

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G811	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 09/15/2017
NAME OF PROVIDER OR SUPPLIER RES-CARE INC		STREET ADDRESS, CITY, STATE, ZIP CODE 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135		
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W 0000 Bldg. 00	<p>This visit was for an extended annual recertification and state licensure survey.</p> <p>Dates of Survey: 9/11/17, 9/12/17, 9/13/17, 9/14/17 and 9/15/17.</p> <p>Facility Number: 013405 Provider Number: 15G811 AIM Number: 201267570</p> <p>These deficiencies also reflect state findings in accordance with 410 IAC 16.2-5.</p> <p>Quality Review of this report completed by #15068 on 9/25/17.</p>	W 0000		
W 0125 Bldg. 00	<p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>Based on observation, record review, and interview for 8 of 8 sample clients (#1, #3, #7, #16, #17, #18, #19, #20), the facility failed to ensure clients #1, #3, #7, #16, #17, #18, #19, #20's rights were not restricted without due process regarding</p>	W 0125	<p>The facility ensures that clients rights are not restricted without due process.</p> <p>All administrative and direct support staff will be in-serviced on client's rights.</p> <p>The Operation Standard for snacks will be revised to include</p>	10/15/2017

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>the agency's practice of restricting clients #1, #3, #7, #16, #17, #18, #19 and #20's access to their personal snack items.</p> <p>Findings include:</p> <p>Observations were conducted at the facility on 9/14/17 from 12:15 PM through 12:30 PM. At 12:20 PM, the RM (Residential Manager) closet was locked. RM #4 opened the closet with a key. The closet was used to store clients #1, #3, #7, #16, #17, #18, #19, #20's personal snack items.</p> <p>RM #4 was interviewed on 9/14/17 at 12:25 PM. RM #4 indicated the closet was locked because clients' personal snacks were kept inside. RM #4 indicated clients purchase snacks on outings and if anything is brought back to the facility it is locked in the RM closet.</p> <p>Qualified Intellectual Disabilities Professional (QIDP) #1 and QIDP #2 were interviewed on 9/14/17 at 11:09 AM. QIDP #2 indicated clients' personal snacks are locked in the RM closet. QIDP #2 stated getting snacks in the community "is a bonus" and locking them up is not viewed as a restriction. QIDP #2 indicated securing the snacks prevents pest control issues. QIDP #1 indicated clients should be taught to</p>		<p>sufficient due process, based on individual dietary considerations and guardian/team decisions, based upon clients health and dietary needs.</p> <p>Any restriction to snack items will be documented in the individual plans, and will be approved by the guardian (if applicable), the individual, the team and the HRC.</p> <p>Person's responsible: Program Manager</p> <p>Date of Completion: 10/15/2017</p>	

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	<p>manage snacks in their possession.</p> <p>1. On 9/13/17 at 1:49 PM, a review of Client #16's record was conducted. There was no documentation in client #16's 3/22/17 ISP (Individual Support Plan) and 8/24/17 BSP (Behavior Support Plan) indicating his snack foods needed to be locked up in the RM's closet.</p> <p>2. On 9/13/17 at 11:40 AM, a review of Client #18's record was conducted. There was no documentation in client #18's 12/12/16 ISP and 8/23/17 BSP indicating his snack foods needed to be locked up in the RM's closet.</p> <p>3. On 9/13/17 at 1:48 PM, a review of Client #19's record was conducted. There was no documentation in client #19's 5/3/17 ISP and 7/26/17 BSP indicating his snack foods needed to be locked up in the RM's closet.</p> <p>4. On 9/13/17 at 9:34 AM, a review of client #1's record was conducted. There was no documentation in client #1's 7/28/17 Individual Support Plan (ISP) and 7/25/17 Behavior Support Plan (BSP) indicating his snack foods needed to be locked up in the Residential Manager's (RM's) closet.</p> <p>5. On 9/13/17 at 11:50 AM, a review of</p>			

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W 0159 Bldg. 00	<p>client #3's record was conducted. There was no documentation in client #3's 10/21/16 ISP and 8/15/17 BSP indicating his snack foods needed to be locked up in the RM's closet.</p> <p>6. On 9/13/17 at 12:36 PM, a review of client #7's record was conducted. There was no documentation in client #7's 3/30/17 ISP and 9/7/17 BSP indicating his snack foods needed to be locked up in the RM's closet.</p> <p>7. On 9/13/17 at 1:35 PM, a review of client #17's record was conducted. There was no documentation in client #17's 11/18/16 ISP and 7/24/17 BSP indicating his snack foods needed to be locked up in the RM's closet.</p> <p>8. On 9/13/17 at 10:46 AM, a review of client #20's record was conducted. There was no documentation in client #20's 7/10/17 ISP and 9/12/17 BSP indicating his snack foods needed to be locked up in the RM's closet.</p> <p>5.1-2(6)</p> <p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by</p>			

