

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G723	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 12/15/2016	
NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN			STREET ADDRESS, CITY, STATE, ZIP CODE 13009 HORIZON DR MEMPHIS, IN 47143		
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W 0000 Bldg. 00	<p>This visit was for the 23 day revisit survey to the investigation of complaint #IN00210610 which resulted in an Immediate Jeopardy at W122 which was not removed on 12/5/16.</p> <p>Dates of Survey: 12/14/16 and 12/15/16</p> <p>Facility Number: 004615 Provider Number: 15G723 AIMS Number: 200528230</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review of this report completed by #15068 on 12/28/16.</p>		W 0000		
W 0122 Bldg. 00	<p>483.420 CLIENT PROTECTIONS The facility must ensure that specific client protections requirements are met.</p> <p>Based on observation, record review and interview, the facility failed to meet the Condition</p>		W 0122	W122: The facility must ensure that specific client	01/04/2017

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>of Participation: Client Protections for 2 of 2 sampled clients (A and B).</p> <p>The facility neglected to implement its written policy and procedures to prevent abuse in regard to the targeted aggression of client A from client B. The facility neglected to prevent multiple injuries requiring outside medical treatment to client A from client B. The facility neglected to ensure client A's safety. The facility neglected to ensure staff followed/implemented Behavior Support Plans (BSP) to prevent the abuse and/or potential abuse of client A. The facility neglected to ensure sufficient staffing was available and/or deployed in a way to implement BSPs to protect client A from a pattern of client to client abuse.</p> <p>This noncompliance resulted in an Immediate Jeopardy. The Immediate Jeopardy was identified on 11/23/16 at 4:42 PM. The Executive Director and Program Manager were notified of the Immediate Jeopardy on 11/28/16 at 1:06 PM. The Immediate Jeopardy began on 11/13/16 when the facility failed to prevent targeted aggression of client A from client B. The facility also failed to implement written policy and procedures to prevent the neglect of client A in regard to not addressing the pattern of aggression and the facility's failure to provide sufficient staffing. The facility failed to follow/implement Behavior Support Plans (BSP) to protect client A.</p> <p>The facility submitted a Plan of Correction (POC) for the removal of the Immediate Jeopardy (IJ) on 11/29/16 at 5:55 PM. The facility's POC for removal indicated the following:</p> <p>"1. All staff at the home have been re-trained on Client A's behavior support plan and the one to one (staffing). 2. Client B's behavior support plan has been</p>			<p>protections requirements are met.</p> <p>Corrective Action: (Specific): The one to one for clients A and B remain in place. Staffing ratios are monitored every shift to ensure that staffing ratios are consistent with scheduled hours for the home. Client A will be moving on or before 12/25/2016. Administrative Observations have been implemented in the home for at least 16 hours per day until Client A moves to an alternate location agreed on by the team and guardian. All staff working at the home has been trained on Client B's BSP.</p> <p>How others will be identified: (Systemic): The Behavior Clinician and the QIDP will complete observations in the home at least 10 hours per week to provide monitoring, oversight and coordination of all client program plans. Administrative Observations will continue in the home for at least 16 hours a day until Client A moves to</p>	

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	<p>updated to include a one to one defined as within arms length during waking hours, staff positioned between client B and client A when in common areas of the home, staff positioned between client B and client A while on the van and 15 minute checks during sleeping hours.</p> <p>3. All staff at the home has been retrained on client B's updated behavior support plan.</p> <p>4. Experienced staff have been assigned to the home to assist with additional staff training and implementation of plans to ensure client B's safety.</p> <p>5. Staffing ratios will be monitored on every shift by the Area Supervisor and the Program Manager to ensure the ratios are consistent with scheduled hours for the home.</p> <p>6. All staff at the home will be re-trained on the Operation Standard for reporting and investigating allegations of abuse, neglect, exploitation, mistreatment and violation of individual rights.</p> <p>7. Administrative observations will be implemented in the home twice daily for the next 7 days to ensure staff are implementing the one to one staffing as written for client A and client B and that staffing ratios in the home are consistent with scheduled hours, then at least daily for the next 14 days, then at least three times weekly for the next 30 days. Administrative observations will be documented on the observation form and turned in to the Program Manager.</p> <p>8. The Behavior Clinician will be in the home at least 10 hours per week to ensure the one to one staffing is being implemented as written for clients A and B.</p> <p>9. The QIDP (Qualified Intellectual Disabilities Professional) will be in the home at least 10 hours per week to ensure the one to one staffing is being implemented as written for clients A and B.</p> <p>10. All administrative staff completing observations will be trained on all clients' plans</p>			<p>an alternate location agreed on by the team and guardian. After Client A moves to an alternate location administrative observations will continue in the home at least 8 hours per day at least 5 days per week for the next 30 days to ensure staff are implementing client program plans as written.</p> <p>Measures to be put in place: The one to one for clients A and B remain in place. Staffing ratios are monitored every shift to ensure that staffing ratios are consistent with scheduled hours for the home. Client A will be moving on or before 12/25/2016. Administrative Observations have been implemented in the home for at least 16 hours per day until Client A moves to an alternate location agreed on by the team and guardian. All staff working at the home has been trained on Client B's BSP.</p> <p>Monitoring of Corrective Action: The Behavior Clinician and the QIDP will</p>	

