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

FORM APPROVED
OMB NO. 0938-039

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 15G811 | A. BUILDING 00<br>B. WING | 01/06/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP COD |
|---|---|
| RES-CARE INC | 1306 S BLOOMINGTON STREET<br>GREENCASTLE, IN 46135 |

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| W 0000<br><br>Bldg. 00 | This visit was for the investigation of complaint #IN00396047.<br><br>Complaint #IN00396047: Substantiated, Federal and state deficiencies related to the allegation(s) are cited at: W149 and W154.<br><br>Unrelated deficiencies cited.<br><br>Dates of Survey: 1/3/23, 1/4/23, 1/5/23 and 1/6/23.<br><br>Facility Number: 013405<br>Provider Number: 15G811<br>AIMS Number: 201267570<br><br>These deficiencies reflect state findings in accordance with 410 IAC 16.2-5.<br><br>Quality Review of this report completed by #27547 on 1/13/23. | W 0000 | | |
| W 0149<br><br>Bldg. 00 | 483.420(d)(1)<br>STAFF TREATMENT OF CLIENTS<br>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.<br>Based on record review and interview for 3 of 4 sampled clients (#1, #2 and #3), plus 3 additional clients (#6, #8, and #21), the facility failed to implement its written policy and procedures to prevent 4 incidents of staff abuse regarding clients #1, #2, #3, #6, #8 and #21. The facility failed to complete thorough investigations regarding allegations of staff abuse of clients #1, #2, #3, #6, #8 and #21 and failed to complete an investigation of staff abuse of client #21 within 5 business days of the alleged incident. | W 0149 | The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, or abuse of the client. Specifically, facility will complete thorough investigations regarding allegations of staff abuse of clients and complete investigations of staff abuse within 5 business days of the alleged incident | 02/06/2023 |

| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|---|---|---|
| Lisa Manista | Operation Support Specialist | 02/10/2023 |

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo 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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| | Findings include:<br><br>The facilities BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 1/4/23 at 4:00 PM. The review indicated the following:<br><br>1. Investigation summary dated 12/2/22 indicated the following:<br><br>-"On November 26, 2022, during a behavior with [client #2], [RM (residential manager)#1] was observed by nursing to be conducting the YSIS (You're Safe, I'm Safe) hold incorrectly, and she had allegedly heard [RM #1] curse towards [client #2]."<br><br>-"It is substantiated that [client #2] sustained multiple injuries during his supine hold on 11/26/22."<br><br>-"It is substantiated that [RM #1] cursed at [client #2] during the supine on 11/26/22."<br><br>-"It is substantiated the [client #2] sustained the following: 3 inches by ½ inch and 4 inches by 1/2 inch abrasion on his right clavicle/ armpit area, and an open area on right side upper lip underneath."<br><br>- "It is not substantiated that [RM #1] punched [client #2] in the face."<br><br>- "It is substantiated the [RM #1] failed to follow ResCare Policy and Procedures."<br><br>The Investigation Summary dated 12/2/22 did not indicate documentation of recommendations to prevent recurrence as a component of a thorough | | Quality Assurance Manager or Designee will maintain tracking of all investigations and assign to investigators while monitoring the timeliness to ensure that they are completed in 5 business days. Investigators will be held accountable with appropriate performance action for investigations that are not completed in 5 business days.<br><br>Quality Assurance Manager or Designee will review the investigation tracking with the investigators no less than weekly to assure compliance. | |

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investigation.

2. Investigation summary dated 11/8/22 indicated the following:

- "On November 8, 2022 around 1:30 PM, [RM #2] and [staff #1] and [staff #2] entered the program manager's (PM) office asking to talk with her. They sat down and proceeded to tell [PM #1] that on Saturday November 5, 2022 when [staff #3] had permission to go pick up an employee who didn't have a way to work it was reported by two consumers that [staff #3] had stopped at a formerly terminated employees house [staff #4] and they were left unattended in the van while she went inside to visit him."

- "The allegation of neglect against [staff #3] is substantiated based on consumer witness statements."

The Investigation Summary dated 12/2/22 did not indicate documentation of recommendations to prevent recurrence as a component of a thorough investigation.

3. Investigation summary dated 10/28/22 indicated the following:

- "On October 28, 2022, during a behavior with [client #21], [staff #5] was observed by staff with having his foot on [client #21's] face while [client #21] was in a guardian and HRC approved YSIS supine hold."

