, #5, #6, #7 and #8 participated in meal preparation and family style dining according to their capabilities and failed to ensure clients #2 and #3's active treatment needs pertaining to day services</p>		<p>with the scheduled hours for the home. An audit will be completed for clients #4, #5, #6 as well as all other clients in the home for the last 3 months and any expenditure not accompanied with receipt will be reimbursed. The Quality Assurance Manager will be in-serviced on the BDDS reporting policy, reporting investigation findings to the administrator within 5 business days, thorough investigations and the addition of recommendations for all investigations. The internal incident report has been revised to include notification of the incident within 24 hours to the administrator by QA. Local day service providers will be contacted to initiate the process for clients #2 and #3 to attend.</p> <p>Monitoring of Corrective Action: Administrative observations have been implemented in the home twice daily seven days per week for 30 days. The Residential Manager will be in the home at least five times weekly to ensure the home is clean and safe for all clients, that all clients are attending workshop according to schedule, a complete and accurate accounting of all client finances, ensure the staffing ratios in the home are consistent with the scheduled hours for the home, ensure privacy and dignity are being provided, ensure all clients are receiving continuous active treatment, family style dining is</p>				

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	<p>programming were met.</p> <p>The governing body failed to exercise general policy, budget and operating direction over the facility to ensure there were sufficient staff working in the home to implement client #2's risk plans and ensure client #2's environment was safe and clean, to ensure clients #2 and #3 received continuous, aggressive active treatment to increase the behaviors necessary for them to function with as much self determination and independence as possible, to ensure clients #2 and #3 received continuous active treatment when opportunities existed, to ensure client #2's dignity during personal care, ensure clients #1, #2, #3, #4, #5, #6, #7 and #8 participated in meal preparation and family style dining according to their capabilities and to meet the active treatment needs pertaining to day services programming for 2 of 4 sampled clients (#2 and #3). Please see W104.</p> <p>2. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the met the Condition of Participation: Active Treatment Services for 3 of 4 sampled clients (#2, #3 and #4), plus 2 additional clients (#5 and #6). The governing body failed to exercise general</p>		<p>being completed and all clients are involved in meal preparation. The QIDP will be in the home at least three times weekly to ensure a complete and accurate accounting of all client finances, ensure the staffing ratios in the home are consistent with the scheduled hours for the home, ensure privacy and dignity are being provided to all clients, family style dining is being completed and all clients are involved in meal preparation. The Program Manager will be in the home at least twice weekly to ensure the home is clean and safe for all clients, that all clients are attending workshop according to schedule, a complete and accurate accounting of all client finances, ensure the staffing ratios in the home are consistent with the scheduled hours for the home, ensure privacy and dignity are being provided, ensure all clients are receiving continuous active treatment, family style dining is being completed and all clients are involved in meal preparation. The business office manager or the office coordinator will visit the home at least twice weekly to complete an audit of all client finances to ensure accurate and complete accounting. The administrator will meet with QA at least twice weekly to discuss and review the findings of investigations. Completion date: 02/02/2016</p>				

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	<p>policy, budget and operating direction over the facility to ensure the facility implemented its written policy and procedures to prevent program intervention neglect regarding client #2 and prevent alleged financial exploitation/theft regarding clients #4, #5 and #6, to ensure two separate allegations of staff neglect regarding clients #2 and #3 were reported to the facility administrator and/or BDDS (Bureau of Developmental Disabilities Services) within 24 hours of the alleged incident, to ensure thorough investigations were completed regarding allegations of staff neglect regarding four separate allegations for clients #2 and #3, to develop and implement effective corrective measures regarding program intervention neglect of clients #2 and #3, alleged financial exploitation/theft of clients #4, #5 and #6's personal finances and to report the findings/results of four separate allegations for clients #2 and #3 were reported to the administrator within 5 business days of the alleged incidents. Please see W122.</p> <p>3. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility met the Condition of Participation: Active Treatment Services for 4 of 4 sampled clients (#1, #2, #3 and</p>						

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W 0104	<p>#4), plus 4 additional clients (#5, #6, #7 and #8). The governing body failed to exercise general policy, budget and operating direction over the facility to ensure there were sufficient staff working in the home to implement client #2's risk plans and ensure client #2's environment was safe and clean. The facility failed to ensure clients #2 and #3 received continuous, aggressive active treatment to increase the behaviors necessary for them to function with as much self determination and independence as possible. The facility failed to ensure clients #2 and #3 received continuous active treatment when opportunities existed. The facility failed to ensure the QIDP (Qualified Intellectual Disabilities Professional) integrated, coordinated and monitored clients #1, #2, #3, #4, #5, #6, #7 and #8's active treatment programs. Please see W195.</p> <p>This deficiency was cited on 11/13/15. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-1(a)</p> <p>483.410(a)(1) GOVERNING BODY</p>						

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Bldg. 00	<p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation, record review and interview for 4 of 4 sampled clients (#1, #2, #3 and #4), plus 4 additional clients (#5, #6, #7 and #8), the governing body failed to exercise general policy, budget and operating direction over the facility to ensure client #2's privacy during personal care, to ensure clients #4, #5 and #6's personal finances were fully accounted for.</p> <p>The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility implemented its written policy and procedures to prevent program intervention neglect regarding client #2 and prevent alleged financial exploitation/theft regarding clients #4, #5 and #6, to ensure two separate allegations of staff neglect regarding clients #2 and #3 were reported to the facility administrator and/or BDDS (Bureau of Developmental Disabilities Services) within 24 hours of the alleged incident, to ensure thorough investigations were completed regarding allegations of staff neglect regarding four separate allegations for clients #2, #3, #4, #5 and #6, to develop and implement effective corrective measures regarding program</p>		W 0104	<p>W104: The governing body must exercise general policy, budget, and operating direction over the facility. Corrective Action: (Specific): Administrative observations have been implemented in the home twice daily seven days per week for 30 days. All staff in the home will be in-serviced on all client program plans, active treatment, privacy and dignity during personal care, the operation standard for client finance management, the operation standard for reporting and investigating abuse neglect exploitation mistreatment or violation of an individual's rights, the client bill of rights, a clean and safe environment for all clients, family style dining and client participation in meal preparation. The Residential Manager will be in-serviced on ensuring staffing ratios in the home are consistent with the scheduled hours for the home. An audit will be completed for clients #4, #5, #6 as well as all other clients in the home for the last 3 months and any expenditure not accompanied with receipt will be reimbursed. The Quality Assurance Manager will be in-serviced on the BDDS reporting policy, reporting investigation findings to the administrator within 5 business days, thorough investigations and the addition of recommendations</p>		02/02/2016	

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	<p>intervention neglect of clients #2 and #3, alleged financial exploitation/theft of clients #4, #5 and #6's personal finances and to report the findings/results of four separate allegations for clients #2 and #3 were reported to the administrator within 5 business days of the alleged incidents.</p> <p>The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the QIDP (Qualified Intellectual Disabilities Professional) integrated, coordinated and monitored client #2's active treatment programs by failing to ensure there were sufficient staff working in the home to implement risk plans, active treatment and ensure the physical environment was safe and clean, to ensure clients #2 and #3 received continuous, aggressive active treatment to increase the behaviors necessary for them to function with as much self determination and independence as possible, to ensure clients #2 and #3 received continuous active treatment when opportunities existed, to ensure client #2's dignity during personal care, to ensure clients #1, #2, #3, #4, #5, #6, #7 and #8 participated in meal preparation and family style dining according to their capabilities and failed to ensure clients #2 and #3's active treatment needs pertaining to day services programming were met.</p>		<p>for all investigations. The internal incident report has been revised to include notification of the incident within 24 hours to the administrator by QA. Local day service providers will be contacted to initiate the process for clients #2 and #3 to attend.</p> <p>How others will be identified: (Systemic): Administrative observations have been implemented in the home twice daily seven days per week for 30 days. The Residential Manager will be in the home at least five times weekly to ensure the home is clean and safe for all clients, that all clients are attending workshop according to schedule, a complete and accurate accounting of all client finances, ensure the staffing ratios in the home are consistent with the scheduled hours for the home, ensure privacy and dignity are being provided, ensure all clients are receiving continuous active treatment, family style dining is being completed and all clients are involved in meal preparation. The QIDP will be in the home at least three times weekly to ensure a complete and accurate accounting of all client finances, ensure the staffing ratios in the home are consistent with the scheduled hours for the home, ensure privacy and dignity are being provided to all clients, family style dining is being completed and all clients are involved in meal preparation. The</p>				

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	<p>The governing body failed to exercise general policy, budget and operating direction over the facility to ensure there were sufficient staff working in the home to implement client #2's risk plans and ensure client #2's environment was safe and clean, to ensure clients #2 and #3 received continuous, aggressive active treatment to increase the behaviors necessary for them to function with as much self determination and independence as possible, to ensure clients #2 and #3 received continuous active treatment when opportunities existed, to ensure client #2's dignity during personal care, ensure clients #1, #2, #3, #4, #5, #6, #7 and #8 participated in meal preparation and family style dining according to their capabilities and to meet the active treatment needs pertaining to day services programming for 2 of 4 sampled clients (#2 and #3).</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure client #2's privacy during personal care. Please see W130. 2. The governing body failed to exercise general policy, budget and operating 		<p>Program Manager will be in the home at least twice weekly to ensure the home is clean and safe for all clients, that all clients are attending workshop according to schedule, a complete and accurate accounting of all client finances, ensure the staffing ratios in the home are consistent with the scheduled hours for the home, ensure privacy and dignity are being provided, ensure all clients are receiving continuous active treatment, family style dining is being completed and all clients are involved in meal preparation. The business office manager will visit the home at least twice weekly to complete an audit of all client finances to ensure accurate and complete accounting. . The administrator will meet with QA at least twice weekly to discuss and review the findings of investigations.</p> <p>Measures to be put in place: Administrative observations have been implemented in the home twice daily seven days per week for 30 days. All staff in the home will be in-serviced on all client program plans, active treatment, privacy and dignity during personal care, the operation standard for client finance management, the operation standard for reporting and investigating abuse neglect exploitation mistreatment or violation of an individual's rights, the client bill of rights, a clean and safe environment for all clients,</p>				

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(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>direction over the facility to ensure clients #4, #5 and #6's personal finances were fully accounted for. Please see W140.</p> <p>3. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility implemented its written policy and procedures to prevent program intervention neglect regarding client #2 and prevent alleged financial exploitation/theft regarding clients #4, #5 and #6, to ensure two separate allegations of staff neglect regarding clients #2 and #3 were reported to the facility administrator and/or BDDS within 24 hours of the alleged incident, to ensure thorough investigations were completed regarding allegations of staff neglect regarding four separate allegations for clients #2, #3 #4, #5 and #6, to develop and implement effective corrective measures regarding program intervention neglect of clients #2 and #3, alleged financial exploitation/theft of clients #4, #5 and #6's personal finances and to report the findings/results of four separate allegations for clients #2 and #3 were reported to the administrator within 5 business days of the alleged incidents. Please see W149.</p> <p>4. The governing body failed to exercise</p>		<p>family style dining and client participation in meal preparation. The Residential Manager will be in-serviced on ensuring staffing ratios in the home are consistent with the scheduled hours for the home. An audit will be completed for clients #4, #5, #6 as well as all other clients in the home for the last 3 months and any expenditure not accompanied with receipt will be reimbursed. The Quality Assurance Manager will be in-serviced on the BDDS reporting policy, reporting investigation findings to the administrator within 5 business days, thorough investigations and the addition of recommendations for all investigations. The internal incident report has been revised to include notification of the incident within 24 hours to the administrator by QA. Local day service providers will be contacted to initiate the process for clients #2 and #3 to attend.</p> <p>Monitoring of Corrective Action: Administrative observations have been implemented in the home twice daily seven days per week for 30 days. The Residential Manager will be in the home at least five times weekly to ensure the home is clean and safe for all clients, that all clients are attending workshop according to schedule, a complete and accurate accounting of all client finances, ensure the staffing ratios in the home are consistent with the</p>				

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	<p>general policy, budget and operating direction over the facility to ensure the QIDP (Qualified Intellectual Disabilities Professional) integrated, coordinated and monitored client #2's active treatment programs by failing to ensure there were sufficient staff working in the home to implement risk plans, active treatment and ensure the physical environment was safe and clean, to ensure clients #2 and #3 received continuous, aggressive active treatment to increase the behaviors necessary for them to function with as much self determination and independence as possible, to ensure clients #2 and #3 received continuous active treatment when opportunities existed, to ensure client #2's dignity during personal care, to ensure clients #1, #2, #3, #4, #5, #6, #7 and #8 participated in meal preparation and family style dining according to their capabilities and failed to ensure clients #2 and #3's active treatment needs pertaining to day services programming were met. Please see W159.</p> <p>5. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure there were sufficient staff working in the home to implement client #2's risk plans and ensure client #2's environment was safe and clean. Please see W186.</p>		<p>scheduled hours for the home, ensure privacy and dignity are being provided, ensure all clients are receiving continuous active treatment, family style dining is being completed and all clients are involved in meal preparation. The QIDP will be in the home at least three times weekly to ensure a complete and accurate accounting of all client finances, ensure the staffing ratios in the home are consistent with the scheduled hours for the home, ensure privacy and dignity are being provided to all clients, family style dining is being completed and all clients are involved in meal preparation. The Program Manager will be in the home at least twice weekly to ensure the home is clean and safe for all clients, that all clients are attending workshop according to schedule, a complete and accurate accounting of all client finances, ensure the staffing ratios in the home are consistent with the scheduled hours for the home, ensure privacy and dignity are being provided, ensure all clients are receiving continuous active treatment, family style dining is being completed and all clients are involved in meal preparation. The business office manager will visit the home at least twice weekly to complete an audit of all client finances to ensure accurate and complete accounting. . The administrator will meet with QA at least twice</p>				

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	<p>6. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure clients #2 and #3 received continuous, aggressive active treatment to increase the behaviors necessary for them to function with as much self determination and independence as possible. Please see W196.</p> <p>7. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure clients #2 and #3 received continuous active treatment when opportunities existed. Please see W249.</p> <p>8. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure client #2's dignity during personal care. Please see W268.</p> <p>9. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure clients #1, #2, #3, #4, #5, #6, #7 and #8 participated in meal preparation and family style dining according to their capabilities. Please see W488.</p> <p>10. The governing body failed to exercise general policy, budget and operating</p>				<p>weekly to discuss and review the findings of investigations. Completion date: 02/02/2016</p>		

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	<p>direction over the facility to meet the active treatment needs pertaining to day services programming for 2 of 4 sampled clients (#2 and #3). Please see W9999.</p> <p>This deficiency was cited on 11/13/15. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-1(a)</p>						
W 0122 Bldg. 00	<p>483.420 CLIENT PROTECTIONS</p> <p>The facility must ensure that specific client protections requirements are met. Based on observation, record review and interview, the facility failed to meet the Condition of Participation: Client Protections for 3 of 4 sampled clients (#2, #3 and #4), plus 2 additional clients (#5 and #6).</p> <p>The facility failed to implement its written policy and procedures to prevent program intervention neglect regarding client #2 and prevent alleged financial exploitation/theft regarding clients #4, #5 and #6, to ensure two separate allegations</p>		W 0122	<p>W122: The facility must ensure that specific client protections requirements are met.</p> <p>Corrective Action: (Specific): Administrative observations have been implemented in the home twice daily seven days per week for 30 days. All staff in the home will be in-serviced on visitors at the home, all client program plans, the operation standard for client finance management, the operation standard for reporting and investigating abuse neglect exploitation mistreatment or</p>		02/02/2016	

