STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G449	A. BUILDING 00 B. WING	01/28/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMMUNITY ALTERNATIVES-ADEPT	7859 DELBROOK DR INDIANAPOLIS, IN 46260

(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	This visit was for the PCR (Post Certification Revisit) to an annual recertification and state licensure survey and to the investigation of complaint #IN00185435 completed on 11/16/15. Complaint #IN00185435: Not corrected. Dates of Survey: 1/27/16 and 1/28/16 Facility Number: 000963 Provider Number: 15G449 AIMS Number: 100244740 These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 1/29/16.	W 0000		
W 0102 Bldg. 00	483.410 GOVERNING BODY AND MANAGEMENT The facility must ensure that specific governing body and management requirements are met. Based on observation, record review and interview, the facility failed to meet the Condition of Participation: Governing Body for 1 of 3 sampled clients (C). The governing body failed to exercise general policy, budget and operating direction	W 0102	**CORRECTION:** *The facility must ensure that specific governing body and management requirements are met.* Specifically:	02/04/2016

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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	over the facility to ensure client C had personal clothing which met his needs, to ensure the facility implemented its written policy and procedures to prevent neglect of client C, to complete a thorough investigation regarding alleged neglect/injury of unknown origin involving client C which resulted in the need for emergency medical services and the governing body failed to develop and implement corrective measures to prevent future incidents of neglect or injuries of unknown origin for client C. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the QIDP (Qualified Intellectual Disabilities Professional) integrated, coordinated and monitored client C's active treatment program by failing to ensure client C had personal clothing which met his needs and failed to promote the dignity of client C. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility met the Condition of Participation: Client Protections for 1 of 3 sampled clients (C). Findings include:		The Quality Assurance Manager will conduct all agency day service investigations until such time as day service management can consistently demonstrate competencies in the investigative process. These competencies will be developed through ongoing training and mentorship of day service management staff. The governing body, defined as the Operations Team, comprised of the Program Manager, the Quality Assurance Manager, Quality Assurance Coordinator, Training Coordinator, Nurse Manager and Executive Director, and the QIDP will assure that investigations are initiated and completed thoroughly, within required time lines. Oversight will include but not be limited to reconciling conflicting testimony and determining of staff negligence or neglect contributed to the alleged incidents and reconciliation of conflicting testimony. Regarding W 137, W 157, W 159 and W268, the team has determined that this deficient	

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	1. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure client C had personal clothing which met his needs, to ensure the facility implemented its written policy and procedures to prevent neglect of client C, to complete a thorough investigation regarding alleged neglect/injury of unknown origin involving client C which resulted in the need for emergency medical services and the governing body failed to develop and implement corrective measures to prevent future incidents of neglect or injuries of unknown origin for client C. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the QIDP integrated, coordinated and monitored client C's active treatment program by failing to ensure client C had personal clothing which met his needs and failed to promote the dignity of client C. Please see W104. 2. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility met the Condition of Participation: Client Protections for 1 of 3 sampled clients (C). Please see W122. This deficiency was cited on 11/16/15.		practice may have affected all clients who reside in the facility. Therefore the QIDP will complete an inventory of all clients clothing including Client C. All clothing that does not fit the clients or is otherwise unsuitable will be replaced by the facility. Additionally, all staff will be retrained regarding the need to assure individuals wear clean and appropriately fitting clothing that supports personal dignity. **PREVENTION:** The investigation team, comprised of the Program Manager, Quality Assurance Manager, Quality Assurance Coordinator and QIDPs will communicate daily through the course of all investigations –reviewing gathered evidence to determine if the scope of the current investigation needs to be expanded and whether new allegations must be reported and investigated. The team will review investigation results, and the QIDP conduct an interdisciplinary team meeting to develop protective measures to prevent incidents from recurring. During weekly meetings with	

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	The facility failed to implement a systemic plan of correction to prevent recurrence. 9-3-1(a)		supervisors and the QIDP, the Program Manager will review documentation from the previous week to assure IDT meetings have occurred and recommended corrective measures are implemented as directed. Additionally, the Quality Assurance Manager will track investigations and review IDT meeting documentation to assure corrective measures are developed and implemented as needed. The QA Manager will maintain responsibility for following up with the QIDP throughout the investigative process assure IDT action occurs and to expedite the implementation of corrective measures. A tracking spreadsheet for incidents requiring investigation, follow-up and corrective/protective measures will be maintained and distributed daily to facility supervisors and the Operations Team. Supervisory staff will complete monthly reviews of the inventory of all clients' clothing and footwear to assure it fits properly and is in presentable condition. The team will assist clients with	