- "It is substantiated that [client #21] sustained multiple injuries to his face during his supine hold on 10/28/22."

- "It is substantiated that [staff #5] caused [client

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#21] injuries based on witness statements."

- "It is substantiated by [client #21's] statement he was 'hit in the head' by 'that guy'.

- "It is substantiated that [staff #5] failed to follow ResCare Policy and Procedures."

The Investigation Summary dated 11/2/22 did not indicate documentation of recommendations to prevent recurrence as a component of a thorough investigation.

4. BDDS report dated 11/2/22 indicated the following:

- "On November 1, 2022, at 8:00 pm [client #1] entered the nurse's station to take his 8:00 PM meds. After [client #1] had taken his meds, staff (unknown staff) advised him that he was done taking his meds and thanked him for taking them. While staff (unknown staff) was getting meds ready for the next client, [client #1] grabbed the cup of meds that belonged to his peer, put the medicine in his mouth, and swallowed them. Staff (unknown staff) attempted to intervene but was unsuccessful in stopping [client #1] from taking them as he was too quick in taking them. Staff (unknown staff) immediately called the nurse on call. The nurse instructed staff to take [client #1] to the [hospital emergency room]. The emergency room performed an evaluation on [client #1] and made the following diagnosis: Accidental multi-drug poisoning. Discharge instructions state: No more meds tonight. Start back with regular med schedule in morning. Okay to eat and drink overnight. Okay to sleep. Check vital signs few times thru night and get rechecked if feel worsening or other concerns. The medications he had taken of his peer are the following:

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| | Haloperidol 5 mg (milligram), Levothyroxine 20 mcg (microgram), Olanzapine 20 mg, Topiramate 50 mg."<br><br>The review did not indicate documentation of an investigation.<br><br>Client #1's record was reviewed on 1/5/23 at 3:47 PM. Client #1's November 2022 physician's orders did not indicate client #1 should receive Haloperidol 5 mg, Levothyroxine 20 mcg, Olanzapine 20 mg and Topiramate 50 mg.<br><br>RM #3 was interviewed on 1/4/23 at 11:35 AM. RM #3 indicated client #1 should not have access to his peer's medication.<br><br>CNA (certified nursing assistant) #1 was interviewed on 1/4/23 at 1:20 PM. CNA #1 indicated client #1 should not have access to his peer's medication.<br><br>PM #1 was interviewed on 1/4/23 at 1:40 PM. PM #1 indicated that client #1 should not have access to his peer's medication. PM #1 was not sure which staff administered the medications. PM #1 indicated she did not know which staff were involved in the administration of client #1's medication on 11/1/22. PM #1 indicated she would follow-up and provide additional information regarding which staff were involved in the incident. PM #1 indicated the 11/1/22 incident was not investigated. PM #1 indicated there was no documentation available regarding recommendations or retraining. No additional information regarding which staff was involved was provided by PM #1.<br><br>PM #1 indicated the abuse and neglect policy should be implemented to prevent abuse and | | | |

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neglect. PM #1 indicated incidents of abuse and neglect should be thoroughly investigated with recommendations to prevent recurrence developed and implemented. PM #1 indicated investigations should be completed in 5 business days. PM #1 indicated peer review documentation and recommendation was complete and would be provided. No additional documentation received. PM #1 indicated allegations of abuse and neglect were substantiated regarding clients #1, #2, #3, #6, #8 and #21.

The facility's policy and procedures were reviewed on 1/3/23 at 3:45 PM. The facility's Reporting and Investigating Abuse, Neglect, Exploitation, Mistreatment policy dated 7/10/2019 indicated the following:

"ResCare strictly prohibits abuse, neglect, exploitation, mistreatment, or violation of an Individual's rights. These include but are not limited to any of the following: corporal punishment i.e. forced physical activity, prone restraints, contingent exercise, hitting, pinching, the application of pain or noxious stimuli, the use of electric shock, the infliction of physical pain, seclusion in an area which exit is prohibited, an example of seclusion is locking an individual in their bedroom and not allowing them to leave, negative practice or overcorrection, visual or facial screening, verbal abuse including screaming, swearing, name-calling, belittling, damaging an individual's self respect or dignity, failure to follow physician's orders, denial of sleep, shelter, food, drink, physical movement for prolonged periods of time, medical treatment or care or use of bathroom facilities."