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	<p>of staff neglect regarding clients #2 and #3 were reported to the facility administrator and/or BDDS (Bureau of Developmental Disabilities Services) within 24 hours of the alleged incident, to ensure thorough investigations were completed regarding allegations of staff neglect regarding four separate allegations for clients #2, #3, #4, #5 and #6, to develop and implement effective corrective measures regarding program intervention neglect of clients #2 and #3, alleged financial exploitation/theft of clients #4, #5 and #6's personal finances and to report the findings/results of four separate allegations for clients #2 and #3 were reported to the administrator within 5 business days of the alleged incidents.</p> <p>Findings include:</p> <p>1. The facility failed to implement its written policy and procedures to prevent program intervention neglect regarding client #2 and prevent alleged financial exploitation/theft regarding clients #4, #5 and #6, to ensure two separate allegations of staff neglect regarding clients #2 and #3 were reported to the facility administrator and/or BDDS (Bureau of Developmental Disabilities Services) within 24 hours of the alleged incident, to ensure thorough investigations were completed regarding allegations of staff</p>		<p>violation of an individual's rights and the client bill of rights. The Residential Manager will be in-serviced on ensuring staffing ratios in the home are consistent with the scheduled hours for the home. An audit will be completed for clients #4, #5, #6 as well as all other clients in the home for the last 3 months and any expenditure not accompanied with receipt will be reimbursed. Staff #3 is no longer an employee. The Quality Assurance Manager will be in-serviced on the BDDS reporting policy, reporting investigation findings to the administrator within 5 business days, thorough investigations and the addition of recommendations for all investigations. The internal incident report has been revised to include notification of the incident within 24 hours to the administrator by QA. How others will be identified: (Systemic): Administrative observations have been implemented in the home twice daily seven days per week for 30 days. The Residential Manager will be in the home at least five times weekly to ensure that all client program plans are being implemented as written, a complete and accurate accounting of all client finances, ensure the staffing ratios in the home are consistent with the scheduled hours for the home, and ensure that there are no</p>				

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	<p>neglect regarding four separate allegations for clients #2, #3, #4, #5 and #6, to develop and implement effective corrective measures regarding program intervention neglect of clients #2 and #3, alleged financial exploitation/theft of clients #4, #5 and #6's personal finances and to report the findings/results of four separate allegations for clients #2 and #3 were reported to the administrator within 5 business days of the alleged incidents. Please see W149.</p> <p>2. The facility failed to ensure an allegation of staff neglect regarding client #3 and an allegation of staff neglect regarding clients #2 and #3 were immediately reported to the administrator and/or to BDDS within 24 hours of the alleged incidents. Please see W153.</p> <p>3. The facility failed to ensure thorough investigations were completed regarding allegations of staff neglect regarding four separate allegations for clients #2, #3, #4, #5 and #6. Please see W154.</p> <p>4. The facility failed to ensure the findings/results of four separate allegations for clients #2, #3, #4, #5 and #6 were reported to the administrator within 5 business days of the alleged incidents. Please see W156.</p>		<p>visitors for staff at the home. The QIDP will be in the home at least three times weekly to ensure that all client program plans are being implemented as written, a complete and accurate accounting of all client finances, ensure the staffing ratios in the home are consistent with the scheduled hours for the home, and ensure that there are no visitors for staff at the home. The Program Manager will be in the home at least twice weekly to ensure that all client program plans are being implemented as written, a complete and accurate accounting of all client finances, ensure the staffing ratios in the home are consistent with the scheduled hours for the home, and ensure that there are no visitors for staff at the home. The business office manager will visit the home at least twice weekly to complete an audit of all client finances to ensure accurate and complete accounting. . The administrator will meet with QA at least twice weekly to discuss and review the findings of investigations. Measures to be put in place: Administrative observations have been implemented in the home twice daily seven days per week. for 30 days All staff in the home will be in-serviced on visitors at the home, all client program plans, the operation standard for client finance management, the operation standard for reporting</p>				

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	<p>5. The facility failed to develop and implement effective corrective measures regarding program intervention neglect of clients #2 and #3 and alleged financial exploitation/theft of clients #4, #5 and #6's personal finances. Please see W157.</p> <p>This deficiency was cited on 11/13/15. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-2(a)</p>		<p>and investigating abuse neglect exploitation mistreatment or violation of an individual's rights and the client bill of rights. The Residential Manager will be in-serviced on ensuring staffing ratios in the home are consistent with the scheduled hours for the home. An audit will be completed for clients #4, #5, #6 as well as all other clients in the home for the last 3 months and any expenditure not accompanied with receipt will be reimbursed. An investigation will be completed regarding staff having a visitor at the home that was not an employee. Staff #3 is no longer an employee. The Quality Assurance Manager will be in-serviced on the BDDS reporting policy, reporting investigation findings to the administrator within 5 business days, thorough investigations and the addition of recommendations for all investigations. The internal incident report has been revised to include notification of the incident within 24 hours to the administrator by QA.</p> <p>Monitoring of Corrective Action: Administrative observations have been implemented in the home twice daily seven days per week for 30 days. The Residential Manager will be in the home at least five times weekly to ensure that all client program plans are being implemented as written, a complete and accurate</p>				

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

PRINTED: 02/12/2016
FORM APPROVED
OMB NO. 0938-0391

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W 0130 Bldg. 00	483.420(a)(7) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all			accounting of all client finances, ensure the staffing ratios in the home are consistent with the scheduled hours for the home, and ensure that there are no visitors for staff at the home. The QIDP will be in the home at least three times weekly to ensure that all client program plans are being implemented as written, a complete and accurate accounting of all client finances, ensure the staffing ratios in the home are consistent with the scheduled hours for the home, and ensure that there are no visitors for staff at the home. The Program Manager will be in the home at least twice weekly to ensure that all client program plans are being implemented as written, a complete and accurate accounting of all client finances, ensure the staffing ratios in the home are consistent with the scheduled hours for the home, and ensure that there are no visitors for staff at the home. The business office manager will visit the home at least twice weekly to complete an audit of all client finances to ensure accurate and complete accounting. . The administrator will meet with QA at least twice weekly to discuss and review the findings of investigations. Completion date: 02/02/2016			

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	<p>clients. Therefore, the facility must ensure privacy during treatment and care of personal needs.</p> <p>Based on observation and interview for 1 of 4 sampled clients (#2), the facility failed to ensure client #2's privacy during personal care.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 1/12/16 from 6:30 AM through 7:45 AM. At 6:30 AM, staff #2 indicated client #2 had a BM (Bowel Movement) in his bedroom and had smeared BM on his blankets and floor. Client #2 was non-verbal in that he did not use verbal language to express his wants and needs. At 6:35 AM, staff #2 directed client #2 to the shower. At 6:40 AM, staff #2 retrieved a bottle of body wash and shampoo from a closet in the home's kitchen area. Staff #2 took the bottle of body wash and shampoo to client #2 who was still in the shower. Staff #2 then exited the bathroom and resumed assisting other clients in the home. The bathroom door was open while client #2 was in the shower with no shower curtain. At 6:45 AM, client #2 finished his shower, staff #2 retrieved an adult brief (depends), entered the bathroom area and then directed client #2 to return to his bedroom to get dressed.</p>			W 0130	<p>W130: The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs.</p> <p>Corrective Action: (Specific): Administrative observations have been implemented in the home twice daily seven days per week for 30 days. All staff in the home will be in-serviced on the client rights and the operation standard for reporting and investigating abuse neglect exploitation mistreatment or violation of an individual's rights. All staff in the home will be in-serviced on providing privacy and dignity to all clients during showering and personal care time. A shower curtain has been placed in the bathroom. How others will be identified: (Systemic) Administrative observations have been implemented in the home twice daily seven days per week for 30 days. The Residential Manager will be at the home at least five times weekly to complete observations and ensure that all staff is providing privacy and dignity during showering and personal care to all clients in the home. The QIDP will visit the home at least three times weekly to ensure that all staff is providing privacy and dignity to all clients in the home. The Program Manager will visit</p>		02/02/2016

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	<p>Client #2 exited the bathroom area wearing the adult brief. Client #2 wore the adult brief as he walked from the bathroom area to his bedroom without additional clothing to cover his body.</p> <p>QAM (Quality Assurance Manager) #1 was interviewed on 1/12/16 at 10:36 AM. QAM #1 indicated staff #2 should ensure client #2's privacy during showering and personal care time.</p> <p>This deficiency was cited on 11/13/15. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-2(a)</p>				<p>the home at least twice weekly to ensure that all staff is providing privacy and dignity to all clients in the home Measures to be put in place: Administrative observations have been implemented in the home twice daily seven days per week for 30 days. All staff in the home will be in-serviced on the client rights and the operation standard for reporting and investigating abuse neglect exploitation mistreatment or violation of an individual's rights. All staff in the home will be in-serviced on providing privacy and dignity to all clients during showering and personal care time. A shower curtain has been placed in the bathroom.</p> <p>Monitoring of Corrective Action: Administrative observations have been implemented in the home twice daily seven days per week for 30 days. The Residential Manager will be at the home at least five times weekly to complete observations and ensure that all staff is providing privacy and dignity during showering and personal care to all clients in the home. The QIDP will visit the home at least three times weekly to ensure that all staff is providing privacy and dignity to all clients in the home. The Program Manager will visit the home at least twice weekly to ensure that all staff is providing privacy and dignity to all clients in the home</p> <p>Completion date: 02/02/2016</p>		

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W 0140 Bldg. 00	<p>483.420(b)(1)(i) CLIENT FINANCES</p> <p>The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of clients. Based on record review and interview for 1 of 4 sampled clients (#4), plus 2 additional clients (#5 and #6), the facility failed to ensure clients #4, #5 and #6's personal finances were fully accounted for.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 1/11/16 at 2:55 PM. The review indicated the following:</p> <p>-BDDS report dated 12/29/15 indicated client #4 was missing \$20.00 from his home cash account.</p> <p>-BDDS report dated 12/29/15 indicated client #5 was missing \$10.00 from his home cash account.</p> <p>-BDDS report dated 12/29/15 indicated client #6 was missing \$20.00 from his home cash account.</p> <p>-IS (Investigation Summary) dated 12/30/15 indicated, "Allegations of</p>	W 0140	<p>W140: The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of the clients.</p> <p>Corrective Action: (Specific): Administrative observations have been implemented in the home twice daily seven days per week for 30 days. All staff in the home will be in-serviced on the operation standard for client finance management and a full and complete accounting of client personal funds. All staff in the home will be in-serviced on the operation standard for reporting and investigating abuse neglect exploitation mistreatment or violation of an individual's rights.</p> <p>How others will be identified: (Systemic) Administrative observations have been implemented in the home twice daily seven days per week for 30 days. The Residential Manager will review all client finances at least five times weekly to ensure full and complete accounting of client personal funds and that all transactions are documented as they occur. The QIDP will visit the home at least three times weekly to review all client finance records to ensure a full and</p>		02/02/2016		

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	<p>clients missing funds are substantiated, however, it is unable to be determine where the money has gone or who took the money. [Client #5] will be reimbursed \$10.06, [client #6] will be reimbursed \$20.00 and [client #4] will be reimbursed \$20.00."</p> <p>QAM (Quality Assurance Manager) #1 was interviewed on 1/12/16 at 10:36 AM. QAM #1 indicated the facility should complete a full accounting of client funds.</p> <p>This deficiency was cited on 11/13/15. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-2(a)</p>			<p>complete accounting of personal funds is being completed and that all transactions are documented accordingly. The Business Office Manager will visit the home at least twice weekly to review all client finance records to ensure a full and complete accounting of personal funds is being completed and that all transactions are documented accordingly. Measures to be put in place: Administrative observations have been implemented in the home twice daily seven days per week for 30 days. All staff in the home will be in-serviced on the operation standard for client finance management and a full and complete accounting of client personal funds. All staff in the home will be in-serviced on the operation standard for reporting and investigating abuse neglect exploitation mistreatment or violation of an individual's rights.</p> <p>Monitoring of Corrective Action: Administrative observations have been implemented in the home twice daily seven days per week for 30 days. The Residential Manager will review all client finances at least five times weekly to ensure full and complete accounting of client personal funds and that all transactions are documented as they occur. The QIDP will visit the home at least three times weekly to review all client finance records to ensure a full and</p>			

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W 0149 Bldg. 00	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 observation, record review and interview for 3 of 4 sampled clients (#2, #3 and #4), plus 2 additional clients (#5 and #6), the facility failed to implement its written policy and procedures to prevent program intervention neglect regarding client #2 and prevent alleged financial exploitation/theft regarding clients #4, #5 and #6, to ensure two separate allegations of staff neglect regarding clients #2 and #3 were reported to the facility administrator and/or BDDS (Bureau of Developmental Disabilities Services) within 24 hours of the alleged incident, to ensure thorough investigations were completed regarding allegations of staff neglect regarding four separate allegations for clients #2, #3, #4, #5 and #6, to develop and implement		W 0149	complete accounting of personal funds is being completed and that all transactions are documented accordingly. The Business Office Manager will visit the home at least twice weekly to review all client finance records to ensure a full and complete accounting of personal funds is being completed and that all transactions are documented accordingly. Completion date: 02/02/2016 W149: The facility must develop and implement written procedures that prohibit mistreatment, neglect or abuse of the client. Corrective Action: (Specific): Administrative observations have been implemented in the home twice daily seven days per week for 30 days. All staff in the home will be in-serviced on all client program plans, active treatment, privacy and dignity during personal care, the operation standard for client finance management, the operation standard for reporting and investigating abuse neglect exploitation mistreatment or violation of an individual's rights, the client bill of rights, a clean and safe environment for all clients, visitors in the home, physically walking into each client's room		02/02/2016	

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	<p>effective corrective measures regarding program intervention neglect of clients #2 and #3, alleged financial exploitation/theft of clients #4, #5 and #6's personal finances and to report the findings/results of four separate allegations for clients #2, #3, #4, #5 and #6 to the administrator within 5 business days of the alleged incidents.</p> <p>Findings include:</p> <p>1. The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 1/11/16 at 2:55 PM. The review indicated the following:</p> <p>-BDDS report dated 12/10/15 indicated, "[Staff #1] reported to [QIDP (Qualified Intellectual Disabilities Professional) #1] that when she arrived to her shift on 12/10/15, she noticed that [client #2] smelled of feces and when she went to assist him with a shower, found that [client #2] had smeared feces in the bathroom, on the floor and walls. When she redirected [client #2] to his room so she (could) clean the bathroom before assisting [client #2] (with) a shower, she noted urine on [client #2's] bed and feces on his floor that appeared to have been left from the third shift staff, [staff #2]. [Staff #1] cleaned the area and assisted</p>		<p>beside each clients bed during all bed checks to verify that all clients are in the home and documentation of bed checks on the daily tracking form. The Residential Manager will be in-serviced on ensuring staffing ratios in the home are consistent with the scheduled hours for the home. An audit will be completed for clients #4, #5, #6 as well as all other clients in the home for the last 3 months and any expenditure not accompanied with receipt will be reimbursed.</p> <p>Staff #3 is no longer an employee. The Quality Assurance Manager will be in-serviced on the BDDS reporting policy, reporting investigation findings to the administrator within 5 business days, thorough investigations and the addition of recommendations for all investigations. The internal incident report has been revised to include notification of the incident within 24 hours to the administrator by QA. How others will be identified: (Systemic): Administrative observations have been implemented in the home twice daily seven days per week for 30 days. The Residential Manager will be in the home at least five times weekly to ensure the home is clean and safe for all clients, a complete and accurate accounting of all client finances, ensure the staffing ratios in the home are consistent with the</p>				