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			replacing items as appropriate. The Residential Manager will be expected to observe no less than five active treatment session per week to assess direct support staff interaction with clients and to provide hands on coaching and training including but not limited to assuring staff have assisted clients with choosing clothes which fit properly and are appropriate for the weather and occasion and supports personal dignity. For the next 14 days, Either the Executive Director, Program Manager or Quality Assurance Manager will be on site for eight hours daily –observing active treatment and completing documentation reviews, Monday through Friday and complete additional observations at the facility on weekends After two weeks, members of the Operations Team (Comprised of the Executive Director, Quality Assurance Manager, Program Managers, Quality Assurance Coordinator, Training Coordinator and Nurse Manager) and the	

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			QIDP will conduct observations during active treatment sessions no less than twice weekly for the next 30 days, and no less than weekly for an additional 60 Days. At the conclusion of this period of intensive administrative monitoring and support, the Operations Team will determine the level of ongoing support needed at the facility. Active Treatment sessions to be monitored are defined as: Mornings: Beginning at 6:30 AM and through morning transport and including the following: Medication administration, meal preparation and breakfast, morning hygiene and domestic skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day and overnight shifts. Evenings: Beginning at approximately 4:30 PM through the evening meal and including the following: domestic and hygiene skills training, leisure skills training, medication administration, meal preparation and dinner. Evening monitoring will also include unannounced spot checks later in the evening	

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			toward bed time. In addition to active treatment observations, Operations Team Members and/or the Residential Manager will perform spot checks at varied times on the overnight shift no less than twice monthly –more frequently if training issues or problems are discovered. The Executive Director and Director of Operations/Regional Manager (area manager) will review documentation of administrative level monitoring of the facility –making recommendations as appropriate. As stated above, the Executive Director will participate directly in administrative monitoring of the facility. Administrative support at the home will include but not be limited to assuring clients have appropriate clothing, that supports personal dignity. **RESPONSIBLE PARTIES:** QIDP, Residential Manager, Direct Support Staff, Operations Team, Regional Director	

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W 0104 Bldg. 00	483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based on observation, record review and interview for 1 of 3 sampled clients (C), the governing body failed to exercise general policy, budget and operating direction over the facility to ensure client C had personal clothing which met his needs, to ensure the facility implemented its written policy and procedures to prevent neglect of client C, to complete a thorough investigation regarding alleged neglect/injury of unknown origin involving client C which resulted in the need for emergency medical services and the governing body failed to develop and implement corrective measures to prevent future incidents of neglect or injuries of unknown origin for client C. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the QIDP (Qualified Intellectual Disabilities Professional) integrated, coordinated and monitored client C's active treatment program by failing to ensure client C had personal clothing which met his needs and failed to promote the dignity of client C. Findings include:	W 0104	**CORRECTION:** *The governing body must exercise general policy, budget, and operating direction over the facility.* Specifically, the governing body has facilitated the following: The Quality Assurance Manager will conduct all agency day service investigations until such time as day service management can consistently demonstrate competencies in the investigative process. These competencies will be developed through ongoing training and mentorship of day service management staff. The governing body, defined as the Operations Team, comprised of the Program Manager, the Quality Assurance Manager, Quality Assurance Coordinator, Training Coordinator, Nurse Manager and Executive Director, and the QIDP will assure that investigations are initiated and completed thoroughly, within required time lines. Oversight will include but not be limited to	02/04/2016

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	1. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure client C had personal clothing which met his needs. Please see W137. 2. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility implemented its written policy and procedures to prevent neglect of client C, to complete a thorough investigation regarding alleged neglect/injury of unknown origin involving client C which resulted in the need for emergency medical services and the facility failed to develop and implement corrective measures to prevent future incidents of neglect or injuries of unknown origin for client C. Please see W149. 3. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility completed a thorough investigation regarding an injury of unknown origin/neglect involving client C which resulted in the need for emergency medical services. Please see W154. 4. The governing body failed to exercise		reconciling conflicting testimony and determining of staff negligence or neglect contributed to the alleged incidents and reconciliation of conflicting testimony. Regarding W 137, W 157, W 159 and W268, the team has determined that this deficient practice may have affected all clients who reside in the facility. Therefore the QIDP will complete an inventory of all clients clothing including Client C. All clothing that does not fit the clients or is otherwise unsuitable will be replaced by the facility. Additionally, all staff will be retrained regarding the need to assure individuals wear clean and appropriately fitting clothing that supports personal dignity. **PREVENTION:** The investigation team, comprised of the Program Manager, Quality Assurance Manager, Quality Assurance Coordinator and QIDPs will communicate daily through the course of all investigations –reviewing gathered evidence to determine if the scope of the current investigation needs to be	