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	<p>a qualified mental retardation professional.</p> <p>Based on observation and interview for 7 of 7 clients (#1, #3, #4, #9, #16, #18 and #19) who attended an outside services workshop, the Qualified Intellectual Disabilities Professional (QIDP) failed to coordinate the clients' arrival time to the workshop to ensure the clients arrived when the program started.</p> <p>Findings include:</p> <p>On 9/12/17 from 6:54 AM to 8:57 AM, an observation was conducted at the facility. At 8:43 AM, a group of clients prepared to leave the facility to go to the outside services workshop. The group included clients #1, #4, #16, #18 and #19. Clients #3 and #9 did not attend the outside services workshop on this date.</p> <p>On 9/12/17 at 9:43 AM, the outside services Workshop Supervisor (WS) indicated the workshop hours were 8:00 AM to 3:00 PM daily, Monday through Friday. The WS indicated the clients arrived daily at 9:00 AM. The WS indicated the clients should be attending the workshop starting at 8:00 AM. The WS indicated when the clients arrived at 9:00 AM, their arrival was a distraction to the work being conducted. The WS indicated if the clients arrived at 8:00 AM, they had the opportunity to make</p>	W 0159	<p>The QIDP will coordinate clients' arrival time to the workshop to ensure the clients arrived when the program started.</p> <p>The QIDP has restructured the workshop transport schedule in order to ensure the client arrives when the program starts.</p> <p>Transport #1 will leave the facility in time for clients who wish to attend at 8:00 am are able to.</p> <p>Transport #2 will leave at 8:45 am to allow for other clients who do not wish to arrive at work at 8:00 am.</p> <p>Persons Responsible: QIDP Date of completion: 10/15/17</p>	10/15/2017

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W 0247 Bldg. 00	<p>additional wages due to the increase in their production. The WS indicated the workshop needed the clients' assistance to get the work done.</p> <p>On 9/14/17 at 9:34 AM, client #19 indicated he would like to start working at the outside services workshop at 8:00 AM to make more money.</p> <p>On 9/14/17 at 9:34 AM, client #1 indicated he would prefer to start working daily at 8:00 AM. Client #1 indicated he wanted the chance to earn additional wages by arriving to the workshop at 8:00 AM.</p> <p>On 9/14/17 at 9:40 AM, client #16 indicated he would prefer to start working daily at the outside services workshop at 8:00 AM.</p> <p>3.1-31(a) 3.1-31(d) 3.1-32(a) 3.1-33(a) 3.1-35(a) 3.1-37(a) 3.1-39(a)</p> <p>483.440(c)(6)(vi) INDIVIDUAL PROGRAM PLAN The individual program plan must include</p>			

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	<p>opportunities for client choice and self-management.</p> <p>Based on observation, interview and record review for 1 of 5 clients in the sample (#1) who attended an outside services workshop, the facility failed to ensure client #1's program plan included the opportunity for client #1 to purchase frozen meals to take with him to eat at work.</p> <p>Findings include:</p> <p>On 9/12/17 at 9:43 AM, the Workshop Supervisor (WS) indicated client #1 complained regularly about the food he brought to the workshop. The WS supervisor indicated client #1 was tired of bringing a lunch meat sandwich, chips and water for his lunch. The WS indicated client #1 indicated he wanted to have additional choices for his lunch.</p> <p>On 9/14/17 at 9:34 AM, client #1 stated, when asked if he liked his lunch, "Don't like what I bring." Client #1 indicated he wanted to use his money to purchase frozen meals to bring to the workshop. Client #1 indicated he packed a lunch meat sandwich every day for lunch at the workshop. Client #1 indicated he wanted something besides water for his drink. Client #1 stated he brought the "same thing daily" and he was "sick of</p>	W 0247	<p>The facility will ensure that all clients program plan includes options to bring their food of choice for workshop meals. Facility QIDP's will ensure that client's will have choice and input into what they would like to bring in their lunches to work. The QIDP will document in IDT meeting notes client preference regarding choice of items to bring in their lunch. **meal choices will need to correspond with individual, guardian and modified consistency diets. The Program Manager will notify the dietary manager of lunch meal choices and will revise as needed per client need. Persons Responsible: QIDP, Program Manager, Dietary Manager Date of Completion: 10/15/17</p>	10/15/2017