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	<p>[client #2] with his hygiene. The staff member working prior to the shift, [staff #2], was placed on administrative leave pending investigation."</p> <p>-Investigation Summary (IS) dated 12/11/15 indicated, "By review of witness statements and pictures, it appears that fecal matter and urine had been left on the bed, wall, bathroom and floor on 12/10/15. No reports of fecal matter/urine being left on [client #2] himself. On 12/10/15 [staff #2] had to get all morning routines done for 8 clients, when 2 staff members should have been present to assist, however, first shift staff was late which left [staff #2] to complete all tasks by himself." The IS dated 12/11/15 indicated, "The allegations of [staff #2] purposefully neglecting to clean [client #2] and his environment are unsubstantiated, [client #2] was clean, however, the environment was unable to be cleaned as staff was tending to other clients needs. Staff will return to work with in-services."</p> <p>The 12/11/15 IS did not indicate documentation of recommendations to address how the facility would ensure sufficient staffing in the home to prevent future incidents. The 12/11/15 IS did not indicate documentation of the results/findings of the investigation being</p>		<p>scheduled hours for the home, ensure privacy and dignity are being provided, ensure all clients are receiving continuous active treatment, that all client program plans are being followed, all daily tracking for all clients is complete and accurate and there are no unauthorized visitors at the home. The QIDP will be in the home at least three times weekly to ensure the home is clean and safe for all clients, a complete and accurate accounting of all client finances, ensure the staffing ratios in the home are consistent with the scheduled hours for the home, ensure privacy and dignity are being provided, ensure all clients are receiving continuous active treatment, that all client program plans are being followed, all daily tracking for all clients is complete and accurate and there are no unauthorized visitors at the home. The business office manager or the office coordinator will visit the home at least twice weekly to complete an audit of all client finances to ensure accurate and complete accounting. . The administrator will meet with QA at least twice weekly to discuss and review the findings of investigations. Measures to be put in place: Administrative observations have been implemented in the home twice daily seven days per week for 30 days. All staff in the home will be in-serviced on all client program</p>				

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	<p>reported to the facility administrator.</p> <p>2. Observations were conducted at the group home on 1/12/16 from 6:30 AM through 7:45 AM. At 6:30 AM, the group home living room and dining area presented with a discernable pungent odor. Staff #2 indicated client #2 had a BM (Bowel Movement) in his bedroom and had smeared BM on his blankets and floor. Client #2 was non-verbal in that he did not use verbal language to express his wants and needs. At 6:35 AM, staff #2 directed client #2 to the shower. Client #2 was in the shower while staff #2 removed client #2's soiled bed linens and clothing from his bedroom to the laundry area and utilized a mop to clean client #2's bedroom floor. At 6:40 AM, staff #2 retrieved a bottle of body wash and shampoo from a closet in the home's kitchen area. Staff #2 took the bottle of body wash and shampoo to client #2 who was still in the shower. Staff #2 then exited the bathroom and resumed assisting other clients in the home. The bathroom door was open while client #2 was in the shower. At 6:45 AM, client #2 finished his shower, staff #2 retrieved an adult brief (depends), entered the bathroom area and then directed client #2 to return to his bedroom to get dressed. Client #2 exited the bathroom area wearing the adult brief which was wet</p>		<p>plans, active treatment, privacy and dignity during personal care, the operation standard for client finance management, the operation standard for reporting and investigating abuse neglect exploitation mistreatment or violation of an individual's rights, the client bill of rights, a clean and safe environment for all clients, visitors in the home, physically walking into each client's room beside each clients bed during all bed checks to verify that all clients are in the home and documentation of bed checks on the daily tracking form. The Residential Manager will be in-serviced on ensuring staffing ratios in the home are consistent with the scheduled hours for the home. An audit will be completed for clients #4, #5, #6 as well as all other clients in the home for the last 3 months and any expenditure not accompanied with receipt will be reimbursed.</p> <p>Staff #3 is no longer an employee. The Quality Assurance Manager will be in-serviced on the BDDS reporting policy, reporting investigation findings to the administrator within 5 business days, thorough investigations and the addition of recommendations for all investigations. The internal incident report has been revised to include notification of the incident within 24 hours to the administrator by QA.</p> <p>Monitoring of Corrective</p>				

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	<p>around the waistline. Client #2's lower body (chest, waist, legs) were wet from his shower. Staff #2 did not ensure client #2's skin/body was dry prior to placing the adult brief on his body. Client #2 wore the adult brief as he walked from the bathroom area to his bedroom without additional clothing to cover his body. At 7:00 AM, client #2 was prompted to come to the dining room table to participate in the home's morning family style meal. Client #2 sat at the kitchen table and was served a bowl of cereal with milk. Staff #2 did not sit at the table with client #2 or offer prompting or coaching to slow his pace of eating. Client #2 used his spoon to scoop servings of cereal and milk ate at fast pace.</p> <p>Observations were conducted at the group home on 1/12/16 from 8:15 AM through 10:15 AM. At 8:15 AM, staff #2 returned to the group home with clients #2 and #3 from transporting the other clients to the day services provider. Staff #2 indicated a second staff member should have arrived at the home at 8:00 AM. At 9:15 AM, staff #1 arrived at the group home for her shift. Staff #1 entered the group home and after entering client #2's bedroom, stated to staff #2 "There's [BM] in client #2's bedroom, did you clean last night?" Staff #2 indicated he</p>		<p>Action: Administrative observations have been implemented in the home twice daily seven days per week for 30 days. The Residential Manager will be in the home at least five times weekly to ensure the home is clean and safe for all clients, a complete and accurate accounting of all client finances, ensure the staffing ratios in the home are consistent with the scheduled hours for the home, ensure privacy and dignity are being provided, ensure all clients are receiving continuous active treatment, that all client program plans are being followed, all daily tracking for all clients is complete and accurate and there are no unauthorized visitors at the home. The QIDP will be in the home at least three times weekly to ensure the home is clean and safe for all clients, a complete and accurate accounting of all client finances, ensure the staffing ratios in the home are consistent with the scheduled hours for the home, ensure privacy and dignity are being provided, ensure all clients are receiving continuous active treatment, that all client program plans are being followed, all daily tracking for all clients is complete and accurate and there are no unauthorized visitors at the home. The business office manager or the office coordinator will visit the home at least twice weekly to complete an audit of all client</p>				

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	<p>had mopped and then exited the group home. Client #2's bedroom presented with a strong discernable pungent odor. Client #2's mattress and bed frame had smeared/dried feces on it. Client #2's floor had a soiled adult brief/depends on it and there were two pieces of feces in client #2's top dresser drawer. Client #2 presented with a discernable pungent odor. Staff #1 indicated client #2 should be re-showered. Client #2 removed his clothing and depends to enter the shower. Client #2's adult brief/depends had an area 3 inches by 3 inches in the anal region of the brief/depends which had dried fecal matter. Client #2's inner anal area had not been cleaned. The fecal matter was not moist or fresh as client #2 did not have a BM. Staff #1 used physical assistance to bathe client #2's body with soap.</p> <p>Staff #2 was interviewed on 1/12/16 at 8:45 AM. Staff #2 indicated client #2 was not independent with bathing. Staff #2 stated, "No, he's not. He will just do like this (gestures with hands to show inadequate washing). We have to stay with him, otherwise he just stands there and doesn't wash himself."</p> <p>Staff #1 was interviewed on 1/12/16 at 9:40 AM. Staff #1 indicated staff #2 did not clean client #2's bedroom area. Staff</p>		<p>finances to ensure accurate and complete accounting. . The administrator will meet with QA at least twice weekly to discuss and review the findings of investigations.</p> <p>Completion date: 02/02/2016</p>				

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	<p>#1 stated, "[Client #2] needs to be re-showered. He smells and [staff #2] didn't make sure he was clean." Staff #1 indicated client #2 was not independent with bathing and required physical assistance to bathe properly. Staff #1 indicated client #2's adult brief/depends had dried feces in the anal area of brief. Staff #1 indicated client #2's anal area was not clean and had dried feces on it. Staff #1 indicated client #2 had a skin integrity risk plan due to a history of skin rashes on his buttocks and lower back area. Staff #1 indicated client #2's skin should be kept dry and clean to prevent skin rashes. Staff #1 indicated client #2 had a dining risk plan and should be monitored while eating to prevent choking. Staff #1 indicated client #2 would eat at a rapid pace and should be prompted to slow his pace of eating.</p> <p>Client #2's record was reviewed on 1/12/16 at 8:43 AM. Client #2's ISP (Individual Support Plan) dated 8/25/15 indicated client #2's diagnoses included but was not limited to Severe Mental Retardation, Autism Spectrum Disorder, Enuresis (urine incontinence) and Encopresis (bowel incontinence). Client #2's ISP dated 8/25/15 indicated, "[Client #2] is incontinent of bowel and bladder. He needs physical and verbal assistance with all ADL (Activities of Daily Living)</p>						

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	<p>skills."</p> <p>Client #2's Dining Plan dated 11/3/15 indicated, "[Client #2] has tendency to eat too fast and overstuff his mouth at times. [Client #2] has a history of food foraging and needs to be monitored." Client #2's Dining Plan dated 11/3/15 indicated, "[Client #2] eats at the dining room table, family style. Staff are to be seated next to [client #2] during all meals and give verbal cueing to slow down and to not overfill his mouth. Staff will encourage small bites, chewing and swallowing between bites."</p> <p>Client #2's Skin Integrity form dated 11/3/15 indicated, "(1.) Staff will monitor closely for signs of skin breakdown (example: redness, irritation, open areas, dryness, excoriation (scratch/abrasion), increased edema, etc.) and report to the nurse. (2.) Staff will provide incontinent care as needed: apply preventative skin barrier cream as ordered by physician."</p> <p>3. Confidential Interview (CI) A stated, "[Staff #2] has left [client #3] at the group home alone. He, [staff #2], has his friends and people come in during the overnight shift. Once, he left [clients #2 and #3] at the group home with some guy while [staff #2] drove the other clients to the day program." CI A stated, "[Staff #2]</p>						

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	<p>leaves at the end of his shift without cleaning up after [client #2]. [Client #2] has behaviors. He will smear feces on everything, he will [urinate] on the floors and smear feces everywhere. [Staff #2] sleeps on the couch and has people come and visit the home like every night."</p> <p>QAM (Quality Assurance Manager) #1 was interviewed on 1/12/16 at 10:36 AM. When asked if she was aware of any allegations of staff #2 having guests at the group home during his shift or allowing unknown persons supervise the clients while on the morning transport to day services, QAM #1 stated, "Yes. [Staff #1] had mentioned an incident where there was a guy at the home with the clients. She asked him if he was going to clock out and he told her he wasn't clocked in." When asked if the allegation was reported and investigated, QAM #1 stated, "When I asked [AS (Administrative Staff) #1] about it, she said it was a staff that had been assigned to another ResCare group home. The staff had stopped going to his assigned group home and had started showing up at this home. He said he was transferred to this house but there wasn't any documentation of a transfer." QAM #1 indicated the allegation was not reported to BDDS or investigated. When asked if the employee had been trained to work at</p>						

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	<p>this group home with these specific clients, QAM #1 stated, "No." QAM #1 indicated client #1's risk plans should be implemented.</p> <p>QIDP #1 was interviewed on 1/12/16 at 11:21 AM. When asked if he was aware of any allegations or concerns regarding staff working in the group home, QIDP #1 stated, "Yes, there have been several complaints from staff in the home about [staff #2]. He's been suspended twice in the last few months but has been brought back after being in-serviced."</p> <p>4. The facility's BDDS reports and investigations were reviewed on 1/11/16 at 2:55 PM. The review indicated the following:</p> <p>-BDDS report dated 12/30/15 indicated, "It was reported that while [staff #2] was leaving to take clients to work on 12/28/15, they got a flat tire a couple houses down from the group home. [Staff #2] contacted another staff, [staff #1], who was on their way in and informed them of what was going on. When the staff, [staff #1], arrived to where the clients and staff were in the van, the staff on duty, [staff #2], told the oncoming staff, [staff #1], that he had accidentally left [client #3] home alone because he was not aware that [client #3] had came</p>						

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	<p>back from LOA (Leave of Absence). The oncoming staff immediately went to the home to check on [client #3] who was still asleep in bed and was not aware that he had been there by himself. There were no injuries as a result of this incident and the staff member in question has been placed on administrative leave pending investigation."</p> <p>The 12/30/15 BDDS report indicated the 12/28/15 allegation of staff #2 leaving client #3 alone and unsupervised in the group home was not immediately reported to the facility administrator or BDDS within 24 hours.</p> <p>-IS dated 12/30/15 indicated the following summary of interviews:</p> <p>-"[Staff #1] states that Monday, 12/28/15, [staff #2] left [client #3] at the house alone...."</p> <p>-"[Staff #1] states that she had her fiance take her to the house and when she walked in [client #3] was still asleep in his room and he didn't know he was alone. [Staff #1] states that she did not tell anyone else about this besides the other staff."</p> <p>-"[QIDP #1], 12/30/15. [QIDP #1] states that no one told him anything about staff leaving [client #3] alone."</p>						

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NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN				STREET ADDRESS, CITY, STATE, ZIP CODE 2401 CORNWALL DR JEFFERSONVILLE, IN 47130			
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	<p>The 12/30/15 IS indicated, "By review of witness statements, [staff #2] admits to leaving [client #3] home alone on 12/28/15, however, he was unaware that [client #3] had returned from LOA with his family. It was found that staff were unaware of when [client #3] would be returning home and there was no specific date or time that staff were aware of. By review of statements, it is believed that [client #3] was home alone for approximately 10 minutes and was not aware that he was home alone." The 12/30/15 IS indicated, "Allegations of [staff #2] leaving [client #3] home alone are substantiated."</p> <p>The 12/30/15 IS did not indicate documentation of recommendations to prevent future incidents of staff not reporting allegations of abuse, neglect or mistreatment to the facility administrator or BDDS. The 12/30/15 IS did not indicate documentation of recommendations to address staff's communication of client census between staff working in the home. The 12/30/15 IS did not indicate documentation of the results/findings of the investigation being reported to the facility administrator.</p> <p>5. The facility's POC (Plan of Correction) dated 12/13/15 indicated, "All staff will</p>						

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

PRINTED: 02/12/2016
FORM APPROVED
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	<p>be in-serviced on the client finance policy and procedure and a full and complete accounting of client personal funds. All staff will be in-serviced on the abuse, neglect, exploitation policy and procedures. The Residential Manager (RM) will review all client finances at least five times weekly to ensure full and complete accounting of client personal funds and that all transactions are documented as they occur. The QIDP will visit the home at least twice weekly to review all client finance records to ensure a full and complete accounting of personal funds is being completed and that all transactions are documented accordingly. The RM and the QIDP will initial the client finances record when reviews are completed and any problems will be addressed with staff immediately."</p> <p>The review did not indicate documentation of facility staff being in-serviced regarding the client finance policy and procedure.</p> <p>The facility's BDDS reports and investigations were reviewed on 1/11/16 at 2:55 PM. The review indicated the following:</p> <p>-BDDS report dated 12/29/15 indicated client #4 was missing \$20.00 from his</p>						