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	general policy, budget and operating direction over the facility to ensure the facility developed and implemented corrective measures to prevent future incidents of neglect or injuries of unknown origin regarding client C. Please see W157. 5. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the QIDP integrated, coordinated and monitored client C's active treatment program by failing to ensure client C had personal clothing which met his needs and failed to promote the dignity of client C. Please see W159. 6. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility promoted client C's dignity. Please see W268. This deficiency was cited on 11/16/15. The facility failed to implement a systemic plan of correction to prevent recurrence. 9-3-1(a)		expanded and whether new allegations must be reported and investigated. The team will review investigation results, and the QIDP conduct an interdisciplinary team meeting to develop protective measures to prevent incidents from recurring. During weekly meetings with supervisors and the QIDP, the Program Manager will review documentation from the previous week to assure IDT meetings have occurred and recommended corrective measures are implemented as directed. Additionally, the Quality Assurance Manager will track investigations and review IDT meeting documentation to assure corrective measures are developed and implemented as needed. The QA Manager will maintain responsibility for following up with the QIDP throughout the investigative process assure IDT action occurs and to expedite the implementation of corrective measures. A tracking spreadsheet for incidents requiring investigation, follow-up and corrective/protective measures	

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			will be maintained and distributed daily to facility supervisors and the Operations Team. Supervisory staff will complete monthly reviews of the inventory of all clients' clothing and footwear to assure it fits properly and is in presentable condition. The team will assist clients with replacing items as appropriate. The Residential Manager will be expected to observe no less than five active treatment session per week to assess direct support staff interaction with clients and to provide hands on coaching and training including but not limited to assuring staff have assisted clients with choosing clothes which fit properly and are appropriate for the weather and occasion and supports personal dignity. For the next 14 days, Either the Executive Director, Program Manager or Quality Assurance Manager will be on site for eight hours daily –observing active treatment and completing documentation reviews, Monday through Friday and complete	

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			additional observations at the facility on weekends After two weeks, members of the Operations Team (Comprised of the Executive Director, Quality Assurance Manager, Program Managers, Quality Assurance Coordinator, Training Coordinator and Nurse Manager) and the QIDP will conduct observations during active treatment sessions no less than twice weekly for the next 30 days, and no less than weekly for an additional 60 Days. At the conclusion of this period of intensive administrative monitoring and support, the Operations Team will determine the level of ongoing support needed at the facility. Active Treatment sessions to be monitored are defined as: Mornings: Beginning at 6:30 AM and through morning transport and including the following: Medication administration, meal preparation and breakfast, morning hygiene and domestic skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day and overnight shifts.	

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			Evenings: Beginning at approximately 4:30 PM through the evening meal and including the following: domestic and hygiene skills training, leisure skills training, medication administration, meal preparation and dinner. Evening monitoring will also include unannounced spot checks later in the evening toward bed time. In addition to active treatment observations, Operations Team Members and/or the Residential Manager will perform spot checks at varied times on the overnight shift no less than twice monthly –more frequently if training issues or problems are discovered. The Executive Director and Director of Operations/Regional Manager (area manager) will review documentation of administrative level monitoring of the facility –making recommendations as appropriate. As stated above, the Executive Director will participate directly in administrative monitoring of the facility. Administrative support at the home will include but not be	

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			limited to assuring clients have appropriate clothing, that supports personal dignity. **RESPONSIBLE PARTIES:** QIDP, Residential Manager, Direct Support Staff, Operations Team, Regional Director	
W 0122 Bldg. 00	483.420 CLIENT PROTECTIONS The facility must ensure that specific client protections requirements are met. Based on observation, record review and interview, the facility failed to meet the Condition of Participation: Client Protections for 1 of 3 sampled clients (C). The facility failed to ensure client C had personal clothing which met his needs, to implement its written policy and procedures to prevent neglect of client C, to complete a thorough investigation regarding alleged neglect/injury of unknown origin involving client C which resulted in the need for emergency medical services and the facility failed to develop and implement corrective measures to prevent future incidents of neglect or injuries of unknown origin for client C. Findings include:	W 0122	**CORRECTION:** *The facility must ensure that specific client protections requirements are met.* Specifically: The Quality Assurance Manager will conduct all agency day service investigations until such time as day service management can consistently demonstrate competencies in the investigative process. These competencies will be developed through ongoing training and mentorship of day service management staff. The governing body, defined as	02/04/2016

