

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

PRINTED: 08/21/2017  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G745		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 06/26/2017	
NAME OF PROVIDER OR SUPPLIER  RES CARE SOUTHEAST INDIANA				STREET ADDRESS, CITY, STATE, ZIP CODE 16611 SIMA GRAY RD HENRYVILLE, IN 47126			
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W 0000  Bldg. 00	<p>This visit was for the PCR (Post Certification Revisit) to a fundamental annual recertification and state licensure survey completed on 4/21/17.</p> <p>This visit was done in conjunction with the PCR (Post Certification Revisit) to the investigation of complaint #IN00230254 completed on 5/22/17.</p> <p>This visit was done in conjunction with the PCR (Post Certification Revisit) to the PCR (4/21/17) for the investigation of complaint #IN00219614 completed on 1/27/17.</p> <p>This visit was done in conjunction with the investigation of complaint #IN00232023.</p> <p>Dates of Survey: 6/22/17, 6/23/17 and 6/26/17.</p> <p>Facility Number: 0011663 Provider Number: 15G745 AIMS Number: 200902020</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 7/14/17.</p>		W 0000				

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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W 0186  Bldg. 00	<p>483.430(d)(1-2) DIRECT CARE STAFF</p> <p>The facility must provide sufficient direct care staff to manage and supervise clients in 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 record review and interview for 2 of 2 sampled clients (A and B), plus 2 additional clients (C and D), the facility failed to provide 3 staff on first and second shifts and 2 staff on third shift for the Extensive Special Needs (ESN) to ensure the clients' behavioral and supervision needs were met.</p> <p>Findings include:</p> <p>BDDS (Bureau of Developmental Disabilities Services) reports were reviewed for clients A, B, C and D on 6/22/17 at 12:02 PM. BDDS report dated 6/5/17 indicated, "On 6/4/17 [client A] appeared very agitated. He took batteries out of his window alarm in his bedroom, broke a picture frame in the bathroom, then threatened physical aggression</p>		W 0186	<p><b>W186:</b> The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans.</p> <p><b>Corrective Action: (Specific):</b> The Residential Manager will be re-trained on ensuring that staffing ratios are consistent with the scheduled hours for the home.</p> <p><b>How others will be identified: (Systemic):</b> The Area Supervisor will review the schedule for the home with the Residential Manager at least three times</p>		07/26/2017	

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	<p>toward other clients. [Client A then left the house and was slamming doors, attempting to break his bedroom window by throwing a basketball at it and attempting to break another window with a metal water bottle. [Client A] then walked outside the gate and down the driveway. Staff followed [client A] for a while on the phone with 911. [Client A] proceeded to zigzag back and forth while staff was still following him. Another staff followed in a van and attempted to convince [client A] to enter the van, [client A] kept walking and went across the railroad tracks into a field. [Client A] then picked up some limbs and threw them at staff and told staff that he was not walking back to the van. Both staff then verbally redirected [client A] to the van again and failed. Staff then put [client A] in a 2 man You're Safe I'm Safe on the ground in 5 minute intervals until police arrived and took [client A] into custody."</p> <p>BDDS report dated 6/20/17 indicated, "[Client A] was being verbally aggressive toward staff and attempted to elope. [Client A] left the assigned area with staff by his side and another staff following in the van. [Client A] was verbally redirected to return home, but refused. Staff contacted the police for assistance. Due to being on home</p>			<p>weekly for the next 30 days then at least weekly thereafter to ensure that staffing ratios are consistent with the scheduled hours for the home and verifying that all shifts have staff scheduled. The Area Supervisor will send a copy of the schedule to the Program Manager for review at least weekly for the next 30 days and HR will continue active recruiting for any open staffing positions.</p> <p><b>Measures to be put in place:</b> The Residential Manager will be re-trained on ensuring that staffing ratios are consistent with the scheduled hours for the home.</p> <p><b>Monitoring of Corrective Action</b> :) The Area Supervisor will review the schedule for the home with the Residential Manager at least three times weekly for the next 30 days then at least weekly thereafter to ensure that staffing ratios are consistent with the scheduled hours for the home and verifying that all shifts have staff scheduled. The Area Supervisor will send a copy of the schedule to the Program Manager for review at least weekly for the next 30 days and HR will continue active recruiting for any open staffing positions.</p>			

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	<p>incarceration and probation police arrested [client A] and transported him to [jail]. He is set to appear in court on 6/21/17. The team will meet following his court date and discuss what changes may need to be made to his plans. At this time [client A] remains in police custody."</p> <p>Staff time cards were reviewed on 6/22/17 at 4:00 PM for a 2 week period (6/8/17 - 6/22/17). Staff time cards indicated the home was under ratio on the following days: 1st shift (6:00 AM through 2:00 PM) was run with two staff and 4 clients on 6/12/17, 6/16/17, 6/19/17 and 6/20/17. 2nd shift (2:00 PM through 10:00 PM) was run with 2 staff and 4 clients on 6/12/17, 6/15/17, 6/17/17, 6/18/17 and 6/20/17. Third shift (10:00 PM through 6:00 AM) was run with one staff and 4 clients on 6/15/17, 6/19/17, 6/20/17 and 6/21/17.</p> <p>Staff #1 was interviewed on 6/21/17 at 4:20 PM. Staff #1 indicated there were times when the home was short of staff. Staff #1 indicated the house was down 3 staff. Staff #1 indicated the home has to call other homes (next door) for help when they have client behaviors. Staff #1 indicated the other homes do not always come to help.</p>				Completion date: 7/26/17		

