

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G746	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 05/20/2016
NAME OF PROVIDER OR SUPPLIER RES CARE SOUTHEAST INDIANA		STREET ADDRESS, CITY, STATE, ZIP CODE 16609 SIMA GRAY RD HENRYVILLE, IN 47126		
(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 the investigation of Complaint #IN00194240 completed on 3/04/16.</p> <p>Complaint #IN00194240: Not Corrected.</p> <p>This survey was conducted in conjunction with the annual recertification and state licensure survey.</p> <p>Dates of Survey: May 16, 17, 18 and 20, 2016.</p> <p>Provider Number: 15G746 Facility Number: 011664 AIM Number: 200902010</p> <p>The following federal deficiencies reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review of this report completed by #15068 on 6/1/16.</p>	W 0000		
W 0149	483.420(d)(1) STAFF TREATMENT OF CLIENTS			

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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Bldg. 00	<p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p>Based on record review and interview for 1 additional client (D) for 1 of 5 investigations of abuse/neglect reviewed, the facility failed to ensure the facility's abuse/neglect policy was implemented.</p> <p>Findings include:</p> <p>Review of the facility's reportable incidents on 5/17/16 at 1:30 PM indicated on 5/07/16 an investigation was initiated regarding client D. Client D alleged staff #3 and #4 had yelled at him. Client D also alleged during a behavioral episode requiring YSIS (You're Safe I'm Safe/behavioral management techniques taught to all staff) staff #3 had become physically aggressive and had not implemented the YSIS appropriately. The facility's investigation completed on 5/13/16 by Quality Assurance/QA staff #1 substantiated the verbal abuse that staff "yelled" and "cursed" at client D and staff "used an inappropriate YSIS maneuver."</p> <p>Interview with QA #1 on 5/18/16 at 2:00 PM indicated the allegations were substantiated regarding staff #3 and #4 and the agency had completed their</p>		W 0149	<p>W149: The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p>Corrective Action: (Specific): All staff in the home will be in serviced on the operation standard for reporting and investigating abuse, neglect, exploitation, mistreatment or violation of the individual rights and the BDDS reporting policy and procedure. The QA Manager will be re-trained on the completion of investigations and results reported to the administrator within 5 business days.</p> <p>How others will be identified: (Systemic): The Program Manager will meet with the QA Manager at least twice weekly to ensure that all investigations are completed and the results reported to the administrator within 5 business days.</p>

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	<p>review with recommendations in regards to staff on 5/18/16. The interview confirmed the date of completion (5/13/16) of the investigation was outside of the five business days limit for completion of investigations.</p> <p>The "Abuse/Neglect/Exploitation Policy and Procedure" component of the agency's 08/01/07 Operational Policy and Procedure Manual (revised 01/09/2015) was reviewed on 5/18/2016 at 3:45 PM. The review indicated the agency prohibited staff neglect of clients. The policy indicated all allegations would be investigated and addressed. The definition of neglect was as follows:</p> <p>"F. Neglect--Program Implementation/Intervention Definition:</p> <ol style="list-style-type: none"> 1. Failure to provide goods and/or services necessary for the individual to avoid physical harm. 2. Intentional failure to implement a support plan, inappropriate application of intervention, etc. which may result in jeopardy without qualified person notification/review." <p>This federal deficiency was cited on 3/04/16. The facility failed to implement a systemic plan of correction to prevent recurrence.</p>		<p>Measures to be put in place: All staff in the home will be in serviced on the operation standard for reporting and investigating abuse, neglect, exploitation, mistreatment or violation of the individual rights and the BDDS reporting policy and procedure. The QA Manager will be re-trained on the completion of investigations and results reported to the administrator within 5 business days.</p> <p>Monitoring of Corrective: The Program Manager will meet with the QA Manager at least twice weekly to ensure that all investigations are completed and the results reported to the administrator within 5 business days.</p> <p>Completion date: 06/19/2016</p>	

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W 0156 Bldg. 00	<p>This federal tag relates to Complaint #IN00194240.</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 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 1 additional client (D) for 1 of 5 investigations of abuse/neglect reviewed, the facility failed to ensure the results of an investigation of a substantiated allegation of staff to client abuse/neglect were reported to the administrator within five business days.</p> <p>Findings include:</p> <p>Review of the facility's reportable incidents on 5/17/16 at 1:30 PM indicated on 5/07/16 an investigation was initiated regarding client D. Client D alleged staff #3 and #4 had yelled at him. Client D also alleged during a behavioral episode requiring YSIS (You're Safe I'm Safe/behavioral management techniques</p>	W 0156	<p>W156: The results of all investigations must be reported to the administrator or designated representative or other officials</p> <p>Corrective Action: (Specific): All staff at the home will be in serviced on the operation standard for reporting and investigating abuse, neglect, exploitation, mistreatment or violation of the individual rights and the BDDS reporting policy and procedure. All staff at the home will be re-trained on YSIS techniques. The QA manager will be in-serviced on completing investigations and reporting the</p>	06/19/2016

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	<p>taught to all staff) staff #3 had become physically aggressive and had not implemented the YSIS appropriately. The facility's investigation completed on 5/13/16 by Quality Assurance/QA staff #1 substantiated the verbal abuse that staff "yelled" and "cursed" at client D and staff "used an inappropriate YSIS maneuver."</p> <p>Interview with QA #1 on 5/18/16 at 2:00 PM indicated the allegations were substantiated regarding staff #3 and #4 and the agency had completed their review with recommendations in regards to staff on 5/18/16. The interview confirmed the date of completion (5/13/16) of the investigation was outside of the five business days limit for completion of investigations.</p> <p>This federal tag relates to Complaint #IN00194240.</p> <p>9-3-2(a)</p>		<p>findings to the administrator within 5 business days.</p> <p>How others will be identified: (Systemic): The Program Manager will meet with the QA Manager at least twice weekly to ensure that all investigations are completed and the results reported to the administrator within 5 business days.</p> <p>Measures to be put in place): All staff at the home will be in serviced on the operation standard for reporting and investigating abuse, neglect, exploitation, mistreatment or violation of the individual rights and the BDDS reporting policy and procedure. All staff at the home will be re-trained on YSIS techniques. The QA manager will be in-serviced on completing investigations and reporting the findings to the administrator within 5 business days.</p> <p>Monitoring of Corrective Action: The Program Manager will meet with the QA Manager at least twice weekly to ensure</p>	

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				<p>that all investigations are completed and the results reported to the administrator within 5 business days.</p> <p>Completion date: 6/19/2016</p>