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	1. The facility failed to ensure client C had personal clothing which met his needs. Please see W137. 2. The facility failed to implement its written policy and procedures to prevent neglect of client C, to complete a thorough investigation regarding alleged neglect/injury of unknown origin involving client C which resulted in the need for emergency medical services and the facility failed to develop and implement corrective measures to prevent future incidents of neglect or injuries of unknown origin for client C. Please see W149. 3. The facility failed to complete a thorough investigation regarding an injury of unknown origin/neglect involving client C which resulted in the need for emergency medical services. Please see W154. 4. The facility failed to develop and implement corrective measures to prevent future incidents neglect or injuries of unknown origin regarding client C. Please see W157. This deficiency was cited on 11/16/15. The facility failed to implement a systemic plan of correction to prevent recurrence.		the Operations Team, comprised of the Program Manager, the Quality Assurance Manager, Quality Assurance Coordinator, Training Coordinator, Nurse Manager and Executive Director, and the QIDP will assure that investigations are initiated and completed thoroughly, within required time lines. Oversight will include but not be limited to reconciling conflicting testimony and determining of staff negligence or neglect contributed to the alleged incidents and reconciliation of conflicting testimony. Regarding W 137, W 157, W 159 and W268, the team has determined that this deficient practice may have affected all clients who reside in the facility. Therefore the QIDP will complete an inventory of all clients clothing including Client C. All clothing that does not fit the clients or is otherwise unsuitable will be replaced by the facility. Additionally, all staff will be retrained regarding the need to assure individuals wear clean and appropriately fitting clothing that supports personal dignity. **PREVENTION:**	

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	9-3-2(a)		The investigation team, comprised of the Program Manager, Quality Assurance Manager, Quality Assurance Coordinator and QIDPs will communicate daily through the course of all investigations –reviewing gathered evidence to determine if the scope of the current investigation needs to be expanded and whether new allegations must be reported and investigated. The team will review investigation results, and the QIDP conduct an interdisciplinary team meeting to develop protective measures to prevent incidents from recurring. During weekly meetings with supervisors and the QIDP, the Program Manager will review documentation from the previous week to assure IDT meetings have occurred and recommended corrective measures are implemented as directed. Additionally, the Quality Assurance Manager will track investigations and review IDT meeting documentation to assure corrective measures are developed and implemented as needed. The QA Manager will maintain responsibility for following up with the QIDP throughout the investigative	

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			process assure IDT action occurs and to expedite the implementation of corrective measures. A tracking spreadsheet for incidents requiring investigation, follow-up and corrective/protective measures will be maintained and distributed daily to facility supervisors and the Operations Team. Supervisory staff will complete monthly reviews of the inventory of all clients' clothing and footwear to assure it fits properly and is in presentable condition. The team will assist clients with replacing items as appropriate. The Residential Manager will be expected to observe no less than five active treatment session per week to assess direct support staff interaction with clients and to provide hands on coaching and training including but not limited to assuring staff have assisted clients with choosing clothes which fit properly and are appropriate for the weather and occasion and supports personal dignity.	

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			For the next 14 days, Either the Executive Director, Program Manager or Quality Assurance Manager will be on site for eight hours daily –observing active treatment and completing documentation reviews, Monday through Friday and complete additional observations at the facility on weekends After two weeks, members of the Operations Team (Comprised of the Executive Director, Quality Assurance Manager, Program Managers, Quality Assurance Coordinator, Training Coordinator and Nurse Manager) and the QIDP will conduct observations during active treatment sessions no less than twice weekly for the next 30 days, and no less than weekly for an additional 60 Days. At the conclusion of this period of intensive administrative monitoring and support, the Operations Team will determine the level of ongoing support needed at the facility. Active Treatment sessions to be monitored are defined as: Mornings: Beginning at 6:30 AM	

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			and through morning transport and including the following: Medication administration, meal preparation and breakfast, morning hygiene and domestic skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day and overnight shifts. Evenings: Beginning at approximately 4:30 PM through the evening meal and including the following: domestic and hygiene skills training, leisure skills training, medication administration, meal preparation and dinner. Evening monitoring will also include unannounced spot checks later in the evening toward bed time. In addition to active treatment observations, Operations Team Members and/or the Residential Manager will perform spot checks at varied times on the overnight shift no less than twice monthly –more frequently if training issues or problems are discovered. The Executive Director and	

