

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

PRINTED: 12/18/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15G746		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/19/2018	
NAME OF PROVIDER OR SUPPLIER  RES CARE SOUTHEAST INDIANA				STREET ADDRESS, CITY, STATE, ZIP COD 16609 SIMA GRAY RD HENRYVILLE, IN 47126			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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 an investigation of complaint #IN00276691.</p> <p>Complaint #IN00276691: Unsubstantiated, due to lack of sufficient evidence.</p> <p>Unrelated deficiency cited.</p> <p>Dates of Survey: November 14, 15, 16 and 19, 2018.</p> <p>Facility Number: 011664 Provider Number: 15G746 AIMS Number: 200902010</p> <p>This deficiency reflects state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 11/29/18.</p>			W 0000			
W 0149  Bldg. 00	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS</p> <p>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 1 of 2 sampled clients (B), and 1 additional client (C), the facility failed to ensure the facility's neglect/abuse/mistreatment policy was implemented regarding staff training to prevent neglect of clients B and C regarding staff allowing the clients to start the facility's van and being left alone on the facility's van while its motor was running.</p> <p>Findings include:</p>			W 0149	<p>Corrective Action: All employees will be retrained on the Abuse, Neglect and Exploitation (ANE) policy. All employees will also be retrained on employee responsibility for client supervision as outlined in each ISP/BSP. Persons Responsible: Residential Manager, Area Supervisor, Program Manager, QIDP, and Associate Executive Director</p>		12/19/2018

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

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 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>Observations were conducted at the facility on 11/14/18 from 10:45 AM until 1:15 PM. At 10:55 AM, Staff #2 handed client B the keys to the facility's van and indicated they needed to go and start the van. Client B got into the driver's side of the van with staff #2 standing in the doorway and attempted to start the van. The van started and client B went to the rear of the vehicle. Staff #2 walked around the van and opened the side door and checked the back seat. Staff #2 and client B left the van running and walked back into the facility. Staff #1 walked to the van and positioned the third row bucket seat to the back of the van. Client B sat in the back seat. At 11:03 AM, client C sat alone in the seat immediately behind the driver's seat. Staff #2 sat in the van with clients B and C then left them alone on the running van and went back into the facility at 11:09 AM. Staff #2 returned to the van and turned it off, Client C returned to the facility and punched in the entry code into the front door lock and entered the facility. Staff #2 and client B returned to the facility at 11:12 AM. Staff #1 stated the trip had been postponed until more staff came to the facility to ensure they were "in ratio (staff number to client number ratio for supervision purposes)." At 11:28 AM, client C went to the van alone and started the van without staff supervision. Staff #2 came to the van and they left for client C's dental appointment.</p> <p>Staff #3 was asked if clients ever started the facility's van on 11/14/18 at 11:33 AM. Staff #3 indicated clients do not start the facility's van and stated that it would "not be a good idea."</p> <p>Staff #1 was asked if clients were allowed to start the facility's van and stated "no" on 11/14/18 at 11:36 AM.</p>						

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	<p>QIDP/Qualified Intellectual Disability Professional #1 was notified on 11/14/18 at 11:45 AM regarding the observations of staff #2 and clients B and C with the facility's van, starting it and being left alone on the running van without staff supervision.</p> <p>Quality Assurance Coordinator/QAC #1 was interviewed on 11/14/18 at 2:00 PM and indicated the episode with staff #2 and clients B and C starting the facility's van and being unsupervised while being on the facility's van was being investigated.</p> <p>Program Manager #1 indicated on 11/15/18 at 2:00 PM, staff #2 should not have encouraged clients to start the facility's van and should have provided supervision instead of leaving them alone on the facility's running van.</p> <p>The facility's investigation by QAC #1 dated 11/14 to 11/16/18, of the incident described above, was reviewed on 11/19/18 at 7:00 AM and 10:30 AM and indicated the following:</p> <p>"Conclusion The scope of this investigation is to determine: 1. It is substantiated [staff #2] allowed [client C] to start the van. 2. It is substantiated [staff #2] allowed [client B] to start the van. 3. It is substantiated [staff #2] let [client C] stay in the van unattended for at least 1 minute. 4. It is substantiated [staff #2] let [client B] stay in the van unattended for at least 1 minute."</p> <p>The peer review document dated 11/16/18 which accompanied the investigation recommended staff #2 be terminated from employment for leaving clients (B and C) unattended.</p>						