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	<p>home cash account. The 12/29/15 BDDS report indicated, "The money will be kept in the green books locked in a cabinet that only one staff will have access to, to prevent future incidents."</p> <p>-BDDS report dated 12/29/15 indicated client #5 was missing \$10.00 from his home cash account. The 12/29/15 BDDS report indicated, "The money will be kept in the green books locked in a cabinet that only one staff will have access to, to prevent future incidents."</p> <p>-BDDS report dated 12/29/15 indicated client #6 was missing \$20.00 from his home cash account.</p> <p>-IS dated 12/30/15 indicated, "Allegations of clients missing funds are substantiated, however, it is unable to be determine where the money has gone or who took the money. [Client #5] will be reimbursed \$10.06, [client #6] will be reimbursed \$20.00 and [client #4] will be reimbursed \$20.00."</p> <p>The 12/30/15 IS did not indicate documentation of recommendations to prevent future incidents of alleged theft/exploitation. The 12/30/15 IS did not indicate documentation of the results/findings of the investigation being reported to the facility administrator.</p>						

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	<p>Observations were conducted at the group home on 1/12/16 from 8:15 AM through 10:15 AM. At 9:45 AM, staff #2 retrieved green financial binders from a cabinet in the home's office area.</p> <p>Staff #2 was interviewed on 1/12/16 at 9:45 AM. Staff #2 indicated the home kept the green client financial binders in a locked cabinet in the home's office. When asked who had access to the green client financial binders, staff #2 stated, "All of the staff have access to the key to open the cabinet."</p> <p>The review indicated the facility failed to develop and implement effective corrective measures to prevent future incidents of alleged financial exploitation or alleged theft of client personal funds.</p> <p>Staff #1 was interviewed on 1/12/16 at 9:40 AM. Staff #1 indicated the facility did not have a RM or an interim RM to review all client finances.</p> <p>QIDP #1 was interviewed on 1/12/16 at 11:21 AM. QIDP #1 indicated he was auditing the home's finances once a week.</p> <p>QAM #1 was interviewed on 1/12/16 at 10:36 AM. QAM #1 indicated the facility should prevent abuse, neglect,</p>						

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	<p>mistreatment and exploitation. QAM #1 indicated the facility's abuse and neglect policy should be implemented and all allegations of abuse, neglect and mistreatment should be immediately reported to the administrator and to BDDS within 24 hours of the alleged incident. QAM #1 indicated all allegations of abuse, neglect, mistreatment and exploitation should be thoroughly investigated and corrective measures to prevent recurrence should be developed and implemented.</p> <p>The facility's policy and procedures were reviewed on 1/13/16 at 9:19 AM. The facility's Abuse, Neglect, Exploitation Policy and Procedure revised date of 1/9/15 indicated the following:</p> <p>- "Community Alternatives South East staff actively advocate for the rights and safety of all individuals. All allegations or occurrences of abuse, neglect and/or exploitation shall be reported and thoroughly investigated. Community Alternatives South East strictly prohibits abuse, neglect and/or exploitation."</p> <p>- "The Clinical Supervisor will assign an investigative team and a thorough investigation will be completed within 5 business days of the report of the incident. Once the investigation has been</p>						

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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	<p>completed, the investigation will be given to the Executive Director or designee for review."</p> <p>-"F. Abuse- Exploitation. 1. An act that deprives and individual of real or personal property by fraudulent or illegal means."</p> <p>-"E. Neglect- Emotional/Physical. 1. Failure to provide goods and/or services necessary for the individual to avoid physical harm. 2. Failure to provide the support necessary to an individual's psychological and social well being. 3. Failure to meet the basic need requirements such as food, shelter, clothing and to provide a safe environment."</p> <p>-"F. Neglect- Program Intervention. 1. Failure to provide goods and/or services necessary for the individual to avoid physical harm."</p> <p>The facility's Abuse, Neglect, Exploitation Policy and Procedure revised date of 1/9/15 indicated the final IS report should contain "Concerns and recommendations. Witness statements and supporting documentation. Methods to prevent future incidents."</p> <p>This deficiency was cited on 11/13/15.</p>						

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W 0153 Bldg. 00	<p>The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-2(a)</p> <p>483.420(d)(2) STAFF TREATMENT OF CLIENTS</p> <p>The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.</p> <p>Based on record review and interview for 2 of 4 allegations of abuse, neglect and exploitation reviewed, the facility failed to ensure an allegation of staff neglect regarding client #3 and an allegation of staff neglect regarding clients #2 and #3 were immediately reported to the administrator and/or to BDDS (Bureau of Developmental Disabilities Services) within 24 hours of the alleged incidents.</p> <p>Findings include:</p> <p>The facility's BDDS reports and investigations were reviewed on 1/11/16 at 2:55 PM. The review indicated the following:</p>		W 0153	<p>W153: The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Corrective Action: (Specific): The internal incident report has been revised to include notification to the administrator for allegations of abuse, neglect, mistreatment, exploitation and injuries of unknown source within 24 hours. The Quality Assurance Manager will be in-serviced on the operation standard for reporting and investigating abuse neglect exploitation mistreatment or violation of an individual's rights.</p> <p>How others will be identified: (Systemic): The Program Manager and the Quality Assurance Manager</p>		02/02/2016	

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	<p>1. BDDS report dated 12/30/15 indicated, "It was reported that while [staff #2] was leaving to take clients to work on 12/28/15, they got a flat tire a couple houses down from the group home. [Staff #2] contacted another staff, [staff #1], who was on their way in and informed them of what was going on. When the staff, [staff #1], arrived to where the clients and staff were in the van, the staff on duty, [staff #2], told the oncoming staff, [staff #1], that he had accidentally left [client #3] home alone because he was not aware that [client #3] had came back from LOA (Leave of Absence). The oncoming staff immediately went to the home to check on [client #3] who was still asleep in bed and was not aware that he had been there by himself. There were no injuries as a result of this incident and the staff member in question has been placed on administrative leave pending investigation."</p> <p>The 12/30/15 BDDS report indicated the 12/28/15 allegation of staff #2 leaving client #3 alone and unsupervised in the group home was not immediately reported to the facility administrator or BDDS within 24 hours.</p> <p>2. Confidential Interview (CI) A stated, "[Staff #2] has left [client #3] at the group home alone. He, [staff #2], has his friends and people come in during the</p>		<p>will meet at least three times weekly to review all incidents and ensure that all allegations of abuse, neglect, mistreatment, exploitation and injuries of unknown source are reported to the administrator. The internal incident report will be sent to the administrator immediately and the BDDS report will be sent within 24 hours by QA as part of the notification process.</p> <p>Measures to be put in place: The internal incident report has been revised to include notification to the administrator for allegations of abuse, neglect, mistreatment, exploitation and injuries of unknown source within 24 hours. The Quality Assurance Manager will be in-serviced on the operation standard for reporting and investigating abuse neglect exploitation mistreatment or violation of an individual's rights.</p> <p>Monitoring of Corrective Action: The Program Manager and the Quality Assurance Manager will meet at least three times weekly to review all incidents and ensure that all allegations of abuse, neglect, mistreatment, exploitation and injuries of unknown source are reported to the administrator. The internal incident report will be sent to the administrator immediately and the BDDS report will be sent within 24 hours by QA as part of the notification process.</p>				

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	<p>overnight shift. Once, he left [clients #2 and #3] at the group home with some guy while [staff #2] drove the other clients to the day program." CI A stated, "[Staff #2] leaves at the end of his shift without cleaning up after [client #2]. [Client #2] has behaviors. He will smear feces on everything, he will [urinate] on the floors and smear feces everywhere. [Staff #2] sleeps on the couch and has people come and visit the home like every night."</p> <p>QAM (Quality Assurance Manager) #1 was interviewed on 1/12/16 at 10:36 AM. When asked if she was aware of any allegations of staff #2 having guests at the group home during his shift or allowing unknown persons supervise the clients while on the morning transport to day services, QAM #1 stated, "Yes. [Staff #1] had mentioned an incident where there was a guy at the home with the clients. She asked him if he was going to clock out and he told her he wasn't clocked in." When asked if the allegation was reported and investigated, QAM #1 stated, "When I asked [AS (Administrative Staff) #1] about it, she said it was a staff that had been assigned to another ResCare group home. The staff had stopped going to his assigned group home and had started showing up at this home. He said he was transferred to this house but there's wasn't any</p>		Completion date: 02/02/2016				

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W 0154 Bldg. 00	<p>documentation of a transfer." QAM #1 indicated the allegation was not reported to BDDS. QAM #1 indicated all allegations of abuse, neglect and mistreatment should be immediately reported to the administrator and to BDDS within 24 hours of the alleged incident.</p> <p>9-3-2(a)</p> <p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on record review and interview for 4 of 4 allegations of abuse, neglect and exploitation reviewed, the facility failed to ensure thorough investigations were completed regarding allegations of staff neglect regarding four separate allegations for clients #2, #3, #4, #5 and #6.</p> <p>Findings include:</p> <p>1. The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 1/11/16 at 2:55 PM. The review indicated the following:</p>	W 0154	<p>W154: The facility must have evidence that all alleged violations are thoroughly investigated. Corrective Action: (Specific): The Quality Assurance Manager will be in-serviced on the BDDS reporting policy, reporting investigation findings to the administrator within 5 business days, thorough investigations to include and the addition of recommendations for all investigations. The internal incident report will be sent to the administrator immediately and the BDDS report will be sent within 24 hours by QA as part of the notification process. How others will be identified: (Systemic): The peer review</p>	02/02/2016			

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	<p>BDDS report dated 12/10/15 indicated, "[Staff #1] reported to [QIDP (Qualified Intellectual Disabilities Professional) #1] that when she arrived to her shift on 12/10/15, she noticed that [client #2] smelled of feces and when she went to assist him with a shower, found that [client #2] had smeared feces in the bathroom, on the floor and walls. When she redirected [client #2] to his room so she (can) clean the bathroom before assisting [client #2] (with) a shower, she noted urine on [client #2's] bed and feces on his floor that appeared to have been left from the third shift staff, [staff #2]. [Staff #1] cleaned the area and assisted [client #2] with his hygiene. The staff member working prior to the shift, [staff #2], was placed on administrative leave pending investigation."</p> <p>-Investigative Summary (IS) dated 12/11/15 indicated, "By review of witness statements and pictures, it appears that fecal matter and urine had been left on the bed, wall, bathroom and floor on 12/10/15. No reports of fecal matter/urine being left on [client #2] himself. On 12/10/15 [staff #2] had to get all morning routines done for 8 clients, when 2 staff members should have been present to assist, however, first shift staff was late which left [staff #2] to complete all tasks by himself." The IS dated</p>		<p>committee will meet at least twice weekly to review and discuss the findings of investigations and recommendations and ensure that the investigations are thorough. Measures to be put in place: The Quality Assurance Manager will be in-serviced on the BDDS reporting policy, reporting investigation findings to the administrator within 5 business days, thorough investigations to include and the addition of recommendations for all investigations. The internal incident report will be sent to the administrator immediately and the BDDS report will be sent within 24 hours by QA as part of the notification process.</p> <p>Monitoring of Corrective Action: The peer review committee will meet at least twice weekly to review and discuss the findings of investigations and recommendations and ensure that the investigations are thorough.</p> <p>Completion date: 02/02/2016</p>				

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	<p>12/11/15 indicated, "The allegations of [staff #2] purposefully neglecting to clean [client #2] and his environment are unsubstantiated, [client #2] was clean, however, the environment was unable to be cleaned as staff was tending to other clients needs. Staff will return to work with in-services."</p> <p>The 12/11/15 IS did not indicate documentation of recommendations to address how the facility would ensure sufficient staffing in the home to prevent future incidents.</p> <p>2. Confidential Interview (CI) A stated, "[Staff #2] has left [client #3] at the group home alone. He, [staff #2], has his friends and people come in during the overnight shift. Once, he left [clients #2 and #3] at the group home with some guy while [staff #2] drove the other clients to the day program." CI A stated, "[Staff #2] leaves at the end of his shift without cleaning up after [client A]. [Client A] has behaviors. He will smear feces on everything, he will [urinate] on the floors and smear feces everywhere. [Staff #2] sleeps on the couch and has people come and visit the home like every night."</p> <p>QAM (Quality Assurance Manager) #1 was interviewed on 1/12/16 at 10:36 AM. When asked if she was aware of any</p>						

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	<p>allegations of staff #2 having guests at the group home during his shift or allowing unknown persons supervise the clients while on the morning transport to day services, QAM #1 stated, "Yes. [Staff #1] had mentioned an incident where there was a guy at the home with the clients. She asked him if he was going to clock out and he told her he wasn't clocked in." When asked if the allegation was reported and investigated, QAM #1 stated, "When I asked [AS (Administrative Staff) #1] about it, she said it was a staff that had been assigned to another ResCare group home. The staff had stopped going to his assigned group home and had started showing up at this home. He said he was transferred to this house but there's wasn't any documentation of a transfer." QAM #1 indicated the allegation was not investigated. When asked if the employee had been trained to work at this group home with these specific clients, QAM #1 stated, "No."</p> <p>The facility's BDDS reports and investigations were reviewed on 1/11/16 at 2:55 PM. The review did not indicate documentation of an investigation regarding the allegation regarding staff #2 having unauthorized guests in the home or leaving the clients in the supervision of an unauthorized male.</p>						

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	<p>3. The facility's BDDS reports and investigations were reviewed on 1/11/16 at 2:55 PM. The review indicated the following:</p> <p>-BDDS report dated 12/30/15 indicated, "It was reported that while [staff #2] was leaving to take clients to work on 12/28/15, they got a flat tire a couple houses down from the group home. [Staff #2] contacted another staff, [staff #1], who was on their way in and informed them of what was going on. When the staff, [staff #1], arrived to where the clients and staff were in the van, the staff on duty, [staff #2], told the oncoming staff, [staff #1], that he had accidentally left [client #3] home alone because he was not aware that [client #3] had came back from LOA (Leave of Absence). The oncoming staff immediately went to the home to check on [client #3] who was still asleep in bed and was not aware that he had been there by himself. There were no injuries as a result of this incident and the staff member in question has been placed on administrative leave pending investigation."</p> <p>-IS dated 12/30/15 indicated the following summary of interviews:</p> <p>-"[Staff #1] states that Monday, 12/28/15,</p>						

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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	<p>[staff #2] left [client #3] at the house alone...."</p> <p>-"[Staff #1] states that she had her fiance take her to the house and when she walked in [client #3] was still asleep in his room and he didn't know he was alone. [Staff #1] states that she did not tell anyone else about this besides the other staff."</p> <p>-"[QIDP #1], 12/30/15. [QIDP #1] states that no one told him anything about staff leaving [client #3] alone."</p> <p>The 12/30/15 IS indicated, "By review of witness statements, [staff #2] admits to leaving [client #3] home alone on 12/28/15, however, he was unaware that [client #3] had returned from LOA with his family. It was found that staff were unaware of when [client #3] would be returning home and there was no specific date or time that staff were aware of. By review of statements, it is believed that [client #3] was home alone for approximately 10 minutes and was not aware that he was home alone." The 12/30/15 IS indicated, "Allegations of [staff #2] leaving [client #3] home alone are substantiated."</p> <p>The 12/30/15 IS did not indicate documentation of recommendations</p>						

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	<p>to prevent future incidents of staff not reporting allegations of abuse, neglect or mistreatment to the facility administrator or BDDS. The 12/30/15 IS did not indicate documentation of recommendations to address staff's communication of client census between staff working in the home.</p> <p>4. The facility's BDDS reports and investigations were reviewed on 1/11/16 at 2:55 PM. The review indicated the following:</p> <p>-BDDS report dated 12/29/15 indicated client #4 was missing \$20.00 from his home cash account. The 12/29/15 BDDS report indicated, "The money will be kept in the green books locked in a cabinet that only one staff will have access to, to prevent future incidents."</p> <p>-BDDS report dated 12/29/15 indicated client #5 was missing \$10.00 from his home cash account. The 12/29/15 BDDS report indicated, "The money will be kept in the green books locked in a cabinet that only one staff will have access to, to prevent future incidents."</p> <p>-BDDS report dated 12/29/15 indicated client #6 was missing \$20.00 from his home cash account.</p>						