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	<p>Qualified Intellectual Disabilities Professional (QIDP) #1 was interviewed on 6/22/17 at 4:30 PM. QIDP #1 indicated client A now would have a one on one staff with him at all times.</p> <p>Program Manager (PM) #1 was interviewed on 6/21/17 at 1:45 PM. PM #1 indicated the home should have 3 staff on 1st shift, 3 staff on 2nd shift and 2 staff on overnight shift. PM #1 indicated client A had his court date and was released back to group home.</p> <p>This deficiency was cited on 4/21/17. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-3(a)</p>						
W 0356  Bldg. 00	<p>483.460(g)(2) COMPREHENSIVE DENTAL TREATMENT</p> <p>The facility must ensure comprehensive dental treatment services that include dental care needed for relief of pain and infections, restoration of teeth, and maintenance of dental health.</p> <p>Based on record review and interview for</p>		W 0356	<p><b>W356:</b> The facility must ensure</p>		07/26/2017	

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	<p>1 of 2 sampled clients (A), the facility failed to ensure client A had a recommended dental procedure.</p> <p>Findings include:</p> <p>Client A's records were reviewed on 6/22/17 at 5:30 PM. Client A's record indicated he had a dental visit on 5/31/17. The dental consult indicated, "several teeth severely decayed/broken, need removed. See Oral Surgeon." Client A's Nursing Notes (NN) indicated, "5/26/17, how (sic) visit with [client A] today who reports no medical complaints other than his tooth still bothering him. 5/31/17- client had appointment with [dentist name] this morning. Client has several teeth that are severely decayed and broken and need to be removed by an oral surgeon. [Dentist name] office gave two possibilities, staff was instructed to call and see which one [client A] could get into first. 6/1/17- staff called to report [client A] can get into [surgeon] on June 26. 6/12/17- complaining of tooth pain and requesting ibuprofen PRN (as needed) okay-nurse, staff instructed to try to call the office and have appointment moved up to see oral surgeon. 6/13/17- staff notified nurse that the oral surgeons office had a cancellation and they they were going to be able to see [client A] on June 19. 6/16/17- visit with client tonight</p>				<p>comprehensive dental treatment services that include dental care needed for relief of pain and infections, restoration of teeth, and maintenance of dental health.</p> <p><b>Corrective Action: (Specific):</b> The nurse and the Residential Manager will be retrained on ensuring that all individuals receive comprehensive dental treatment services that include dental care needed for relief of pain and infections, restoration of teeth, and maintenance of dental health. Client A will be seen by the dentist</p> <p><b>How others will be identified: (Systemic):</b> All individual medical records will be reviewed to ensure that all dental care is up to date and the business office manager will ensure that payment for dental services rendered not covered by an individual's insurance is paid for by the facility.</p> <p><b>Measures to be put in place:</b> The nurse and the Residential Manager will be retrained on ensuring that all individuals receive comprehensive dental treatment services that include dental care needed for relief of</p>		

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	<p>who is complaining of tooth pain and requesting ibuprofen. Staff voice concerns with [client A's] Medicaid and having his procedure on Monday. Staff are unsure if it is currently active. Will send email to business office. 6/16/17- email sent to [name] to try to get clarification on [client A's] insurance issues. 6/19/17- spoke with staff this morning regarding medications prior to treatment. Staff instructed that he could have morning medications because the appointment was not until 1:45 PM with the oral surgeon. Staff informed nurse that at this point it didn't matter that the business office was not going to issue the \$700 check that [client A] needed for the procedure and they they were instructed to reschedule the appointment. Staff were instructed to immediately reschedule the appointment. 6/19/17- staff report that they were able to reschedule the appointment for July 19. Per email back from Business office [name] is to get in contact with [name], which is [client A's] guardian to have his Medicaid switched over to ResCare. 6/21/17- [Client A] states that his tooth still hurts, he was made aware of his new appointment."</p> <p>Confidential Interview (CI) indicated client A had several teeth which needed to be removed. CI indicated client A had been suffering with tooth pain for several</p>		<p>pain and infections, restoration of teeth, and maintenance of dental health. Client A will be seen by the dentist</p> <p><b>Monitoring of Corrective Action</b> :) All individual medical records will be reviewed to ensure that all dental care is up to date and the business office manager will ensure that payment for dental services rendered not covered by an individual's insurance is paid for by the facility.</p> <p><b>Completion date: 7/26/17</b></p>				

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	<p>months. CI indicated the facility would pay for client A to get out of jail but would they would not pay for client A to receive the dental care he needed. CI indicated client A had an appointment with an oral surgeon to have his teeth removed and had to cancel because of insurance issues. CI indicated the facility would have had to pay for the procedure.</p> <p>Staff #1 was interviewed on 6/22/17 at 5:00 PM. Staff #1 indicated client A's oral surgeon appointment was canceled. Staff #1 indicated client A had a lot of tooth pain.</p> <p>Staff #2 was interviewed on 6/22/17 at 5:10 PM. Staff #2 was client A's one on one staff for the evening. Client A was observed to be sleeping. Staff #2 indicated client A had a toothache. Staff #2 indicated client A was supposed to have some dental work done but it had to be rescheduled because his medicaid wasn't good.</p> <p>Qualified Intellectual Disabilities Professional (QIDP) #1 was interviewed on 6/23/17 at 4:30 PM. QIDP #1 indicated he had staff cancel client A's appointment with the oral surgeon. QIDP #1 indicated the Business Office advised him to cancel the appointment due to client A's medicaid was not currently</p>						

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	active. QIDP #1 indicated the facility would have to pay \$700 at the time of the service. QIDP #1 indicated the facility was working on getting client A's insurance activated.  9-3-6(a)						