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	<p>sandwiches and water bottles."</p> <p>On 9/14/17 at 10:34 AM, a review was attempted of the facility's lunch menu for the clients who attended the workshop. The facility did not provide documentation the clients, assisted by staff, followed a menu when packing their lunches for the outside services workshop.</p> <p>On 9/14/17 at 10:36 AM, the Dietary Aide (DA) stated the clients "pack the same thing every day." The DA indicated the clients took a bottle of water, sandwich and chips. The DA indicated although there were vegetables and fruits available, the clients did not pack it. The DA indicated the Nurse Manager told her the workshop did not have enough microwaves for the clients to take frozen meals. The DA indicated client #1 could purchase and put his frozen meals in the freezer until he took them for his lunch. The DA stated this was "not a problem." Day Service Staff (DSS) #1 was interviewed on 9/12/17 at 9:28 AM. DSS #1 indicated client #1 has two breaks and a lunch while at the workshop from 9:00 AM to 3:00 PM. DSS #1 indicated client #1's lunch routinely consisted of one bottle of water, a lunch meat sandwich, and a bag of chips or granola bar. DSS #1 indicated client #1</p>			

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	<p>does not pack additional water for the day or snacks to eat during breaks. DSS #1 indicated client #1 does not like the bologna sandwiches which are packed and often tries to trade for something else.</p> <p>Direct Support Professional (DSP) #8 was interviewed on 9/13/17 at 9:27 AM. DSP #8 indicated client #1 assisted in packing his workshop lunch. DSP #8 indicated client #1 packs a turkey or bologna lunch meat sandwich, chips, a banana, and two waters. DSP #8 indicated there is a menu in the pantry, but clients can request alternatives.</p> <p>DSP #10 was interviewed on 9/13/17 at 10:42 AM. DSP #10 indicated client #1 assists with packing his lunch. DSP #10 indicated client #1 usually packs a bologna sandwich, fruit, either a granola bar or chips, and two bottles of water.</p> <p>Qualified Intellectual with Disabilities (QIDP) #1 and QIDP #2 were interviewed on 9/14/17 at 11:09 AM. QIDP #1 indicated client #1 assisted with packing his lunch. QIDP #1 indicated client #1 typically packs a lunch meat sandwich, granola bar, chips, and a drink. QIDP #2 indicated client #1 has choices of items to pack for lunches. QIDP #2 indicated client #1 can either pack a</p>			

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W 0436 Bldg. 00	<p>lunch meat or peanut butter and jelly sandwich. QIDP #2 indicated the staff tried sending microwave meals, but the workshop staff discouraged it because of lack of microwaves at the workshop. QIDP #2 indicated there should be a menu for client #1, who goes to workshop, so he get fruits and vegetables at all his meals. Observations were conducted on the residential unit on 9/12/17 from 7:00 AM through 8:19 AM. At 7:37 AM, client #1 was in the kitchen area preparing his lunch for day program. Client #1 prepared two bologna and cheese sandwiches, chips and bottled water for his lunch.</p> <p>483.470(g)(2) SPACE AND EQUIPMENT The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>Based on observation, record review, and interview for 1 of 7 sample clients (#18) with adaptive equipment, the facility</p>		W 0436	<p>The facility ensures formal and informal training to teach individuals to utilize eye glasses. The Program Manager will</p>	10/15/2017

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	<p>failed to ensure client #18 had formal and informal training to teach him to utilize his prescription eyeglasses.</p> <p>Findings include:</p> <p>Observations were conducted at the facility on 9/12/17 from 7:00 AM to 8:19 AM and 8:35 AM to 8:52 AM, and at client #18's day service workshop on 9/12/17 from 8:58 AM to 9:55 AM. Client #18 did not wear eyeglasses during the observation periods. Staff present in the facility and at day service workshop were not observed to prompt client #18 to wear his glasses.</p> <p>Client #18's record was reviewed on 9/13/17 at 11:40 AM. Client #18's Individualized Support Plan (ISP) dated 12/12/16 indicated client #18 had prescription eyeglasses. Client #18's ISP indicated he should wear eye glasses. Client #18's ISP did not indicate a training objective to address his daily use of eyeglasses. Client #18's vision exam dated 5/18/17 indicated client #18 was nearsighted and required a full time prescription eyeglasses. Client #18's Nursing Progress Notes completed on 5/24/17 indicated client #18's prescription glasses were received by the facility.</p>		<p>in-service the QIDP staff on developing goals based on the individuals comprehensive functional assessment, including but not limited to ensuring that all clients receive goal training and support to understand and take care of eyeglasses and all adaptive equipment. Nursing staff will continue to monitor and assess all clients for adaptive equipment needs. Persons Responsible: Program Manager, QIDP, Nursing Date of completion: 10/15/2017</p>	

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	<p>Qualified Intellectual Disabilities Professional (QIDP) #1 and QIDP #2 were interviewed on 9/14/17 at 11:09 AM. QIDP #1 indicated she was unsure if client #18 had eyeglasses. QIDP #2 indicated client #18 had glasses, but didn't believe he wore them. QIDP #1 indicated clients who have adaptive equipment should be encouraged to wear their adaptive equipment. QIDP #2 indicated a plan should be in place if a client has adaptive equipment. QIDP #1 indicated client #18 does not have a plan in place to encourage him to use his adaptive equipment.</p> <p>3.1-21(h) 3.1-39(a)</p>				