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W 0156 Bldg. 00	<p>-IS dated 12/30/15 indicated, "Allegations of clients missing funds are substantiated, however, it is unable to be determine where the money has gone or who took the money. [Client #5] will be reimbursed \$10.06, [client #6] will be reimbursed \$20.00 and [client #4] will be reimbursed \$20.00." The 12/30/15 IS did not indicate documentation of recommendations to prevent future incidents of alleged theft/exploitation.</p> <p>QAM #1 was interviewed on 1/12/16 at 10:36 AM. QAM #1 indicated all allegations of abuse, neglect, mistreatment and exploitation should be thoroughly investigated. QAM #1 indicated a final IS report should include recommendations to prevent future incidents.</p> <p>This deficiency was cited on 11/13/15. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-2(a)</p> <p>483.420(d)(4) STAFF TREATMENT OF CLIENTS The results of all investigations must be reported to the administrator or designated</p>						

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	<p>representative or to other officials in accordance with State law within five working days of the incident.</p> <p>Based on record review and interview for 4 of 4 allegations of abuse, neglect and exploitation reviewed, the facility failed to ensure the findings/results of four separate allegations for clients #2, #3, #4, #5 and #6 were reported to the administrator within 5 business days of the alleged incidents.</p> <p>Findings include:</p> <p>1. The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 1/11/16 at 2:55 PM. The review indicated the following:</p> <p>BDDS report dated 12/10/15 indicated, "[Staff #1] reported to [QIDP (Qualified Intellectual Disabilities Professional) #1] that when she arrived to her shift on 12/10/15, she noticed that [client #2] smelled of feces and when she went to assist him with a shower, found that [client #2] had smeared feces in the bathroom, on the floor and walls. When she redirected [client #2] to his room so she (can) clean the bathroom before assisting [client #2] (with) a shower, she noted urine on [client 2's] bed and feces on his floor that appeared to have been</p>	W 0156	<p>W156: The results of all investigations must be reported to the administrator or designated representative or other officials in accordance with State law within five working days of the incident.</p> <p>Corrective Action: (Specific): Administrative observations have been implemented in the home twice daily seven days per week for 30 days. QA will be in-serviced on thorough investigations and reporting investigation findings to the administrator within 5 business days.</p> <p>How others will be identified: (Systemic): Administrative observations have been implemented in the home twice daily seven days per week for 30 days. The administrator will meet with QA at least twice weekly to discuss and review the findings of investigations.</p> <p>Measures to be put in place: Administrative observations have been implemented in the home twice</p>		02/02/2016		

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	<p>left from the third shift staff, [staff #2]. [Staff #1] cleaned the area and assisted [client #2] with his hygiene. The staff member working prior to the shift, [staff #2], was placed on administrative leave pending investigation."</p> <p>-Investigative Summary (IS) dated 12/11/15 indicated, "By review of witness statements and pictures, it appears that fecal matter and urine had been left on the bed, wall, bathroom and floor on 12/10/15. No reports of fecal matter/urine being left on [client #2] himself. On 12/10/15 [staff #2] had to get all morning routines done for 8 clients, when 2 staff members should have been present to assist, however, first shift staff was late which left [staff #2] to complete all tasks by himself."</p> <p>The 12/11/15 IS did not indicate documentation of the results/findings of the investigation being reported to the facility administrator.</p> <p>2. The facility's BDDS reports and investigations were reviewed on 1/11/16 at 2:55 PM. The review indicated the following:</p> <p>-BDDS report dated 12/30/15 indicated, "It was reported that while [staff #2] was leaving to take clients to work on</p>				<p>daily seven days per week for 30 days. QA will be in-serviced on thorough investigations and reporting investigation findings to the administrator within 5 business days.</p> <p>Monitoring of Corrective Action: Administrative observations have been implemented in the home twice daily seven days per week for 30 days. The administrator will meet with QA at least twice weekly to discuss and review the findings of investigations.</p> <p>Completion date: 02/02/2016</p>		

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	<p>12/28/15, they got a flat tire a couple houses down from the group home. [Staff #2] contacted another staff, [staff #1], who was on their way in and informed them of what was going on. When the staff, [staff #1], arrived to where the clients and staff were in the van, the staff on duty, [staff #2], told the oncoming staff, [staff #1], that he had accidentally left [client #3] home alone because he was not aware that [client #3] had came back from LOA (Leave of Absence). The oncoming staff immediately went to the home to check on [client #3] who was still asleep in bed and was not aware that he had been there by himself. There were no injuries as a result of this incident and the staff member in question has been placed on administrative leave pending investigation."</p> <p>-IS dated 12/30/15 indicated the following summary of interviews:</p> <p>-"[Staff #1] states that Monday, 12/28/15, [staff #2] left [client #3] at the house alone...."</p> <p>-"[Staff #1] states that she had her fiance take her to the house and when she walked in [client #3] was still asleep in his room and he didn't know he was alone. [Staff #1] states that she did not tell anyone else about this besides the</p>						

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	<p>other staff."</p> <p>-"[QIDP #1], 12/30/15. [QIDP #1] states that no one told him anything about staff leaving [client #3] alone."</p> <p>The 12/30/15 IS indicated, "By review of witness statements, [staff #2] admits to leaving [client #3] home alone on 12/28/15, however, he was unaware that [client #3] had returned from LOA with his family. It was found that staff were unaware of when [client #3] would be returning home and there was no specific date or time that staff were aware of. By review of statements, it is believed that [client #3] was home alone for approximately 10 minutes and was not aware that he was home alone." The 12/30/15 IS indicated, "Allegations of [staff #2] leaving [client #3] home alone are substantiated."</p> <p>The 12/30/15 IS did not indicate documentation of the results/findings of the investigation being reported to the facility administrator.</p> <p>3. The facility's BDDS reports and investigations were reviewed on 1/11/16 at 2:55 PM. The review indicated the following:</p> <p>-BDDS report dated 12/29/15 indicated</p>						

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	<p>client #4 was missing \$20.00 from his home cash account. The 12/29/15 BDDS report indicated, "The money will be kept in the green books locked in a cabinet that only one staff will have access to, to prevent future incidents."</p> <p>-BDDS report dated 12/29/15 indicated client #5 was missing \$10.00 from his home cash account. The 12/29/15 BDDS report indicated, "The money will be kept in the green books locked in a cabinet that only one staff will have access to, to prevent future incidents."</p> <p>-BDDS report dated 12/29/15 indicated client #6 was missing \$20.00 from his home cash account.</p> <p>-IS dated 12/30/15 indicated, "Allegations of clients missing funds are substantiated, however, it is unable to be determine where the money has gone or who took the money. [Client #5] will be reimbursed \$10.06, [client #6] will be reimbursed \$20.00 and [client #4] will be reimbursed \$20.00."</p> <p>The 12/30/15 IS did not indicate documentation of the results/findings of the investigation being reported to the facility administrator.</p> <p>QAM #1 was interviewed on 1/12/16 at</p>						

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W 0157 Bldg. 00	<p>10:36 AM. QAM #1 indicated the results or findings of the investigations of all allegations of abuse, neglect, mistreatment and exploitation should be reported to the facility administrator within 5 business days of the alleged event.</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 4 of 4 allegations of abuse, neglect and exploitation reviewed, the facility failed to develop and implement effective corrective measures regarding program intervention neglect of clients #2 and #3 and alleged financial exploitation/theft of clients #4, #5 and #6's personal finances.</p> <p>Findings include:</p> <p>1. The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 1/11/16 at 2:55 PM. The review indicated the following:</p> <p>BDDS report dated 12/10/15 indicated,</p>			W 0157	<p>W157: If the alleged violation is verified, appropriate corrective action must be taken.</p> <p>Corrective Action: (Specific): All client finances are being reviewed twice daily by administrative staff at least five days per week for the next 30 days. A safe has been purchased for the home to store client finances and a limited number of staff will have combination to the safe. All staff at the home will be in-serviced on the operation standard for client finance management.</p> <p>How others will be identified:</p>		02/02/2016

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	<p>"[Staff #1] reported to [QIDP (Qualified Intellectual Disabilities Professional) #1] that when she arrived to her shift on 12/10/15, she noticed that [client #2] smelled of feces and when she went to assist him with a shower, found that [client #2] had smeared feces in the bathroom, on the floor and walls. When she redirected [client #2] to his room so she (can) clean the bathroom before assisting [client #2] (with) a shower, she noted urine on [client #2's] bed and feces on his floor that appeared to have been left from the third shift staff, [staff #2]. [Staff #1] cleaned the area and assisted [client #2] with his hygiene. The staff member working prior to the shift, [staff #2], was placed on administrative leave pending investigation."</p> <p>-Investigative Summary (IS) dated 12/11/15 indicated, "By review of witness statements and pictures, it appears that fecal matter and urine had been left on the bed, wall, bathroom and floor on 12/10/15. No reports of fecal matter/urine being left on [client #2] himself. On 12/10/15 [staff #2] had to get all morning routines done for 8 clients, when 2 staff members should have been present to assist, however, first shift staff was late which left [staff #2] to complete all tasks by himself." The IS dated 12/11/15 indicated, "The allegations of</p>			<p>(Systemic): After 30 days all client finances will be reviewed at least three times weekly by the Residential Manager and at least once weekly by the business office manager or the office coordinator. The QIDP will review all client finances at least weekly. All reviews by the Residential Manger, QIDP, Business office manager and Office coordinator will be documented on the client finance record.</p> <p>Measures to be put in place: All client finances are being reviewed twice daily by administrative staff at least five days per week for the next 30 days. A safe has been purchased for the home to store client finances and a limited number of staff will have combination to the safe. All staff at the home will be in-serviced on the operation standard for client finance management.</p> <p>Monitoring of Corrective Action: After 30 days all client finances will be reviewed at least three times weekly by the Residential Manager and at least once weekly by the business office manager or the office coordinator. The QIDP will review all client finances at least weekly. All reviews by the Residential Manger, QIDP, Business office manager and Office coordinator will be documented on the client finance</p>			

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	<p>[staff #2] purposefully neglecting to clean [client #2] and his environment are unsubstantiated, [client #2] was clean, however, the environment was unable to be cleaned as staff was tending to other clients needs. Staff will return to work with in-services."</p> <p>The 12/11/15 IS did not indicate documentation of recommendations to address how the facility would ensure sufficient staffing in the home to prevent future incidents.</p> <p>Observations were conducted at the group home on 1/12/16 from 6:30 AM through 7:45 AM. At 6:30 AM, the group home living room and dining area presented with a discernable pungent odor. Staff #2 indicated client #2 had a BM (Bowel Movement) in his bedroom and had smeared BM on his blankets and floor. Client #2 was non-verbal in that he did not use verbal language to express his wants and needs. At 6:35 AM, staff #2 directed client #2 to the shower. Client #2 was in the shower while staff #2 removed client #2's soiled bed linens and clothing from his bedroom to the laundry area and utilized a mop to clean client #2's bedroom floor. At 6:40 AM, staff #2 retrieved a bottle of body wash and shampoo from a closet in the home's kitchen area. Staff #2 took the bottle of</p>		<p>record.</p> <p>Completion date: 02/02/2016</p>				

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	<p>body wash and shampoo to client #2 who was still in the shower. Staff #2 then exited the bathroom and resumed assisting other clients in the home. The bathroom door was open while client #2 was in the shower. At 6:45 AM, client #2 finished his shower, staff #2 retrieved an adult brief (depends), entered the bathroom area and then directed client #2 to return to his bedroom to get dressed. Client #2 exited the bathroom area wearing the adult brief which was wet around the waistline. Client #2's lower body (chest, waist, legs) were wet from his shower. Staff #2 did not ensure client #2's skin/body was dry prior to placing the adult brief on his body. Client #2 wore the adult brief as he walked from the bathroom area to his bedroom without additional clothing to cover his body.</p> <p>Observations were conducted at the group home on 1/12/16 from 8:15 AM through 10:15 AM. At 8:15 AM, staff #2 returned to the group home with clients #2 and #3 from transporting the other clients to the day services provider. Staff #2 indicated a second staff member should have arrived at the home at 8:00 AM. At 9:15 AM, staff #1 arrived at the group home for her shift. Staff #1 entered the group home and after entering client #2's bedroom, stated to staff #2 "There's</p>						

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	<p>[BM] in client #2's bedroom, did you clean last night?" Staff #2 indicated he had mopped and then exited the group home. Client #2's bedroom presented with a strong discernable pungent odor. Client #2's mattress and bed frame had smeared/dried feces on it. Client #2's floor had a soiled adult brief/depends on it and there were two pieces of feces in client #2's top dresser drawer. Client #2 presented with a discernable pungent odor. Staff #1 indicated client #2 should be re-showered. Client #2 removed his clothing and depends to enter the shower. Client #2's adult brief/depends had an area 3 inches by 3 inches in the anal region of the brief/depends which had dried fecal matter. Client #2's inner anal area had not been cleaned. The fecal matter was not moist or fresh as client #2 did not have a BM. Staff #1 used physical assistance to bath client #2's body with soap.</p> <p>Staff #2 was interviewed on 1/12/16 at 8:45 AM. Staff #2 indicated client #2 was not independent with bathing. Staff #2 stated, "No, he's not. He will just do like this (gestures with hands to show inadequate washing). We have to stay with him, otherwise he just stands there and doesn't wash himself."</p> <p>Staff #1 was interviewed on 1/12/16 at</p>						

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	<p>9:40 AM. Staff #1 indicated staff #2 did not clean client #1's bedroom area. Staff #1 stated, "[Client #2] needs to be re-showered. He smells and [staff #2] didn't make sure he was clean." Staff #1 indicated client #2 was not independent with bathing and required physical assistance to bath properly. Staff #1 indicated client #2's adult brief/depends had dried feces in the anal area of brief. Staff #1 indicated client #2's anal area was not clean and had dried feces on it. Staff #1 indicated client #2 had a skin integrity risk plan due to a history of skin rashes on his buttocks and lower back area. Staff #1 indicated client #2's skin should be kept dry and clean to prevent skin rashes.</p> <p>QIDP #1 was interviewed on 1/12/16 at 11:21 AM. When asked if he was aware of any allegations or concerns regarding staff working in the group home, QIDP #1 stated, "Yes, there have been several complaints from staff in the home about [staff #2]. He's been suspended twice in the last few months but has been brought back after being in-serviced."</p> <p>2. The facility's BDDS reports and investigations were reviewed on 1/11/16 at 2:55 PM. The review indicated the following:</p>						

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

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FORM APPROVED
OMB NO. 0938-0391

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	<p>-BDDS report dated 12/30/15 indicated, "It was reported that while [staff #2] was leaving to take clients to work on 12/28/15, they got a flat tire a couple houses down from the group home. [Staff #2] contacted another staff, [staff #1], who was on their way in and informed them of what was going on. When the staff, [staff #1], arrived to where the clients and staff were in the van, the staff on duty, [staff #2], told the oncoming staff, [staff #1], that he had accidentally left [client #3] home alone because he was not aware that [client #3] had came back from LOA (Leave of Absence). The oncoming staff immediately went to the home to check on [client #3] who was still asleep in bed and was not aware that he had been there by himself. There were no injuries as a result of this incident and the staff member in question has been placed on administrative leave pending investigation."</p> <p>The 12/30/15 BDDS report indicated the 12/28/15 allegation of staff #2 leaving client #3 alone and unsupervised in the group home was not immediately reported to the facility administrator or BDDS within 24 hours.</p> <p>-IS dated 12/30/15 indicated the following summary of interviews:</p> <p>-"[Staff #1] states that Monday, 12/28/15,</p>						