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	<p>and will have a copy of them during observation periods.</p> <p>11. Immediate re-training will take place if administrative staff deem necessary and will turn in completed re-training documentation to the Program Manager.</p> <p>Based on observation, interview and record review, it was determined the 11/29/16 plan of action had not removed the Immediate Jeopardy and the Immediate Jeopardy continued because the facility failed to ensure staff working with client B provided one to one staffing as defined within arms length during waking hours. The facility failed to ensure all staff working with client B were trained on client B's BSP.</p> <p>Observations were conducted at the group home on 12/5/16 from 7:30 AM through 8:30 AM. Client A was sleeping throughout the observation period. At 7:45 AM House Manager (HM) #1 indicated client A had 15 minute checks while he was sleeping. HM #1 indicated staff #6 was client A's 1:1. HM #1 indicated client B had gone to bed and staff #6 was positioned in the hallway between client A and B's rooms watching both clients. HM #1 was in the home's office. At 8:00 AM client B was observed walking through the living room eating a pop tart with no staff around him and entered the kitchen. Staff #6 did not get up and follow client B; staff #6 remained seated in the hallway. At 8:01 AM HM #1 indicated client B should be within arms length of staff during waking hours. At 8:02 AM the site supervisor indicated client B's plan was not being implemented. Program Manager (PM) #1 arrived in the home at 8:12 AM for administrative staff observations at 8:12 AM.</p> <p>Inservice records were reviewed for staff on 11/30/16 at 10:55 AM. All of the home's current</p>			<p>complete observations in the home at least 10 hours per week to provide monitoring, oversight and coordination of all client program plans. Administrative Observations will continue in the home for at least 16 hours a day until Client A moves to an alternate location agreed on by the team and guardian. After Client A moves to an alternate location administrative observations will continue in the home at least 8 hours per day at least 5 days per week for the next 30 days to ensure staff are implementing client program plans as written.</p> <p>Completion date: 1/4/2017</p>	

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	<p>staff were retrained on client B's BSP. Staff #6 was not trained on client B's BSP.</p> <p>HM #1 was interviewed on 12/5/16 at 8:01 AM. HM #1 indicated staff #6 was new and had been with the facility about 2 weeks.</p> <p>Behavioral Consultant (BC) #1 was interviewed on 11/28/16 at 10:20 AM. BC #1 indicated staff had been retrained on more than one occasion. BC #1 had provided all staff training on BSPs on 11/28/16 and 11/30/16.</p> <p>Program Manager (PM) #1 was interviewed on 11/30/16 at 12:34 PM. PM #1 indicated all staff in the home have been trained on client A and B's BSPs.</p> <p>The Immediate Jeopardy was not removed.</p> <p>Findings include:</p> <p>The facility submitted a Plan of Correction (POC) for the removal of the Immediate Jeopardy (IJ) on 12/6/16 at 9:49 PM. The facility's POC for removal indicated the following:</p> <ul style="list-style-type: none"> "1. The one to one (staffing) for clients A and B remains in place. 2. Experienced staff remain in the home and an experienced Residential Manager has been assigned to the home. 3. Staffing ratios will be monitored on every shift by the Area Supervisor and the Program Manager to ensure the ratios are consistent scheduled hours for the home. 4. Client A's team including the guardian and the BDDS (Bureau of Developmental Disabilities Services) Service Coordinator met 12/6/16 to discuss alternate placement options. The team is in agreement at this time to pursue alternate 				

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	<p>placement in another ESN location up North and depending on how he progressed toward his behavior goals in the new placement, the team may pursue a CRMNF (Comprehensive Rehabilitative Management Needs Facility) placement at a later date. All information was submitted to BDDS 12/6/16 to complete level of care and referral packet was sent out to a provider with an open bed.</p> <p>5. Administrative Observations have been increased in the home for up to 16 hours per day 7 days per week until client A transitions from the home.</p> <p>6. When a transition date is set for client A to move ISDH (Indiana State Department of Health) will be notified.</p> <p>7. The Behavior Clinician will continue to be in the home at least 10 hours per week to ensure the one to one staffing is implemented as written for clients A and B.</p> <p>8. The QIDP (Qualified Intellectual Disabilities Professional) will continue to be in the home at least 10 hours per week to ensure the one to one staffing is implemented as written for clients A and B.</p> <p>9. Immediate re-trainings will take place if administrative staff deem necessary and will turn in completed re-training documentation to the Program Manager."</p> <p>Based on observation, interview and record review, the Immediate Jeopardy was removed on 12/14/16. It was determined the facility had implemented a plan of action to remove the Immediate Jeopardy, and the steps taken removed the immediacy of the problem.</p> <p>Observations were conducted at the group home on 12/14/16 from 11:30 AM through 1:00 PM. At 11:30 AM client A was in his bed sleeping. Client B was out of the home due to a hospitalization. At</p>			

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	<p>11:30 AM Program Manager (PM) #1 was at the home for observation. At 11:35 AM client A came to the kitchen with staff #1 to eat his lunch. Staff #1 sat beside client A while he ate his lunch. Staff #1 remained within arms length of client A the remainder of the observation period.</p> <p>Inservice records were reviewed for staff on 12/14/16 at 10:55 AM. All of the home's current staff were retrained on client B's BSP.</p> <p>Behavioral Consultant (BC) #1 was interviewed on 12/14/16 at 10:20 AM. BC #1 indicated staff had been retrained on more than one occasion. BC #1 indicated all staff working in the home were trained and would be retrained as needed.</p> <p>Program Manager (PM) #1 was interviewed on 12/14/16 at 12:34 PM. PM #1 indicated all staff in the home have been trained on client A and B's BSP's. PM #1 provided administrative observations and documentation.</p> <p>Program Manager (PM) #1 was notified on 12/14/16 at 12:57 PM the Immediate Jeopardy had been removed.</p> <p>Even though the facility's corrective actions removed the Immediate Jeopardy, the facility remained out of compliance at a Condition level (Client Protections). The facility needed to demonstrate ongoing correct supervision levels for clients A and B.</p> <p>This federal tag relates to complaint #IN00210610.</p> <p>9-3-2(a)</p>				

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

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