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			Director of Operations/Regional Manager (area manager) will review documentation of administrative level monitoring of the facility –making recommendations as appropriate. As stated above, the Executive Director will participate directly in administrative monitoring of the facility. Administrative support at the home will include but not be limited to assuring clients have appropriate clothing, that supports personal dignity. **RESPONSIBLE PARTIES:** QIDP, Residential Manager, Direct Support Staff, Operations Team, Regional Director	
W 0137 Bldg. 00	483.420(a)(12) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing. Based on observation, record review and interview for 1 of 3 sampled clients (C), the facility failed to ensure client C had personal clothing which met his needs. Findings include: The facility's BDDS (Bureau of	W 0137	**CORRECTION:** *The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing.* Specifically the team has determined that this	02/04/2016

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	Developmental Disabilities Services) reports and investigations were reviewed on 1/27/16 at 1:00 PM. The review indicated the following: -BDDS report dated 1/14/16 indicated, "[Client C] is a 58 year old male supported by ResCare with a diagnosis of Moderate Intellectual Disability. While attending ResCare Day Service, [client C] approached staff and showed them that his hand was bleeding. He had sustained an one inch laceration below his left thumb and he reported to staff that he fell. Day service staff performed first aid and residential staff transported [client C] to the [emergency department] where the wound was closed with sutures. [Emergency department] personnel released [client C] to ResCare staff with a prescription for Keflex (antibiotic) and a recommendation to have the sutures removed in seven days." -IS (Investigative Summary) dated 1/21/16 indicated the following: -"Summary of Interviews: According to [Day Service Staff #1], [client C] was injured outside the art room and not in the restroom. [Client C] had an incontinence issue and was given a pair of bell bottom pants that were too long in length but were the only pants day		deficient practice may have affected all clients who reside in the facility. Therefore the QIDP will complete an inventory of all clients clothing including Client C. All clothing that does not fit the clients or is otherwise unsuitable will be replaced by the facility. Additionally, all staff will be retrained regarding the need to assure individuals wear clean and appropriately fitting clothing. **PREVENTION:** Supervisory staff will complete monthly reviews of the inventory of all clients' clothing and footwear to assure it fits properly and is in presentable condition. The team will assist clients with replacing items as appropriate. The Residential Manager will be expected to observe no less than five active treatment session per week to assess direct support staff interaction with clients and to provide hands on coaching and training including but not limited to assuring staff have assisted clients with choosing clothes which fit properly and are appropriate for the weather and occasion.	

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	services had that were the closest fitting." -"Factual Findings: There was blood on the door and door frame to the art room. [Client C] sustained an approximate 1 inch cut below his left thumb that required stitches." -"Conclusion: [Client C] tripped over his pants leg, grabbed the door frame to keep from falling, (then) cutting his hand on the door frame." DSQIDP (Day Service Qualified Intellectual Disabilities Professional) #1 was interviewed on 1/27/16 at 2:45 PM. DSQIDP #1 indicated she had completed the 1/21/16 IS regarding client C's injury. DSQIDP #1 indicated DSS (Day Service Staff) #1 reported she observed client C fall and cut his left thumb on the metal door frame. DSQIDP #1 indicated client C had been incontinent of his bladder and had to change his clothing while at the day services. DSQIDP #1 indicated the facility had not provided enough supply of clothing for client C and clothing from the day services supply was utilized. DSQIDP #1 stated client C was wearing bell bottom style pants that did not belong to him and "were too long for him." DSQIDP #1 indicated client C tripped on the pants and fell as a result.		For the next 14 days, Either the Executive Director, Program Manager or Quality Assurance Manager will be on site for eight hours daily –observing active treatment and completing documentation reviews, Monday through Friday and complete additional observations at the facility on weekends After two weeks, members of the Operations Team (Comprised of the Executive Director, Quality Assurance Manager, Program Managers, Quality Assurance Coordinator, Training Coordinator and Nurse Manager) and the QIDP will conduct observations during active treatment sessions no less than twice weekly for the next 30 days, and no less than weekly for an additional 60 Days. At the conclusion of this period of intensive administrative monitoring and support, the Operations Team will determine the level of ongoing support needed at the facility. Active Treatment sessions to be monitored are defined as: Mornings: Beginning at 6:30 AM and through morning transport	