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	<p>[staff #2] left [client #3] at the house alone...."</p> <p>-"[Staff #1] states that she had her fiance take her to the house and when she walked in [client #3] was still asleep in his room and he didn't know he was alone. [Staff #1] states that she did not tell anyone else about this besides the other staff."</p> <p>-"[QIDP #1], 12/30/15. [QIDP #1] states that no one told him anything about staff leaving [client #3] alone."</p> <p>The 12/30/15 IS indicated, "By review of witness statements, [staff #2] admits to leaving [client #3] home alone on 12/28/15, however, he was unaware that [client #3] had returned from LOA with his family. It was found that staff were unaware of when [client #3] would be returning home and there was no specific date or time that staff were aware of. By review of statements, it is believed that [client #3] was home alone for approximately 10 minutes and was not aware that he was home alone." The 12/30/15 IS indicated, "Allegations of [staff #2] leaving [client #3] home alone are substantiated."</p> <p>The 12/30/15 IS did not indicate documentation of recommendations</p>						

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	<p>to prevent future incidents of staff not reporting allegations of abuse, neglect or mistreatment to the facility administrator or BDDS. The 12/30/15 IS did not indicate documentation of recommendations to address staff's communication of client census between staff working in the home.</p> <p>3. The facility's POC (Plan of Correction) dated 12/13/15 indicated, "All staff will be in-serviced on the client finance policy and procedure and a full and complete accounting of client personal funds. All staff will be in-serviced on the abuse, neglect, exploitation policy and procedures. The Residential Manager (RM) will review all client finances at least five times weekly to ensure full and complete accounting of client personal funds and that all transactions are documented as they occur. The QIDP will visit the home at least twice weekly to review all client finance records to ensure a full and complete accounting of personal funds is being completed and that all transactions are documented accordingly. The RM and the QIDP will initial the client finances record when reviews are completed and any problems will be addressed with staff immediately."</p> <p>The review did not indicate</p>						

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	<p>documentation of facility staff being in-serviced regarding the client finance policy and procedure.</p> <p>The facility's BDDS reports and investigations were reviewed on 1/11/16 at 2:55 PM. The review indicated the following:</p> <p>-BDDS report dated 12/29/15 indicated client #4 was missing \$20.00 from his home cash account. The 12/29/15 BDDS report indicated, "The money will be kept in the green books locked in a cabinet that only one staff will have access to, to prevent future incidents."</p> <p>-BDDS report dated 12/29/15 indicated client #5 was missing \$10.00 from his home cash account. The 12/29/15 BDDS report indicated, "The money will be kept in the green books locked in a cabinet that only one staff will have access to, to prevent future incidents."</p> <p>-BDDS report dated 12/29/15 indicated client #6 was missing \$20.00 from his home cash account.</p> <p>-IS dated 12/30/15 indicated, "Allegations of clients missing funds are substantiated, however, it is unable to be determine where the money has gone or who took the money. [Client #5] will be</p>						

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	<p>reimbursed \$10.06, [client #6] will be reimbursed \$20.00 and [client #4] will be reimbursed \$20.00."</p> <p>The 12/30/15 IS did not indicate documentation of recommendations to prevent future incidents of alleged theft/exploitation.</p> <p>Observations were conducted at the group home on 1/12/16 from 8:15 AM through 10:15 AM. At 9:45 AM, staff #2 retrieved green financial binders from a cabinet in the home's office area.</p> <p>Staff #2 was interviewed on 1/12/16 at 9:45 AM. Staff #2 indicated the home kept the green client financial binders in a locked cabinet in the home's office. When asked who had access to the green client financial binders, staff #2 stated, "All of the staff have access to the key to open the cabinet."</p> <p>The review indicated the facility failed to develop and implement effective corrective measures to prevent future incidents of alleged financial exploitation or alleged theft of client personal funds.</p> <p>QAM (Quality Assurance Manager) #1 was interviewed on 1/12/16 at 10:36 AM. QAM #1 indicated corrective measures to prevent recurrence should be developed and implemented.</p>						

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W 0159 Bldg. 00	<p>9-3-2(a)</p> <p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Based on observation, record review and interview for 4 of 4 sampled clients (#1, #2, #3 and #4), plus 4 additional clients (#5, #6, #7 and #8), the QIDP (Qualified Intellectual Disabilities Professional) failed to integrate, coordinate and monitor client #2's active treatment programs by failing to ensure there were sufficient staff working in the home to implement risk plans, active treatment and ensure the physical environment was safe and clean, to ensure clients #2 and #3 received continuous, aggressive active treatment to increase the behaviors necessary for them to function with as much self determination and independence as possible, to ensure clients #2 and #3 received continuous active treatment when opportunities existed, to ensure client #2's dignity during personal care, to ensure clients #1, #2, #3, #4, #5, #6, #7 and #8 participated in meal preparation and family style dining according to their capabilities and</p>		W 0159	<p>W159: Each client's active treatment program must be integrated, coordinated and monitored by a qualified intellectual disability professional.</p> <p>Corrective Action: (Specific): A QIDP has been hired for this home and will start orientation 2/1/2016, in the meantime the Program Manager will serve as the QIDP for the home. In the event of future vacancy or extended absence of the QIDP assigned to the home the Program Manager will serve as the QIDP for the location.</p> <p>How others will be identified: (Systemic): Administrative observations have been implemented in the home twice daily seven days per week for 30 days to ensure that active treatment is being provided at every opportunity and to provide feedback and training opportunities to staff if applicable. The</p>		02/02/2016	

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	<p>failed to ensure clients #2 and #3's active treatment needs pertaining to day services programming were met.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. The QIDP failed to integrate, coordinate and monitor client #2's active treatment programs by failing to ensure there were sufficient staff working in the home to implement risk plans, active treatment and ensure the physical environment was safe and clean. Please see W186. 2. The QIDP failed to integrate, coordinate and monitor clients #2 and #3's active treatment programs by failing to ensure clients #2 and #3 received continuous, aggressive active treatment to increase the behaviors necessary for them to function with as much self determination and independence as possible. Please see W196. 3. The QIDP failed to integrate, coordinate and monitor clients #2 and #3's active treatment programs by failing to ensure clients #2 and #3 received continuous active treatment when opportunities existed. Please see W249. 4. The QIDP failed to integrate, coordinate and monitor client #2's active 		<p>Residential Manager will be in the home at least five times weekly to ensure all clients are receiving continuous active treatment. The Program Manager will meet with the QIDP at least twice weekly to discuss each individual's active treatment program and make any necessary changes based off the administrative observations.</p> <p>Measures to be put in place: A QIDP has been hired for this home and will start orientation 2/1/2016, in the meantime the Program Manager will serve as the QIDP for the home. In the event of future vacancy or extended absence of the QIDP assigned to the home the Program Manager will serve as the QIDP for the location.</p> <p>Monitoring of Corrective Action: Administrative observations have been implemented in the home twice daily seven days per week for 30 days to ensure that active treatment is being provided at every opportunity and to provide feedback and training opportunities to staff if applicable. The Residential Manager will be in the home at least five times weekly to ensure all clients are receiving continuous active treatment. The Program Manager will meet with the QIDP at least twice weekly to discuss each individual's active</p>				

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W 0186 Bldg. 00	<p>treatment programs by failing to ensure client #2's dignity during personal care. Please see W268.</p> <p>5. The QIDP failed to integrate, coordinate and monitor clients #1, #2, #3, #4, #5, #6, #7 and #8's active treatment programs by failing to ensure clients #1, #2, #3, #4, #5, #6, #7 and #8 participated in meal preparation and family style dining according to their capabilities. Please see W488.</p> <p>6. The QIDP failed to integrate, coordinate and monitor clients #2 and #3's active treatment programs by failing to ensure clients #2 and #3's active treatment needs pertaining to day services programming were met. Please see W9999.</p> <p>This deficiency was cited on 11/13/15. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-3(a)</p> <p>483.430(d)(1-2) DIRECT CARE STAFF The facility must provide sufficient direct care staff to manage and supervise clients in</p>				<p>treatment program and make any necessary changes based off the administrative observations.</p> <p>Completion date: 02/02/2016</p>		

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	<p>accordance with their individual program plans.</p> <p>Direct care staff are defined as the present on-duty staff calculated over all shifts in a 24-hour period for each defined residential living unit.</p> <p>Based on observation, record review and interview for 1 of 4 sampled clients (#2), the facility failed to ensure there were sufficient staff working in the home to implement client #2's risk plans and ensure client #2's environment was safe and clean.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 1/11/16 at 2:55 PM. The review indicated the following:</p> <p>-BDDS report dated 12/10/15 indicated, "[Staff #1] reported to [QIDP (Qualified Intellectual Disabilities Professional) #1] that when she arrived to her shift on 12/10/15, she noticed that [client #2] smelled of feces and when she went to assist him with a shower, found that [client #2] had smeared feces in the bathroom, on the floor and walls. When she redirected [client #2] to his room so she (can) clean the bathroom before assisting [client #2] (with) a shower, she</p>			W 0186	<p>186: The facility must provide sufficient direct care staff to manger and supervise clients in accordance with their individual program plans.</p> <p>Corrective Action: (Specific): A Residential Manager has been hired for the home. The schedule for the home has been revised to include the Residential Manager scheduled at the home at least five times weekly beginning at 6:00 AM and additional staff on day shift with the Residential Manager.</p> <p>How others will be identified: (Systemic): The Residential Manager will be at the home at least five times weekly and will be on call for the home at all other times to ensure that staffing ratios in the home are consistent with the scheduled hours. The QIDP will visit the home at least three times weekly to ensure that staffing ratios in the home are consistent with the scheduled hours. The Program Manager will visit the home at least weekly to ensure that staffing ratios in the home are</p>		02/02/2016

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	<p>noted urine on [client #2's] bed and feces on his floor that appeared to have been left from the third shift staff, [staff #2]. [Staff #1] cleaned the area and assisted [client #2] with his hygiene. The staff member working prior to the shift, [staff #2], was placed on administrative leave pending investigation."</p> <p>-Investigative Summary (IS) dated 12/11/15 indicated, "By review of witness statements and pictures, it appears that fecal matter and urine had been left on the bed, wall, bathroom and floor on 12/10/15. No reports of fecal matter/urine being left on [client #2] himself. On 12/10/15 [staff #2] had to get all morning routines done for 8 clients, when 2 staff members should have been present to assist, however, first shift staff was late which left [staff #2] to complete all tasks by himself." The IS dated 12/11/15 indicated, "The allegations of [staff #2] purposefully neglecting to clean [client #2] and his environment are unsubstantiated, [client #2] was clean, however, the environment was unable to be cleaned as staff was tending to other clients needs. Staff will return to work with in-services."</p> <p>Observations were conducted at the group home on 1/12/16 from 6:30 AM through 7:45 AM. Staff #2 was on duty</p>		<p>consistent with the scheduled hours.</p> <p>Measures to be put in place: A Residential Manager has been hired for the home. The schedule for the home has been revised to include the Residential Manager scheduled at the home at least five times weekly beginning at 6:00 AM and additional staff on day shift with the Residential Manager.</p> <p>Monitoring of Corrective Action: The Residential Manager will be at the home at least five times weekly and will be on call for the home at all other times to ensure that staffing ratios in the home are consistent with the scheduled hours. The QIDP will visit the home at least three times weekly to ensure that staffing ratios in the home are consistent with the scheduled hours. The Program Manager will visit the home at least weekly to ensure that staffing ratios in the home are consistent with the scheduled hours</p> <p>Completion date: 02/02/2016</p>				

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	with clients #1, #2, #3, #4, #5, #6, #7 and #8. No additional staff were present in the home during the observation period. At 6:30 AM, the group home living room and dining area presented with a discernable pungent odor. Staff #2 indicated client #2 had a BM (Bowel Movement) in his bedroom and had smeared BM on his blankets and floor. Client #2 was non-verbal in that he did not use verbal language to express his wants and needs. At 6:35 AM, staff #2 directed client #2 to the shower. Client #2 was in the shower while staff #2 removed client #2's soiled bed linens and clothing from his bedroom to the laundry area and utilized a mop to clean client #2's bedroom floor. At 6:40 AM, staff #2 retrieved a bottle of body wash and shampoo from a closet in the home's kitchen area. Staff #2 took the bottle of body wash and shampoo to client #2 who was still in the shower. Staff #2 then exited the bathroom and resumed assisting other clients in the home. The bathroom door was open while client #2 was in the shower. At 6:45 AM, client #2 finished his shower, staff #2 retrieved an adult brief (depends), entered the bathroom area and then directed client #2 to return to his bedroom to get dressed. Client #2 exited the bathroom area wearing the adult brief which was wet around the waistline. Client #2's lower						

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G247		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/14/2016	
NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN				STREET ADDRESS, CITY, STATE, ZIP CODE 2401 CORNWALL DR JEFFERSONVILLE, IN 47130			
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	<p>body (chest, waist, legs) were wet from his shower. Staff #2 did not ensure client #2's skin/body was dry prior to placing the adult brief on his body. Client #2 wore the adult brief as he walked from the bathroom area to his bedroom without additional clothing to cover his body. At 7:00 AM, client #2 was prompted to come to the dining room table to participate in the home's morning family style meal. Client #2 sat at the kitchen table and was served a bowl of cereal with milk. Staff #2 did not sit at the table with client #2 or offer prompting or coaching to slow his pace of eating. Client #2 used his spoon to scoop servings of cereal and milk and ate a fast pace.</p> <p>Observations were conducted at the group home on 1/12/16 from 8:15 AM through 10:15 AM. At 8:15 AM, staff #2 returned to the group home with clients #2 and #3 from transporting the other clients to the day services provider. Staff #2 indicated a second staff member should have arrived at the home at 8:00 AM. At 9:15 AM, staff #1 arrived at the group home for her shift. Staff #1 entered the group home and after entering client #2's bedroom, stated to staff #2 "There's [BM] in [client #2's] bedroom, did you clean last night?" Staff #2 indicated he had mopped and then exited the group</p>						

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	<p>home. Client #2's bedroom presented with a strong discernable pungent odor. Client #2's mattress and bed frame had smeared/dried feces on it. Client #2's floor had a soiled adult brief/depends on it and there were two pieces of feces in client #2's top dresser drawer. Client #2 presented with a discernable pungent odor. Staff #1 indicated client #2 should be re-showered. Client #2 removed his clothing and depends to enter the shower. Client #2's adult brief/depends had an area 3 inches by 3 inches in the anal region of the brief/depends which had dried fecal matter. Client #2's inner anal area had not been cleaned. The fecal matter was not moist or fresh as client #2 did not have a BM. Staff #1 used physical assistance to bath client #2's body with soap.</p> <p>Staff #2 was interviewed on 1/12/16 at 8:45 AM. Staff #2 indicated client #2 was not independent with bathing. Staff #2 stated, "No, he's not. He will just do like this (gestures with hands to show inadequate washing). We have to stay with him, otherwise he just stands there and doesn't wash himself." Staff #2 stated, "The other staff should be in at 8:00 AM. She's running late. It gets kind of hectic, trying to get everything done by yourself. We lost the 7:00 AM person when the RM (Resident Managers)</p>						