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	<p>The Agency's "Operation Standard Reporting and Investigating Abuse, Neglect, Exploitation, Mistreatment or Violation of an Individual's Rights" dated 3/08/2018 was reviewed on 11/16/18 at 10:00 AM and indicated the agency prohibited, reported, investigated and implemented corrective measures in regards to abuse/neglect/exploitation/mistreatment of the clients it served. The review of the agency's policy indicated, in part, the following:</p> <p>..."ResCare strictly prohibits abuse, neglect, exploitation, mistreatment or violation of an Individual's rights....Program Implementation/Intervention: Failure to provide goods and/or services necessary for the individual to avoid physical harm and /or intentional failure to implement a support plan, inappropriate application of intervention, etc. which may result in jeopardy without qualified person notification/review.... Any situation involving weapons, regardless if abuse, neglect, mistreatment or violation of an Individual's rights is suspected, will be immediately investigated.</p> <p>All employees receive training upon hire regarding definitions/causes of different types of, how to identify, prevent, document, remedial action to be taken, timely debriefing following the incident and how to report abuse, neglect, exploitation, mistreatment or violation of an Individual's rights, as well as what to expect from an investigation. All employees receive this training upon hire and annually, thereafter.</p> <p>Procedures:</p> <p>1. Any ResCare staff person who suspects an individual is the victim of abuse, neglect, exploitation or mistreatment of an individual</p>						

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	<p>should immediately notify the Program Manager, and then complete an Incident Report. The Program Manager will then notify the Executive Director immediately.</p> <p>2. The Program Manager, or designee, will report the suspected abuse, neglect, exploitation, mistreatment or violations of Individual's rights with 24 hours of the initial report to the appropriate contacts...</p> <p>3. Any person who is suspected of abuse, neglect, exploitation, mistreatment or violation of an Individual's rights toward an individual will be immediately suspended until the allegation can be fully investigated...</p> <p>4. The Program Manager will assign an investigative team. A full investigation will be conducted by investigators who have received training from Labor Relations Association and ResCare's internal procedures on investigations. ResCare will not allow for nepotism during the conducting, directing, reviewing or other managerial activity of an investigation into an allegation of abuse, neglect, exploitation or mistreatment, by prohibiting friends and relatives of an alleged perpetrator from engaging in these managerial activities. One of the investigators will complete a detailed investigative case summary based on witness statements and other evidence collected. The report will be maintained in a confidential, secured file at the office. The investigation file will include the following components: a clear statement indicating why the investigation/review is being conducted along with the nature of the allegations/event (e.g., allegation of neglect, etc.), a clear statement of the event or alleged event in a time-line format including what, where, and when the event</p>						

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	<p>happened or is alleged to have happened, Identification by name and title of all involved parties or alleged involved parties including any victim(s) or alleged victim(s), all staff assigned to the victim(s) or alleged victim(s) at the time of the incident, all alleged perpetrators, when indicated; and all actual or potential witnesses to the event or alleged event, signed and dated statements from all involved parties, including all actual and potential witnesses to the event or alleged event, a statement describing all record and other document review associated with the event or alleged event, copies of all records and other documents reviewed that provide evidence supporting the finding of the investigation or review, if there are any discrepancies/conflicts between the evidence gathered, the discrepancy is resolved and/or explained, a determination if rights have been violated, if services and/or care were not provided or were not appropriately provided, if agency policies and/or procedures were not followed, and/or if any federal or state regulations were not followed, a clear statement of substantiation or non-substantiation of any allegation that includes a description/summary of the evidence that result in the finding, a definitive description of all corrective actions developed and implemented and/or to be implemented as a result of the investigation or review, including completion dates for each corrective action, the signature, name and title of the person completing the investigation and the date the investigation was completed.</p> <p>5. An investigative peer review committee chosen by the Executive Director will meet to discuss the outcome of the investigation and to ensure that a thorough investigation has been completed. Members of the committee must include at least one of the investigators, the Executive Director or</p>						

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	designee, Program Manager, QA representative and a Human Resources representative."  9-3-2(a)						