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	DSS #1 was interviewed on 1/27/16 at 2:55 PM. DSS #1 indicated she was walking with client C from the restroom back to the art classroom during the 1/13/16 incident. DSS #1 indicated client C's pants were wet following an incident of incontinence. DSS #1 indicated another staff changed client C into a pair of women's black bell bottom style pants. DSS #1 indicated client C's pants were too long and did not fit. DSS #1 indicated client C was walking in the hallway and began to trip. DSS #1 indicated client C then placed his right hand out in front of him, grabbing for the corner of the door to stabilize himself during the fall. DSS #1 indicated client C should receive additional supply of his own personal clothing during day services for incidents of incontinence. Observations were conducted at the group home on 1/27/16 from 3:49 PM through 4:30 PM. Client C was observed in the group home throughout the observation period. Client C wore a pair of gray exercise style pants with both pant legs extending beyond client C's feet/shoes. The pant legs extended in length so that client C was walking on the pant legs. QIDP (Qualified Intellectual Disabilities Professional) #1 and HM (Home Manager) #1 were present at the time of the observation.		and including the following: Medication administration, meal preparation and breakfast, morning hygiene and domestic skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day and overnight shifts. Evenings: Beginning at approximately 4:30 PM through the evening meal and including the following: domestic and hygiene skills training, leisure skills training, medication administration, meal preparation and dinner. Evening monitoring will also include unannounced spot checks later in the evening toward bed time. In addition to active treatment observations, Operations Team Members and/or the Residential Manager will perform spot checks at varied times on the overnight shift no less than twice monthly –more frequently if training issues or problems are discovered. The Executive Director and Director of Operations/Regional	

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	QIDP #1 was interviewed on 1/27/16 at 3:55 PM. When asked if client C's pants that he was wearing fit him, QIDP #1 stated, "They are too long. They won't stay up on his waist and keep falling down." QIDP #1 indicated HM #1 had recently purchased some additional pants for client C which were fitted with elastic around the waist and ankles. HM #1 was interviewed on 1/27/16 at 4:05 PM. HM #1 indicated she had purchased additional clothing for client C. HM #1 then retrieved a pair of gray sweat pants with an elastic waist and ankles. HM #1 indicated the sweatpants fit client C. When asked if the pants client C was currently wearing fit him, HM #1 stated, "No, those aren't the pants he left the house with this morning. He was wearing a red outfit." When asked if client C should wear the new sweat pants that fit him, HM #1 stated, "[Client C] doesn't like them." HM #1 did not coach or encourage client C to change his pants. 9-3-2(a)		Manager (area manager) will review documentation of administrative level monitoring of the facility –making recommendations as appropriate. As stated above, the Executive Director will participate directly in administrative monitoring of the facility. Administrative support at the home will include but not be limited to assuring clients have appropriate clothing. **RESPONSIBLE PARTIES:** QIDP, Residential Manager, Direct Support Staff, Operations Team, Regional Director	
W 0149 Bldg. 00	483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement			

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	written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on observation, record review and interview for 1 of 3 sampled clients (C), the facility failed to implement its written policy and procedures to prevent neglect of client C, to complete a thorough investigation regarding alleged neglect/injury of unknown origin involving client C which resulted in the need for emergency medical services and the facility failed to develop and implement corrective measures to prevent future incidents of neglect or injuries of unknown origin for client C. Findings include: The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 1/27/16 at 1:00 PM. The review indicated the following: -BDDS report dated 1/14/16 indicated, "[Client C] is a 58 year old male supported by ResCare with a diagnosis of Moderate Intellectual Disability. While attending ResCare Day Service, [client C] approached staff and showed them that his hand was bleeding. He had sustained an one inch laceration below his left thumb and he reported to staff that he fell. Day service staff performed	W 0149	**CORRECTION:** *The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.* Specifically, the Quality Assurance Manager will conduct all agency day service investigations until such time as day service management can consistently demonstrate competencies in the investigative process. These competencies will be developed through ongoing training and mentorship of day service management staff. The governing body, defined as the Operations Team, comprised of the Program Manager, the Quality Assurance Manager, Quality Assurance Coordinator, Training Coordinator, Nurse Manager and Executive Director, and the QIDP will assure that investigations are initiated and completed thoroughly, within required time lines. Oversight will include but not be limited to reconciling conflicting testimony and determining of staff negligence or neglect contributed to the alleged incidents and reconciliation of conflicting	02/04/2016