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	<p>changed, they stopped scheduling the 7:00 AM person and started scheduling a person to be in at 8:00 AM."</p> <p>Staff #1 was interviewed on 1/12/16 at 9:40 AM. Staff #1 indicated staff #2 did not clean client #1's bedroom area. Staff #1 stated, "[Client #2] needs to be re-showered. He smells and [staff #2] didn't make sure he was clean." Staff #1 indicated client #2 was not independent with bathing and required physical assistance to bath properly. Staff #1 indicated client #2's adult brief/depends had dried feces in the anal area of brief. Staff #1 indicated client #2's anal area was not clean and had dried feces on it. Staff #1 indicated client #2 had a skin integrity risk plan due to a history of skin rashes on his buttocks and lower back area. Staff #1 indicated client #2's skin should be kept dry and clean to prevent skin rashes. Staff #1 indicated client #2 had a dining risk plan and should be monitored while eating to prevent choking. Staff #1 indicated client #2 would eat at a rapid pace and should be prompted to slow his pace of eating. Staff #1 indicated there should be 2 staff on duty in the home during times when the clients are awake.</p> <p>Client #2's record was reviewed on 1/12/16 at 8:43 AM. Client #2's ISP</p>						

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	<p>(Individual Support Plan) dated 8/25/15 indicated client #2's diagnoses included but was not limited to Severe Mental Retardation, Autism Spectrum Disorder, Enuresis (urine incontinence) and Encopresis (bowel incontinence). Client #2's ISP dated 8/25/15 indicated, "[Client #2] is incontinent of bowel and bladder. He needs physical and verbal assistance with all ADL (Activities of Daily Living) skills."</p> <p>Client #2's Dining Plan dated 11/3/15 indicated, "[Client #2] has tendency to eat too fast and overstuff his mouth at times. [Client #2] has a history of food foraging and needs to be monitored." Client #2's Dining Plan dated 11/3/15 indicated, "[Client #2] eats at the dining room table, family style. Staff are to be seated next to [client #2] during all meals and give verbal cueing to slow down and to not overfill his mouth. Staff will encourage small bites, chewing and swallowing between bites."</p> <p>Client #2's Skin Integrity form dated 11/3/15 indicated, "(1.) Staff will monitor closely for signs of skin breakdown (example: redness, irritation, open areas, dryness, excoriation (scratch/abrasion), increased edema, etc.) and report to the nurse. (2.) Staff will provide incontinent care as needed: apply preventative skin</p>						

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W 0195 Bldg. 00	<p>barrier cream as ordered by physician."</p> <p>This deficiency was cited on 11/13/15. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-3(a)</p> <p>483.440 ACTIVE TREATMENT SERVICES The facility must ensure that specific active treatment services requirements are met. Based on observation, record review and interview, the facility failed to meet the Condition of Participation: Active Treatment Services for 4 of 4 sampled clients (#1, #2, #3 and #4), plus 4 additional clients (#5, #6, #7 and #8), the facility failed to ensure there were sufficient staff working in the home to implement client #2's risk plans and ensure client #2's environment was safe and clean. The facility failed to ensure clients #2 and #3 received continuous, aggressive active treatment to increase the behaviors necessary for them to function with as much self determination and independence as possible. The facility failed to ensure clients #2 and #3 received continuous active treatment when opportunities existed. The facility</p>		W 0195	<p>W195: The facility must ensure that specific active treatment services requirements are met</p> <p>Corrective Action: (Specific): A Residential Manager has been hired for the home. The schedule for the home has been revised to include the Residential Manager scheduled at the home at least five times weekly beginning at 6:00 AM and additional staff on day shift with the Residential Manager. All staff at the home will be in-serviced on active treatment, all client plans. Client #2 will begin attending New Hope Services for day programming, the visit and all necessary paperwork has been completed, signed by all necessary parties and submitted. Client #3 will begin attending the ResCare day service.</p>		02/02/2016	

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	<p>failed to ensure the QIDP (Qualified Intellectual Disabilities Professional) integrated, coordinated and monitored clients #1, #2, #3, #4, #5, #6, #7 and #8's active treatment programs.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. The facility failed to ensure there were sufficient staff working in the home to implement client #2's risk plans and ensure client #2's environment was safe and clean. Please see W186. 2. The facility failed to ensure clients #2 and #3 received continuous, aggressive active treatment to increase the behaviors necessary for them to function with as much self determination and independence as possible. Please see W196. 3. The facility failed to ensure clients #2 and #3 received continuous active treatment when opportunities existed. Please see W249. 4. The facility failed to ensure the QIDP (Qualified Intellectual Disabilities Professional) integrated, coordinated and monitored clients #1, #2, #3, #4, #5, #6, #7 and #8's active treatment programs. Please see W159. 		<p>How others will be identified: (Systemic): The Residential Manager will be at the home at least five times weekly and will be on call for the home at all other times to ensure that staffing ratios in the home are consistent with the scheduled hours and that active all clients are receiving active treatment when opportunities exist. The QIDP will visit the home at least three times weekly to ensure that staffing ratios in the home are consistent with the scheduled hours and that active all clients are receiving active treatment when opportunities exist. The Program Manager will visit the home at least weekly to ensure that staffing ratios in the home are consistent with the scheduled hours and that active all clients are receiving active treatment when opportunities exist.</p> <p>Measures to be put in place: A Residential Manager has been hired for the home. The schedule for the home has been revised to include the Residential Manager scheduled at the home at least five times weekly beginning at 6:00 AM and additional staff on day shift with the Residential Manager. All staff at the home will be in-serviced on active treatment, all client plans. Client #2 will begin attending New Hope Services for day programming, the visit and all necessary paperwork has been completed, signed by all necessary parties and submitted. Client #3 will begin attending the ResCare day</p>				

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	<p>This deficiency was cited on 11/13/15. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-4(a)</p>			<p>service.</p> <p>Monitoring of Corrective Action: The Residential Manager will be at the home at least five times weekly and will be on call for the home at all other times to ensure that staffing ratios in the home are consistent with the scheduled hours and that active all clients are receiving active treatment when opportunities exist. The QIDP will visit the home at least three times weekly to ensure that staffing ratios in the home are consistent with the scheduled hours and that active all clients are receiving active treatment when opportunities exist. The Program Manager will visit the home at least weekly to ensure that staffing ratios in the home are consistent with the scheduled hours and that active all clients are receiving active treatment when opportunities exist.</p> <p>Completion date: 02/02/2016</p>			
W 0196 Bldg. 00	<p>483.440(a)(1) ACTIVE TREATMENT Each client must receive a continuous active treatment program, which includes aggressive, consistent implementation of a program of specialized and generic training, treatment, health services and related services described in this subpart, that is directed toward: (i) The acquisition of the behaviors</p>						

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	<p>necessary for the client to function with as much self determination and independence as possible; and</p> <p>(ii) The prevention or deceleration of regression or loss of current optimal functional status.</p> <p>Based on observation, record review and interview for 2 of 4 sampled clients (#2 and #3), the facility failed to ensure clients #2 and #3 received continuous, aggressive active treatment to increase the behaviors necessary for them to function with as much self determination and independence as possible.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 1/11/16 from 4:15 PM through 6:30 PM. Client #2 was seated in a rocking chair in the home's living room area from 4:15 PM through 4:35 PM and client #3 was in his bedroom. At 4:35 PM staff #3 prompted clients #2 and #3 to come to the dining room table for snack. At 4:45 PM, clients #2 and #3 finished eating their snacks. Client #2 returned to the rocking chair in living room area while client #3 returned to his bedroom to watch television where they remained until prompted to join their peers for the evening meal.</p> <p>Observations were conducted at the group home on 1/12/16 from 6:30 AM</p>	W 0196	<p>W196: Each client must receive a continuous active treatment program, which includes aggressive, consistent implementation of a program of specialized and generic training, treatment, health services and related services described in this subpart, that is directed toward: (i) The acquisition of the behaviors necessary for the client to function with as much self-determination and independence as possible; and (ii) The prevention or deceleration of regression or loss of current optimal functional status.</p> <p>Corrective Action: (Specific): Administrative observations have been implemented in the home twice daily seven days per week for 30 days. All staff will be in-serviced on active treatment. All staff will be in-serviced on all client program plans and the implementation of those plans. All staff will be in-serviced on providing privacy and dignity to all clients. Staff will be in-serviced on all clients dining plans and providing assistance at meals according to each clients need.</p>		02/02/2016		

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	through 7:45 AM. At 6:30 AM, the group home living room and dining area presented with a discernable pungent odor. Staff #2 indicated client #2 had a BM (Bowel Movement) in his bedroom and had smeared BM on his blankets and floor. Client #2 was non-verbal in that he did not use verbal language to express his wants and needs. At 6:35 AM, staff #2 directed client #2 to the shower. Client #2 was in the shower while staff #2 removed client #2's soiled bed linens and clothing from his bedroom to the laundry area and utilized a mop to clean client #2's bedroom floor. At 6:40 AM, staff #2 retrieved a bottle of body wash and shampoo from a closet in the home's kitchen area. Staff #2 took the bottle of body wash and shampoo to client #2 who was still in the shower. Staff #2 then exited the bathroom and resumed assisting other clients in the home. Client #2 exited the bathroom area wearing the adult brief which was wet around the waistline. Client #2's lower body (chest, waist, legs) were wet from his shower. Staff #2 did not ensure client #2's skin/body was dry prior to placing the adult brief on his body. At 7:00 AM, client #2 was prompted to come to the dining room table to participate in the home's morning family style meal. Client #2 sat at the kitchen table and was served a bowl of cereal with milk. Staff #2 did		<p>How others will be identified: (Systemic): The Residential Manager will be in the home at least five times weekly to ensure that all clients are receiving a continuous active treatment program consistent with their program plans, that all staff are providing privacy and dignity to all clients in the home and that all staff are providing assistance during meals according to each clients need as stated in the dining plan.</p> <p>Measures to be put in place: Administrative observations have been implemented in the home twice daily seven days per week for 30 days. All staff will be in-serviced on active treatment. All staff will be in-serviced on all client program plans and the implementation of those plans. All staff will be in-serviced on providing privacy and dignity to all clients. Staff will be in-serviced on all clients dining plans and providing assistance at meals according to each clients need.</p> <p>Monitoring of Corrective Action: The Residential Manager will be in the home at least five times weekly to ensure that all clients are receiving a continuous active treatment program consistent with their program plans, that all staff are providing privacy</p>				

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	<p>not sit at the table with client #2 or offer prompting or coaching to slow his pace of eating. Client #2 used his spoon to scoop servings of cereal and milk and ate at a fast pace. At 7:10 AM, client #2 finished eating his breakfast and returned to the home's living room area to sit in a rocking chair. Client #2 remained seated in the rocking chair from 7:10 AM through 7:40 AM with no activity. Client #3 remained in his bedroom throughout the observation period except from 6:45 through 7:00 AM to eat his morning meal in the home's dining room area.</p> <p>Observations were conducted at the group home on 1/12/16 from 8:15 AM through 10:15 AM. At 8:15 AM, staff #2 returned to the group home with clients #2 and #3 from transporting the other clients to the day services provider. Client #2 sat in a rocking chair in the home's living room area from 8:15 AM through 9:15 AM with no activity. At 9:15 AM, client #2 walked to his bedroom area and laid down on his bed. Staff #2 redirected client #2 to return to the rocking chair. Client #2 returned to the rocking chair and was seated with no activity from 9:15 AM through 9:30 AM. At 9:30 AM, staff #2 turned on the television in the living room while client #2 sat in the rocking chair with no activity through 9:45 AM. Client #3</p>				<p>and dignity to all clients in the home and that all staff are providing assistance during meals according to each clients need as stated in the dining plan.</p> <p>Completion date: 02/02/2016</p>		

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	<p>remained in his bedroom watching movies on his personal television from 8:15 AM through 10:15 AM.</p> <p>Staff #2 was interviewed on 1/12/16 at 8:45 AM. Staff #2 indicated client #2 was not independent with bathing. Staff #2 stated, "No, he's not. He will just do like this (gestures with hands to show inadequate washing). We have to stay with him, otherwise he just stands there and doesn't wash himself." Staff #2 indicated clients #2 and #3 did not attend day services. Staff #2 indicated clients #2 and #3 stayed at the group home throughout the day. Staff #2 indicated client #2's preferred activity during the day was to sit in a rocking chair in the living room. Staff #2 indicated client #3's preferred activity during the day was to remain in his bedroom and watch movies on his personal television.</p> <p>Staff #1 was interviewed on 1/12/16 at 9:40 AM. Staff #1 indicated staff #2 did not clean client #2's bedroom area. Staff #1 stated, "[Client #2] needs to be re-showered. He smells and [staff #2] didn't make sure he was clean." Staff #1 indicated client #2 was not independent with bathing and required physical assistance to bath properly. Staff #1 indicated client #2's adult brief/depends had dried feces in the anal area of brief.</p>						

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	<p>Staff #1 indicated client #2's anal area was not clean and had dried feces on it. Staff #1 indicated client #2 had a skin integrity risk plan due to a history of skin rashes on his buttocks and lower back area. Staff #1 indicated client #2's skin should be kept dry and clean to prevent skin rashes. Staff #1 indicated client #2 had a dining risk plan and should be monitored while eating to prevent choking. Staff #1 indicated client #2 would eat at a rapid pace and should be prompted to slow his pace of eating.</p> <p>Client #2's record was reviewed on 1/12/16 at 8:43 AM. Client #2's ISP (Individual Support Plan) dated 8/25/15 indicated client #2's diagnoses included but was not limited to Severe Mental Retardation, Autism Spectrum Disorder, Enuresis (urine incontinence) and Encopresis (bowel incontinence). Client #2's ISP dated 8/25/15 indicated, "[Client #2] is incontinent of bowel and bladder. He needs physical and verbal assistance with all ADL (Activities of Daily Living) skills."</p> <p>Client #2's Dining Plan dated 11/3/15 indicated, "[Client #2] has tendency to eat too fast and overstuff his mouth at times. [Client #2] has a history of food foraging and needs to be monitored." Client #2's Dining Plan dated 11/3/15</p>						

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	<p>indicated, "[Client #2] eats at the dining room table, family style. Staff are to be seated next to [client #2] during all meals and give verbal cueing to slow down and to not overfill his mouth. Staff will encourage small bites, chewing and swallowing between bites."</p> <p>Client #2's Skin Integrity form dated 11/3/15 indicated, "(1.) Staff will monitor closely for signs of skin breakdown (example: redness, irritation, open areas, dryness, excoriation (scratch/abrasion), increased edema, etc.) and report to the nurse. (2.) Staff will provide incontinent care as needed: apply preventative skin barrier cream as ordered by physician."</p> <p>Client #3's record was reviewed on 1/12/16 at 9:10 AM. Client #3's ISP dated 10/17/15 indicated client #3 had formal training objectives to participate in meal preparation, verbally repeat his address, learn the value of coins and come to the office for medication administration.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 1/12/16 at 11:21 AM. QIDP #1 indicated clients #2 and #3 did not attend day services. QIDP #1 indicated clients #2 and #3 should be encouraged to participate in programming.</p>						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G247		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/14/2016	
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W 0249 Bldg. 00	<p>This deficiency was cited on 11/13/15. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-4(a)</p> <p>483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. Based on observation, record review and interview for 2 of 4 sampled clients (#2 and #3), the facility failed to ensure clients #2 and #3 received continuous active treatment when opportunities existed.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 1/11/16 from 4:15 PM through 6:30 PM. Client #2 was seated in a rocking chair in the home's living room area from 4:15 PM through 4:35 PM and client #3 was in his bedroom. At 4:35 PM staff #3 prompted clients #2 and #3 to</p>		W 0249	<p>W249: As soon as the interdisciplinary team has formulated a clients' individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Corrective Action: (Specific): Administrative observations have been implemented in the home twice daily seven days per week for 30 days. All staff will be in-serviced on the implementation of all program objectives and goals for all clients</p>		02/02/2016	