"The Program Manager will assign an investigative team. A full investigation will be

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| | 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."<br><br>"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 designee, Program Manager for Supported Living, and a Human Resources representative."<br><br>This federal tag relates to complaint #IN00396047.<br><br>5-1.2(24)(l) | | | |
| W 0154<br>Bldg. 00 | 483.420(d)(3)<br>STAFF TREATMENT OF CLIENTS<br>The facility must have evidence that all alleged violations are thoroughly investigated.<br>Based on record review and interview for 3 of 4 sampled clients (#1, #2 and #3), plus 3 additional clients (#6, #8 and #21) the facility failed to complete thorough investigations regarding allegations of staff abuse of clients #1, #2, #3, #6, #8 and #21.<br><br>Findings include: | W 0154 | *The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, or abuse of the client.* Specifically, *facility will complete thorough investigations regarding allegations of staff abuse of clients* | 02/06/2023 |

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| | The facilities BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 1/4/23 at 4:00 PM. The review indicated the following:<br><br>1. Investigation summary dated 12/2/22 indicated the following:<br><br>-"On November 26, 2022, during a behavior with [client #2], [RM (residential manager)#1] was observed by nursing to be conducting the YSIS (You're Safe, I'm Safe) hold incorrectly, and she had allegedly heard [RM #1] curse towards [client #2]."<br><br>-"It is substantiated that [client #2] sustained multiple injuries during his supine hold on 11/26/22."<br><br>-"It is substantiated that [RM #1] cursed at [client #2] during the supine on 11/26/22."<br><br>-"It is substantiated the [client #2] sustained the following: 3 inches by ½ inch and 4 inches by 1/2 inch abrasion on his right clavicle/ armpit area, and an open area on right side upper lip underneath."<br><br>- "It is not substantiated that [RM #1] punched [client #2] in the face."<br><br>- "It is substantiated the [RM #1] failed to follow ResCare Policy and Procedures."<br><br>The Investigation Summary dated 12/2/22 did not indicate documentation of recommendations to prevent recurrence as a component of a thorough investigation. | | **PREVENTION:**<br>All facility trained investigators will be retrained to complete thorough investigations including all components of an investigation and within 5 business days.<br><br>All facility trained investigators will be retrained that investigations are to include documentation of recommendations to prevent recurrence as a component of a thorough investigation.<br><br>All facility trained investigators will be retrained on incidents that require investigations<br><br>Quality Assurance Manager will maintain tracking of all investigations and assign to investigators while monitoring the timeliness to ensure that they are completed in 5 business days.<br>Quality Assurance Manager or Designee will maintain tracking of all investigations and assign to investigators while monitoring the timeliness to ensure that they are completed in 5 business days.<br><br>Investigators will be held accountable with appropriate performance action for investigations that are not completed in 5 business days.<br><br>Quality Assurance Manager or Designee will review the investigation tracking with the | |

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| | 2. Investigation summary dated 11/8/22 indicated the following:<br><br>- "On November 8, 2022, around 1:30 PM, [RM #2] and [staff #1] and [staff #2] entered the Program Manager's (PM) office asking to talk with her. They sat down and proceeded to tell [PM #1] that on Saturday November 5, 2022, when [staff #3] had permission to go pick up an employee who didn't have a way to work it was reported by two consumers that [staff #3] had stopped at a formerly terminated employees house [staff #4] and they were left unattended in the van while she went inside to visit him."<br><br>- "The allegation of neglect against [staff #3] is substantiated based on consumer witness statements."<br><br>The Investigation Summary dated 12/2/22 did not indicate documentation of recommendations to prevent recurrence as a component of a thorough investigation.<br><br>3. Investigation summary dated 10/28/22 indicated the following:<br><br>- "On October 28, 2022, during a behavior with [client #21], [staff #5] was observed by staff with having his foot on [client #21's] face while [client #21] was in a guardian and HRC approved YSIS supine hold."<br><br>- "It is substantiated that [client #21] sustained multiple injuries to his face during his supine hold on 10/28/22."<br><br>- "It is substantiated that [staff #5] caused [client #21] injuries based on witness statements." | | investigators no less than weekly to assure compliance. | |