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	first aid and residential staff transported [client C] to the [emergency department] where the wound was closed with sutures. [Emergency department] personnel released [client C] to ResCare staff with a prescription for Keflex (antibiotic) and a recommendation to have the sutures removed in seven days. [Client C] is not complaining of pain and has resumed his normal activities. He does not have a history of falls and a high risk plan is not currently in place. The circumstances of the incident are under investigation and the IDT (Interdisciplinary Team) will review the results of the investigation to determine if additional support are indicated." -IS (Investigative Summary) dated 1/21/16 indicated the following: -"Summary of Interviews: According to [Day Service Staff #1], [client C] was injured outside the art room and not in the restroom. [Client C] had an incontinence issue and was given a pair of bell bottom pants that were too long in length but were the only pants day services had that were the closest fitting. When asked to point out 'the boy', [client C] pointed to [day service client #1]. I said, 'So, [day service client #1] pushed you?'. [Client C] replied, 'No.'"		testimony. The QIDP will complete a Personal Effects Inventory for Client C. All clothing that does not fit or is otherwise unsuitable will be replaced by the facility. Additionally, all staff will be retrained regarding the need to assure individuals wear presentable and appropriately fitting clothing. **PREVENTION:** The investigation team, comprised of the Program Manager, Quality Assurance Manager, Quality Assurance Coordinator and QIDPs will communicate daily through the course of all investigations –reviewing gathered evidence to determine if the scope of the current investigation needs to be expanded and whether new allegations must be reported and investigated. The team will review investigation results, and the QIDP conduct an interdisciplinary team meeting to develop protective measures to prevent incidents from recurring.	

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	-"Factual Findings: There was blood on the door and door frame to the art room. [Client C] sustained an approximate 1 inch cut below his left thumb that required stitches." -"Conclusion: [Client C] tripped over his pants leg, grabbed the door frame to keep from falling, (then) cutting his hand on the door frame." The 1/21/16 IS summary of interviews did not indicate documentation of a description and chronology of what happened, did not include a summary of interview with day service client #1 and did not clearly specify if the injury was observed or not. The 1/21/16 IS did not indicate documentation of concerns and recommendations or methods to prevent future incidents. QAM (Quality Assurance Manager) #1 was interviewed on 1/27/16 at 2:15 PM. QAM #1 indicated the 1/21/16 IS was not thorough and did not include documentation of corrective measures or recommendations to prevent recurrence. QAM #1 indicated client C's 1/13/16 injury of unknown origin was an observed event. QAM #1 indicated the DSQIDP (Day Service Qualified Intellectual Disabilities Professional) #1 completed the investigation. QAM #1		During weekly meetings with supervisors and the QIDP, the Program Manager will review documentation from the previous week to assure IDT meetings have occurred and recommended corrective measures are implemented as directed. Additionally, the Quality Assurance Manager will track investigations and review IDT meeting documentation to assure corrective measures are developed and implemented as needed. The QA Manager will maintain responsibility for following up with the QIDP throughout the investigative process assure IDT action occurs and to expedite the implementation of corrective measures. A tracking spreadsheet for incidents requiring investigation, follow-up and corrective/protective measures will be maintained and distributed daily to facility supervisors and the Operations Team. **RESPONSIBLE PARTIES:** QIDP, Residential Manager, Direct Support Staff, Operations Team, Regional Director	

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	indicated the facility's abuse and neglect policy should be implemented, investigations should be thorough and corrective actions should be developed and implemented to prevent future incidents. DSQIDP #1 was interviewed on 1/27/16 at 2:45 PM. DSQIDP #1 indicated she had completed the 1/21/16 IS regarding client C's injury. DSQIDP #1 indicated DSS (Day Service Staff) #1 reported she observed client C fall and cut his left thumb on the metal door frame. DSQIDP #1 indicated client C had been incontinent of his bladder and had to change his clothing while at the day services. DSQIDP #1 indicated the facility had not provided enough supply of clothing for client C and clothing from the day services supply was utilized. DSQIDP #1 stated client C was wearing bell bottom style pants that did not belong to him and "were too long for him." DSQIDP #1 indicated client C tripped on the pants and fell as a result. DSQIDP #1 indicated client C did not have a history of falls prior to the 1/13/16 incident. DSQIDP #1 indicated client C had injured his left hand during the incident. DSQIDP #1 indicated client C had gone home for the day and was not available for observation at the day services.			

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	DSS #1 was interviewed on 1/27/16 at 2:55 PM. DSS #1 indicated she was walking with client C from the restroom back to the art classroom during the 1/13/16 incident. DSS #1 indicated client C's pants were wet following an incident of incontinence. DSS #1 indicated another staff changed client C into a pair of women's black bell bottom style pants. DSS #1 indicated client C's pants were too long and did not fit. DSS #1 indicated client C was walking in the hallway and began to trip. DSS #1 indicated client C then placed his right hand out in front of him, grabbing for the corner of the door to stabilize himself during the fall. DSS #1 physically demonstrated how client C was walking and then held out his right hand to attempt to catch himself from falling. DSS #1 indicated client C did should receive additional supply of his own personal clothing during day services for incidents of incontinence. Observations were conducted at the group home on 1/27/16 from 3:49 PM through 4:30 PM. Client C was observed in the group home throughout the observation period. Client C wore a pair of gray exercise style pants with both pant legs extending beyond client C's feet/shoes. The pant legs extended in length so that client C was walking on the			