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	<p>come to the dining room table for snack. At 4:45 PM, clients #2 and #3 finished eating their snacks. Client #2 returned to the rocking chair in living room area while client #3 returned to his bedroom to watch television where they remained until prompted for their evening medications, and again to join their peers for the evening meal at 6:25 PM.</p> <p>Observations were conducted at the group home on 1/12/16 from 6:30 AM through 7:45 AM. At 6:30 AM, staff #2 indicated client #2 had a BM (Bowel Movement) in his bedroom and had smeared BM on his blankets and floor. At 6:35 AM, staff #2 directed client #2 to the shower. Client #2 was in the shower while staff #2 removed client #2's soiled bed linens and clothing from his bedroom to the laundry area and utilized a mop to clean client #2's bedroom floor. At 6:40 AM, staff #2 retrieved a bottle of body wash and shampoo from a closet in the home's kitchen area. Staff #2 took the bottle of body wash and shampoo to client #2 who was still in the shower. Staff #2 then exited the bathroom and resumed assisting other clients in the home. At 7:00 AM, client #2 was prompted to come to the dining room table to participate in the home's morning family style meal. Client #2 sat at the kitchen table and was served a bowl of</p>				<p>and active treatment. A schedule will be developed that will include a specific time and day that each client to assist with meal prep, cooking, clean up, laundry and house hold chores. All staff will be in-serviced on all clients dining plans and the interventions within those plans.</p> <p>How others will be identified: (Systemic) Administrative observations have been implemented in the home twice daily seven days per week for 30 days. The Residential Manager will be at the home at least five times weekly to ensure that all clients' program goals are implemented as written in their program plans and that all clients are participating with meal prep, cooking, clean up, laundry and medication administration and to ensure that all staff is following all client dining plans. The QIDP will visit the home at least twice weekly to ensure that all clients program goals are implemented as written in their program plans and that all clients are participating with meal prep, cooking, clean up, laundry and medication administration.</p> <p>Measures to be put in place: Corrective Action: (Specific): Administrative observations have been implemented in the home twice daily seven days per week for 30 days. All staff will be in-serviced on the implementation of all program objectives and goals for all clients and active treatment. A schedule</p>		

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	<p>cereal with milk. Staff #2 did not sit at the table with client #2 or offer prompting or coaching to slow his pace of eating. Client #2 used his spoon to scoop servings of cereal and milk at a fast pace. At 7:10 AM, client #2 finished eating his breakfast and returned to the home's living room area to sit in a rocking chair. Client #2 remained seated in the rocking chair from 7:10 AM through 7:40 AM with no activity. Client #3 remained in his bedroom throughout the observation period except from 6:45 through 7:00 AM to eat his morning meal.</p> <p>Observations were conducted at the group home on 1/12/16 from 8:15 AM through 10:15 AM. At 8:15 AM, staff #2 returned to the group home with clients #2 and #3 from transporting the other clients to the day services provider. Client #2 sat in a rocking chair in the home's living room area from 8:15 AM through 9:15 AM with no activity. At 9:15 AM, client #2 walked to his bedroom area and laid down on his bed. Staff #2 redirected client #2 to return to the rocking chair. Client #2 returned to the rocking chair and was seated with no activity from 9:15 AM through 9:30 AM. At 9:30 AM, staff #2 turned on the television in the living room while client #2 sat in the rocking chair with no</p>		<p>will be developed that will include a specific time and day that each client to assist with meal prep, cooking, clean up, laundry and house hold chores. All staff will be in-serviced on all clients dining plans and the interventions within those plans</p> <p>Monitoring of Corrective Action: Administrative observations have been implemented in the home twice daily seven days per week for 30 days. The Residential Manager will be at the home at least five times weekly to ensure that all clients' program goals are implemented as written in their program plans and that all clients are participating with meal prep, cooking, clean up, laundry and medication administration and to ensure that all staff are following all client dining plans. The QIDP will visit the home at least twice weekly to ensure that all clients program goals are implemented as written in their program plans and that all clients are participating with meal prep, cooking, clean up, laundry and medication administration.</p> <p>Completion date: 02/02/2016</p>				

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	<p>activity through 9:45 AM. Client #3 remained in his bedroom watching movies on his personal television from 8:15 AM through 10:15 AM.</p> <p>1. Client #2's record was reviewed on 1/12/16 at 8:43 AM. Client #2's ISP dated 8/25/15 indicated client #2's diagnoses included but was not limited to Severe Mental Retardation, Autism Spectrum Disorder, Enuresis (urine incontinence) and Encopresis (bowel incontinence). Client #2's ISP dated 8/25/15 indicated, "[Client #2] is incontinent of bowel and bladder. He needs physical and verbal assistance with all ADL (Activities of Daily Living) skills." Client #2's ISP dated 8/25/15 indicated client #2 had formal training objectives to identify a quarter, retrieve a spoon for his medication administration, communicate his wants/needs, use his utensils during meal time, brush his teeth and be offered the opportunity to use the restroom every 2 hours.</p> <p>Client #2's Dining Plan dated 11/3/15 indicated, "[Client #2] has tendency to eat too fast and overstuff his mouth at times. [Client #2] has a history of food foraging and needs to be monitored." Client #2's Dining Plan dated 11/3/15 indicated, "[Client #2] eats at the dining room table, family style. Staff are to be</p>						

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	<p>seated next to [client #2] during all meals and give verbal cueing to slow down and to not overfill his mouth. Staff will encourage small bites, chewing and swallowing between bites."</p> <p>Staff #2 was interviewed on 1/12/16 at 8:45 AM. Staff #2 indicated client #2 was not independent with bathing. Staff #2 stated, "No, he's not. He will just do like this (gestures with hands to show inadequate washing). We have to stay with him, otherwise he just stands there and doesn't wash himself." Staff #2 indicated clients #2 and #3 did not attend day services. Staff #2 indicated clients #2 and #3 stayed at the group home throughout the day. Staff #2 indicated client #2's preferred activity during the day was to sit in a rocking chair in the living room. Staff #2 indicated client #3's preferred activity during the day was to remain in his bedroom and watch movies on his personal television.</p> <p>2. Client #3's record was reviewed on 1/12/16 at 9:10 AM. Client #3's ISP dated 10/17/15 indicated client #3 had formal training objectives to participate in meal preparation, verbally repeat his address, learn the value of coins and come to the office for medication administration.</p>						

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W 0268 Bldg. 00	<p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 1/12/16 at 11:21 AM. QIDP #1 indicated active treatment should occur at each opportunity. QIDP #1 indicated clients #2 and #3 did not attend day services.</p> <p>This deficiency was cited on 11/13/15. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-4(a)</p> <p>483.450(a)(1)(i) CONDUCT TOWARD CLIENT These policies and procedures must promote the growth, development and independence of the client. Based on observation and interview for 1 of 4 sampled clients (#2), the facility failed to ensure client #2's dignity during personal care.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 1/12/16 from 6:30 AM through 7:45 AM. At 6:30 AM, staff #2 indicated client #2 had a BM (Bowel Movement) in his bedroom and had smeared BM on his blankets and floor. Client #2 was non-verbal in that he did</p>			W 0268	<p>W268: These policies and procedures must promote the growth, development and independence of the client</p> <p>Corrective Action: (Specific): Administrative observations have been implemented in the home twice daily seven days per week for 30 days. All staff will be in-serviced on providing clients privacy and dignity as well as client rights. A new shower curtain has been placed in the bathroom.</p> <p>How others will be identified:</p>		02/02/2016

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	<p>not use verbal language to express his wants and needs. At 6:35 AM, staff #2 directed client #2 to the shower. At 6:40 AM, staff #2 retrieved a bottle of body wash and shampoo from a closet in the home's kitchen area. Staff #2 took the bottle of body wash and shampoo to client #2 who was still in the shower. Staff #2 then exited the bathroom and resumed assisting other clients in the home. The bathroom door was open while client #2 was in the shower with no shower curtain. At 6:45 AM, client #2 finished his shower, staff #2 retrieved an adult brief (depends), entered the bathroom area and then directed client #2 to return to his bedroom to get dressed. Client #2 exited the bathroom area wearing the adult brief. Client #2 wore the adult brief as he walked from the bathroom area to his bedroom without additional clothing to cover his body.</p> <p>QAM (Quality Assurance Manager) #1 was interviewed on 1/12/16 at 10:36 AM. QAM #1 indicated staff #2 should ensure client #2's dignity in regard to privacy during showering and personal care time.</p> <p>This deficiency was cited on 11/13/15. The facility failed to implement a systemic plan of correction to prevent recurrence.</p>		<p>(Systemic) Administrative observations have been implemented in the home twice daily seven days per week for 30 days. The Residential Manager will be at the home at least five times weekly to ensure that all clients are being provided privacy and dignity and that all clients are being assisted with personal care daily.</p> <p>Measures to be put in place: Administrative observations have been implemented in the home twice daily seven days per week for 30 days. All staff will be in-serviced on providing clients privacy and dignity as well as client rights. A new shower curtain has been placed in the bathroom.</p> <p>Monitoring of Corrective Action: Administrative observations have been implemented in the home twice daily seven days per week for 30 days. The Residential Manager will be at the home at least five times weekly to ensure that all clients are being provided privacy and dignity and that all clients are being assisted with personal care daily.</p> <p>Completion date: 02/02/2016</p>				

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W 0488 Bldg. 00	<p>9-3-5(a)</p> <p>483.480(d)(4) DINING AREAS AND SERVICE The facility must assure that each client eats in a manner consistent with his or her developmental level. Based on observation and interview for 4 of 4 sampled clients (#1, #2, #3 and #4), plus 4 additional clients (#5, #6, #7 and #8), the facility failed to ensure clients #1, #2, #3, #4, #5, #6, #7 and #8 participated in meal preparation and family style dining according to their capabilities.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 1/11/16 from 4:15 PM through 6:30 PM. At 4:15 PM, clients #1, #2, #5, #6 and #8 were seated in the home's living room area with the television on. Clients #3, #4 and #7 were in their bedrooms. At 4:30 PM, staff #3 began the evening meal preparation in the home's kitchen area. No clients assisted in the preparation of the meal. Clients #1, #2, #5, #6 and #8 remained seated in the home's living room area while clients #3, #4 and #7 remained in their bedrooms. Client #5 paced from the living room area to the kitchen area periodically</p>		W 0488	<p>W488: The facility must assure that each client eats in a manner consistent with his or her developmental level.</p> <p>Corrective Action: (Specific): Administrative observations have been implemented in the home twice daily seven days per week for 30 days. All staff will be in-serviced on involving all clients in meal preparation, setting the table and participating in family style dining. A schedule will be developed that will include a specific time and day each client will assist with meal preparation and setting the table.</p> <p>How others will be identified: (Systemic) Administrative observations have been implemented in the home twice daily seven days per week for 30 days. The Residential Manager will be at the home at least five times weekly to ensure that all clients are involved in meal preparation and setting the table according to the schedule and are</p>		02/02/2016	

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	<p>throughout the observation period. At 4:35 PM, staff #3 prompted clients #1, #2, #3, #4, #5, #6, #7 and #8 to come to the dining room table for snack. At 4:45 PM, clients #1, #2, #3, #4, #5, #6, #7 and #8 finished eating their snacks. Clients #1, #2, #5, #6 and #8 returned to the living room area with clients #5 and #7 periodically pacing from the living room area to the kitchen area. Clients #3 and #4 returned to their bedroom areas. Staff #3 prepared the evening meal with no client assistance/participation. At 5:20 PM, client #6 set plates, cups and utensils on the dining room table. Staff #3 placed portions of potato and ham dish and cornbread on each client's plate. No clients served themselves portions of the ham and potato dish or cornbread. At 6:25 PM, clients #1, #2, #3, #4, #5, #6, #7 and #8 were prompted to come to the dining room table to participate in the home's family style evening meal.</p> <p>Observations were conducted at the group home on 1/12/16 from 6:30 AM through 7:45 AM. At 7:00 AM, client #2 was prompted to come to the dining room table to participate in the home's morning family style meal. Staff #2 placed a bowl on the table, filled the bowl with cereal and milk and served the bowl to client #2.</p>				<p>participating in family style dining. The QIDP will visit the home at least twice weekly to ensure that all clients are involved in meal preparation and setting the table according to the schedule.</p> <p>Measures to be put in place: Corrective Action: (Specific): Administrative observations have been implemented in the home twice daily seven days per week for 30 days. All staff will be in-serviced on involving all clients in meal preparation, setting the table and participating in family style dining. A schedule will be developed that will include a specific time and day each client will assist with meal preparation and setting the table.</p> <p>Monitoring of Corrective Action: Administrative observations have been implemented in the home twice daily seven days per week for 30 days. The Residential Manager will be at the home at least five times weekly to ensure that all clients are involved in meal preparation and setting the table according to the schedule and are participating in family style dining. The QIDP will visit the home at least twice weekly to ensure that all clients are involved in meal preparation and setting the table according to the schedule.</p> <p>Completion date: 02/02/2016</p>		

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W 9999 Bldg. 00	<p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 1/12/16 at 11:21 AM. QIDP #1 clients #1, #2, #3, #4, #5, #6, #7 and #8 should participate in the preparation of their meals and serve themselves to the extent of their capabilities.</p> <p>This deficiency was cited on 11/13/15. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-8(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</p>		W 9999	<p>W9999: The provider shall obtain day services for each resident which:</p> <p>(1) meet the criteria and certification requirements established by the division of aging and rehabilitative services for all day service providers.</p> <p>(2) Meet the residents active treatment needs set forth in the resident's individual program plan as determined by the interdisciplinary team conference with preconference for services in the least restrictive environment.</p> <p>Corrective Action: (Specific):</p>		02/02/2016	

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	<p>rehabilitative services for all day service providers; (2) meet the resident's active treatment needs set forth in the resident's individual 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 and interview, the facility to meet the active treatment needs pertaining to day services programming for 2 of 4 sampled clients (#2 and #3).</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 1/12/16 from 6:30 AM through 7:45 AM. At 7:45 AM, staff #2 transported clients #1, #2, #3, #4, #5, #6, #7 and #8 to the day services workshop. At 8:15 AM, staff #2 returned to the group home with clients #2 and #3. Clients #2 and #3 remained at the group home throughout the remainder of the observation period at 10:15 AM. Clients #2 and #3 did not attend the workshop or any other outside day program. No alternative day services was observed to be provided.</p> <p>Staff #2 was interviewed on 1/12/16 at</p>		<p>Administrative observations have been implemented in the home twice daily seven days per week for 30 days. The QIDP will make contact with the local day service providers for client #2 and # 3 to begin attending a structured day program.</p> <p>How others will be identified: (Systemic): Administrative observations have been implemented in the home twice daily seven days per week for 30 days. The Program Manager will follow up with the QIDP and the team at least twice weekly to discuss the progress of getting a structured day program for clients #2 and #3.</p> <p>Measures to be put in place: The QIDP will make contact with the local day service providers for client #2 and # 3 to begin attending a structured day program.</p> <p>Monitoring of Corrective Action: The Program Manager will follow up with the QIDP and the team at least twice weekly to discuss the progress of getting a structured day program for clients #2 and #3.</p> <p>Completion Date: 02/02/2016</p>				

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

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G247		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/14/2016	
NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN				STREET ADDRESS, CITY, STATE, ZIP CODE 2401 CORNWALL DR JEFFERSONVILLE, IN 47130			
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	<p>8:45 AM. Staff #2 indicated clients #2 and #3 did not attend day services. Staff #2 indicated clients #2 and #3 stayed at the group home throughout the day.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 1/12/16 at 11:21 AM. QIDP #1 indicated clients #2 and #3 did not attend day services.</p> <p>This state rule was cited on 11/13/15. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-4(b)(1)(2)</p>						