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| | - "It is substantiated by [client #21's] statement he was 'hit in the head' by 'that guy'.<br><br>- "It is substantiated that [staff #5] failed to follow ResCare Policy and Procedures."<br><br>The Investigation Summary dated 11/2/22 did not indicate documentation of recommendations to prevent recurrence as a component of a thorough investigation.<br><br>4. BDDS report dated 11/8/22 indicated the following:<br><br>- "On November 1, 2022, at 8:00 pm [client #1] entered the nurse's station to take his 8:00 PM meds. After [client #1] had taken his meds, staff (unknown staff) advised him that he was done taking his meds and thanked him for taking them. While staff (unknown staff) was getting meds ready for the next client, [client #1] grabbed the cup of meds that belonged to his peer, put the medicine in his mouth, and swallowed them. Staff (unknown staff) attempted to intervene but was unsuccessful in stopping [client #1] from taking them as he was too quick in taking them. Staff (unknown staff) immediately called the nurse on call. The nurse instructed staff to take [client #1] to the [hospital emergency room]. The emergency room performed an evaluation on [client #1] and made the following diagnosis: Accidental multi-drug poisoning. Discharge instructions state: No more meds tonight. Start back with regular med schedule in morning. Okay to eat and drink overnight. Okay to sleep. Check vital signs few times thru night and get rechecked if feel worsening or other concerns. The medications he had taken of his peer are the following: Haloperidol 5 mg (milligram), Levothyroxine 20 mcg (microgram), Olanzapine 20 mg and | | | |

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Topiramate 50 mg."

The review did not indicate documentation of an investigation.

Client #1's record was reviewed on 1/5/23 at 3:47 PM. Client #1's November 2022 physician's orders did not indicate client #1 should receive Haloperidol 5 mg, Levothyroxine 20 mcg, Olanzapine 20 mg and Topiramate 50 mg.

PM #1 was interviewed on 1/4/23 at 1:40 PM. PM #1 indicated that client #1 should not have access to his peer's medication. PM #1 was not sure which staff administered the medications. PM #1 indicated she did not know which staff were involved in the administration of client #1's medication on 11/1/22. PM #1 indicated she would follow-up and provide additional information regarding which staff were involved in the incident. PM #1 indicated the 11/1/22 incident was not investigated. PM #1 indicated there was not documentation available regarding recommendations or retraining. No additional information regarding which staff was involved was provided by PM #1.

PM #1 indicated investigations of abuse and neglect should be thoroughly investigated with recommendations to prevent recurrence developed and implemented. PM #1 indicated peer review documentation and recommendation was complete and would be provided. No additional documentation received.

This federal tag relates to complaint #IN00396047.

5-1.2(24)(l)

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| W 0156<br><br>Bldg. 00 | 483.420(d)(4)<br>STAFF TREATMENT OF CLIENTS<br>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. | | | |
| | Based on record review and interview for 1 additional client [client #21] the facility failed to ensure an investigation regarding staff abuse of [client #21] was completed within 5 business days.<br><br>The facilities BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 1/4/23 at 4:00 PM. The review indicated the following:<br><br>Investigation summary dated 11/8/22 indicated the following:<br><br>- "On October 28, 2022, during a behavior with [client #21], [staff #5] was observed by staff with having his foot on [client #21] face while [client #21] was in a guardian and HRC approved YSIS supine hold."<br><br>- "It is substantiated that [client #21] sustained multiple injuries to his face during his supine hold on 10/28/22."<br><br>- "It is substantiated that [staff #5] caused [client #21] injuries based on witness statements."<br><br>- "It is substantiated by [client #21's] statement he was 'hit in the head' by 'that guy'.<br><br>- "It is substantiated that [staff #5] failed to follow ResCare Policy and Procedures." | W 0156 | **CORRECTION:**<br>*The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, or abuse of the client. Specifically, investigations of allegations of abuse/neglect must be completed in 5 business days.*<br><br>**PREVENTION:**<br>All facility trained investigators will be retrained that investigations are to be completed within 5 business days.<br><br>Quality Assurance Manager or Designee will maintain tracking of all investigations and assign to investigators while monitoring the timeliness to ensure that they are completed in 5 business days.<br><br>Quality Assurance Manager or Designee will maintain tracking of all investigations and assign to investigators while monitoring the timeliness to ensure that they are completed in 5 business days.<br><br>Investigators will be held accountable with appropriate performance action for | 02/06/2023 |

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| | 15G811 | A. BUILDING 00<br>B. WING | 01/06/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP COD |
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| RES-CARE INC | 1306 S BLOOMINGTON STREET<br>GREENCASTLE, IN 46135 |

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| | The Investigation Summary dated 11/8/22 did not indicate documentation of recommendations to prevent recurrence as a component of a thorough investigation.<br><br>PM #1 was interviewed on 1/4/23 at 1:40 PM. PM#1 indicated investigations should be completed in 5 business days.<br><br>5-1.2(24)(l) | | investigations that are not completed in 5 business days.<br><br>Quality Assurance Manager or Designee will review the investigation tracking with the investigators no less than weekly to assure compliance. | |
| W 0268<br><br>Bldg. 00 | 483.450(a)(1)(i)<br>CONDUCT TOWARD CLIENT<br>These policies and procedures must promote the growth, development and independence of the client.<br>Based on record review and interview for 1 additional client [#9], the facility failed to ensure staff's actions promoted client #9's dignity.<br><br>Findings include:<br><br>The facilities BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 1/4/23 at 4:00 PM. The review indicated the following:<br><br>BDDS report dated 11/17/22 indicated, "On November 17, 2022 at 10:52 am while in the day room, [client #9] stole staff's drink and proceeded to drink it. Staff verbally redirected [client #9] to his bedroom and encouraged him to use coping skills if he's upset. [Client #6] was walking from his bedroom in Colts hallway to the day room when [client #9] started walking down Colts hallway towards his bedroom. On [client #9]'s way to his bedroom, he engaged in client to client behavior by using his right arm to hit [client #6] in his right arm. [Client #6] did not retaliate and continued walking to the day room and with | W 0268 | **CORRECTION:**<br>*The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, or abuse of the client. Specifically, the facility must follow all client behavior support plans to promote client dignity.*<br><br>**PREVENTION:**<br>All staff and residential managers will be trained on appropriate area to keep their drinks during their shift.<br><br>All staff and residential managers will be retrained that no drinks should be on the floor within reach or eyesight of clients.<br><br>ResCare Maintenance built a cabinet in the locked pantry for staff and residential managers to | 02/06/2023 |

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| | normal programming. After hitting [client #6], [client #9] continued walking to his room. [Client #9] then engaged in property destruction by slamming his door multiple times. [Client #9] then lay in his bed without further issues."<br><br>PM (program manager) #1 was interviewed on 1/4/23 at 1:40 PM. PM #1 indicated client #9 should not have access to staff drinks. PM #1 indicated staff drinks should be kept in the break room or staff closet out of the reach of clients. PM #1 indicated staff's interactions should promote positive behavior outcomes.<br><br>RM (residential manager) #3 was interviewed on 1/4/23 at 11:35 AM. RM #3 indicated client #9 should not have access to staff drinks. RM #3 indicated staff drinks should be kept in the locked pantry out of reach of clients.<br><br>Staff #6 was interviewed on 1/4/23 at 11:45 AM. Staff #6 indicated client #9 should not have access to staff drinks. Staff #6 indicated staff drinks should be kept in the locked pantry out of reach of clients.<br><br>5-1.2(d) | | keep their drinks during their shift.<br><br>A Residential Manager, QA Coordinator or Program Manager will be present during no less than five days per week, on varied shifts to assist with and monitor implementation/compliance. For the next 30 days, members of the Operations Team (comprised of the Executive Director, Program Managers, Quality Assurance Manager, QIDP, Quality Assurance Coordinators, Residential Managers, and Designees will conduct administrative monitoring during varied shifts/times, no less than three times weekly, until all staff demonstrate competence. After this period of enhanced administrative monitoring and support, the Executive Director will determine the level of ongoing support needed at the facility.<br><br>Administrative Monitoring is defined as follows:<br>· The role of the administrative monitor is not simply to observe & Report.<br>· When opportunities for training are observed, the monitor must step in and provide the training and document it.<br>· Assuring the health and safety of individuals receiving supports at the time of the observation is the top priority.<br>· Review all relevant | |

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| | | | documentation, providing documented coaching and training as needed | |
| W 0367<br><br>Bldg. 00 | 483.460(k)<br>DRUG ADMINISTRATION<br>The facility must have an organized system for drug administration that identifies each drug up to the point of administration.<br>Based on record review and interview for 1 of 3 sampled clients [#1], the facility failed to ensure staff administering client #1's medications did not pre-set his peer's medications.<br><br>Findings include:<br><br>BDDS report dated 11/2/22 was reviewed on 1/4/23 at 4:00 PM indicated the following:<br><br>- "On November 1, 2022, at 8:00 pm [client #1] entered the nurse's station to take his 8:00 PM meds. After [client #1] had taken his meds, staff (unknown staff) advised him that he was done taking his meds and thanked him for taking them. While staff (unknown staff) was getting meds ready for the next client, [client #1] grabbed the cup of meds that belonged to his peer, put the medicine in his mouth, and swallowed them. Staff (unknown staff) attempted to intervene but was unsuccessful in stopping [client #1] from taking them as he was too quick in taking them. Staff (unknown staff) immediately called the nurse on call. The nurse instructed staff to take [client #1] to the [hospital emergency room]. The emergency room performed an evaluation on [client #1] and made the following diagnosis: Accidental multi-drug poisoning. Discharge instructions state: No more meds tonight. Start back with | W 0367 | **CORRECTION:**<br>*The facility must implement written policies and procedures of proper use of the Medications Administration Policy. Specifically, facility will retrain all staff administering medications to not pre-set individual's medications.*<br><br>**PREVENTION:**<br>All staff trained to administer medication will be retrained on the Medication Administration Policy and specifically to not pre-sent individual's medications.<br><br>Administrative monitoring will occur to observe medication administration pass at varied times to monitor implementation and compliance. For the next 30 days, members of the Operations Team (comprised of the Executive Director, Program Managers, Quality Assurance Manager, QIDP, Quality Assurance Coordinators, Residential Managers, and Designees will conduct administrative monitoring during varied shifts/times, no less | 02/06/2023 |

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| | regular med schedule in morning. Okay to eat and drink overnight. Okay to sleep. Check vital signs few times thru night and get rechecked if feel worsening or other concerns. The medications he had taken of his peers are the following: Haloperidol 5 mg (milligram), Levothyroxine 20 mcg (microgram), Olanzapine 20 mg, and Topiramate 50 mg."<br><br>Client #1's record was reviewed on 1/5/23 at 3:47 PM. Client #1's November 2022 physician's orders did not indicate client #1 should receive Haloperidol 5 mg, Levothyroxine 20 mcg, Olanzapine 20 mg and Topiramate 50 mg.<br><br>RM #3 was interviewed on 11/4/23 at 11:35 AM. RM #3 indicated client #1 should not have access to his peer's medication.<br><br>CNA (certified nursing assistant) #1 was interviewed on 1/4/23 at 1:20 PM. CNA #1 indicated client #1 should not have access to his peer's medication.<br><br>PM #1 was interviewed on 1/4/23 at 1:40 PM. PM #1 indicated client #1 should not have access to his peer's medication.<br><br>LPN (licensed practical nurse) #1 was interviewed on 1/4/23 at 2:15 PM. LPN #1 indicated client #1 should not have access to his peer's medication. LPN #1 indicated clients are brought to the medication room individually and medication is dispensed at the time of administration of individuals medications. LPN #1 indicated medications should not be preset prior to dispensing.<br><br>The facility's medication policy and procedures dated 7/25/22 were reviewed on 1/4/23 at 3:45 PM. | | than three times weekly, until all staff demonstrate competence. After this period of enhanced administrative monitoring and support, the Executive Director will determine the level of ongoing support needed at the facility.<br><br>Administrative Monitoring is defined as follows:<br>· The role of the administrative monitor is not simply to observe & Report.<br>· When opportunities for training are observed, the monitor must step in and provide the training and document it.<br>· Assuring the health and safety of individuals receiving supports at the time of the observation is the top priority.<br>· Review all relevant documentation, providing documented coaching and training as needed | |

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| | The facility's medication policy and procedures state:<br><br>"It is the policy of this operation to ensure the accurate, prompt, and efficient administration of medication. Deviation from a physician and or deviation from the Rights of Medication Administration. Inappropriate handling of consumer medications, i.e., excessive number of medications dropped, failure to properly secure all medications in the locked cabinet, etc. may be treated as negligent performance of duties. Disciplinary action may follow that of policy. The number of occurrences and severity may be taken into consideration."<br><br>5-4 | | | |
| W 9999<br><br>Bldg. 00 | State Findings:<br><br>The following Community Residential Care Facilities for Persons with Developmental Disabilities rules were not met.<br><br>410 IAC 16.2-5-4 Health services<br>Authority: IC 16-28-1-7; IC 16-28-1-12<br>Affected: IC 16-28-5-1<br><br>(e) The administration of medications and the provision of residential nursing care shall be as ordered by the resident's physician and shall be supervised by a licensed nurse on the premises or on call as follows: (1) Medication shall be administered by licensed nursing personnel or Qualified Medication Aides (QMA).<br><br>This State rule was not met as evidenced by: | W 9999 | **CORRECTION:**<br>*The facility must implement appropriate procedures for Medications Administration. Specifically, facility will ensure that all medications shall be administered by licensed nursing personnel or Qualified Medication Aides (QMA).*<br><br>**PREVENTION:**<br>The facility will ensure that all medications are administered by licensed nursing personnel or qualified medication aide.<br><br>**RESPONSIBLE PARTIES:** QIDP, Residential Managers, Program Director, Direct Support Staff, | 02/06/2023 |

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| | Based on record review and interview for 4 of 4 sampled clients (#1, #2, #3 and #4), plus 17 additional clients (#5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, #20 and #21), the facility failed to utilize QMAs for medication administration.<br><br>Findings include:<br><br>The facilities BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 1/4/23 at 4:00 PM. The review indicated the following:<br><br>- BDDS report dated 11/2/22 indicated, "On November 1, 2022, at 8:00 pm [client #1] entered the nurse's station to take his 8:00 PM meds. After [client #1] had taken his meds, staff (unknown staff) advised him that he was done taking his meds and thanked him for taking them. While staff (unknown staff) was getting meds ready for the next client, [client #1] grabbed the cup of meds that belonged to his peer, put the medicine in his mouth, and swallowed them. Staff (unknown staff) attempted to intervene but was unsuccessful in stopping [client #1] from taking them as he was too quick in taking them. Staff (unknown staff) immediately called the nurse on call. The nurse instructed staff to take [client #1] to the [hospital emergency room]. The emergency room performed an evaluation on [client #1] and made the following diagnosis: Accidental multi-drug poisoning. Discharge instructions state: No more meds tonight. Start back with regular med schedule in morning. Okay to eat and drink overnight. Okay to sleep. Check vital signs few times thru night and get rechecked if feel worsening or other concerns. The medications he had taken of his peer are the following: | | Operations Team | |

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| | Haloperidol 5 mg (milligram), Levothyroxine 20 mcg (microgram), Olanzapine 20 mg, and Topiramate 50 mg."<br><br>The review indicated an unspecified direct care staff administered client #1's medications.<br><br>Client #1's record was reviewed on 1/5/23 at 3:47 PM. Client #1's November 2022 physician's orders did not indicate client #1 should receive Haloperidol 5 mg, Levothyroxine 20 mcg, Olanzapine 20 mg, and Topiramate 50 mg.<br><br>RM (residential manager) #3 was interviewed on 11/4/23 at 11:35 AM. RM #3 indicated he had received medication administration training. RM #3 indicated the facility had trained RMs to administer clients #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, #20 and #21's medications when nursing staff was not available. RM #3 indicated he was not a QMA.<br><br>CNA (certified nursing assistant) #1 was interviewed on 1/4/23 at 1:20 PM. CNA indicated the facility had trained RMs to administer clients #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, #20 and #21's medications when nursing staff was not available.<br><br>PM (program manager) #1 was interviewed on 1/4/23 at 1:40 PM. PM #1 indicated the facility had trained RMs to administer clients #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, #20 and #21's medications when nursing staff was not available.<br><br>LPN (licensed practical nurse) #1 was interviewed on 1/4/23 at 2:15 PM. LPN #1 indicated the facility had trained RMs to administer clients #1, #2, #3, | | | |

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| | #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, #20 and #21's medications when nursing staff was not available.<br><br>ED (Executive Director) was interviewed 1/5/23 at 3PM. ED indicated the facility had trained RM level staff to administer clients #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, #20 and #21's medications due to nursing staff shortages. ED indicated the agency did not have QMAs available to administer medication in the absence of nursing staff. ED indicated the agency did not have a waiver or approval from BDDS regarding the use of RMs for medication administration.<br><br>16.2-5-4(e) | | | |