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	pant legs. QIDP (Qualified Intellectual Disabilities Professional) #1 and HM (Home Manager) #1 were present at the time of the observation. QIDP #1 was interviewed on 1/27/16 at 3:55 PM. When asked if client C's pants that he was wearing fit him, QIDP #1 stated, "They are too long. They won't stay up on his waist and keep falling down." QIDP #1 indicated HM #1 had recently purchased some additional pants for client C which were fitted with elastic around the waist and ankles. HM #1 was interviewed on 1/27/16 at 4:05 PM. HM #1 indicated she had purchased additional clothing for client C. HM #1 then retrieved a pair of gray sweat pants with an elastic waist and ankles. HM #1 indicated the sweatpants fit client C. When asked if the pants client C was currently wearing fit him, HM #1 stated, "No, those aren't the pants he left the house with this morning. He was wearing a red outfit." When asked if client C should wear the new sweat pants that fit him, HM #1 stated, "[Client C] doesn't like them." HM #1 did not coach or encourage client C to change his pants. Client C's record was reviewed on 1/27/16 at 4:15 PM. Client C's PCP (Person Centered Planning) form dated			

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	15G449	A. BUILDING 00 B. WING	01/28/2016

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	6/17/15 indicated client C ambulated (walked) independently with full range of motion. Client C's Health Care Addendum form dated 6/17/15 indicated client C did not require PT (Physical Therapy) or OT (Occupational Therapy). Client C's CFA (Comprehensive Functional Assessment) dated 6/19/15 indicated client C walked alone without supports. Client C's record of visit form date 1/13/16 indicated client C received sutures in his left hand to close a laceration. Client C's record did not indicate documentation of IDT review regarding client C's 1/13/16 alleged neglect/fall with injury to determine if additional supports were needed to prevent future incidents. The facility's policy and procedures were reviewed on 1/28/16 at 6:00 PM. The facility's Abuse, Neglect, Exploitation and Mistreatment Operating Standard 1.28 with a revised date of 2/26/11 indicated the following: -"Policy: Adept staff actively advocate for the rights and safety of all individuals." -"Program Intervention Neglect: failure to provide goods and/or services necessary for the individual to avoid physical harm."			

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-"6. A full investigation will be conducted by Adept personnel for incidents occurring residentially. Incidents which occur at day service will be investigated by day service personnel with the assistance of residential personnel as needed."

The facility's Investigations Operating Standard 1.45 with a revised date of 9/14/07 indicated the following:

-"1. The primary purpose of an investigation is to describe and explain factors contributing to an incident and to provent (sic) recurrence. The investigation should include: what took place, when it happened, where, who was involved, what was done immediately and describe injury (if any) be specific."

-"8. Witnesses: Anyone who directly observed an incident or was affected by the incident, or who was directly or indirectly involved in the process i.e. injured parties, eyewitnesses, other participants."

-"10. A thorough investigation final report will be written at the completion of the investigation."

-"Summary of information and findings

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	(evidence collected, witnesses interviewed, date of the investigation, name(s) of investigator(s)." -"Description and chronology of what happened." -"Analysis of the evidence." -"Concerns and recommendations." -"Methods to prevent future incidents." This deficiency was cited on 11/16/15. The facility failed to implement a systemic plan of correction to prevent recurrence. 9-3-2(a)			
W 0154 Bldg. 00	483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated. Based on record review and interview for 1 of 1 allegation of neglect and injury of unknown origin reviewed, the facility failed to complete a thorough investigation regarding an injury of unknown origin/neglect involving client C which resulted in the need for emergency medical services.	W 0154	**CORRECTION:** *The facility must have evidence that all alleged violations are thoroughly investigated.* Specifically, the Quality Assurance Manager will conduct all agency day service investigations until such time as day service management can consistently	02/04/2016

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	Findings include: The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 1/27/16 at 1:00 PM. The review indicated the following: -BDDS report dated 1/14/16 indicated, "[Client C] is a 58 year old male supported by ResCare with a diagnosis of Moderate Intellectual Disability. While attending ResCare Day Service, [client C] approached staff and showed them that his had was bleeding. He had sustained an one inch laceration below his left thumb and he reported to staff that he fell. Day service staff performed first aid and residential staff transported [client C] to the [emergency department] where the wound was closed with sutures. [Emergency department] personnel released [client C] to ResCare staff with a prescription for Keflex (antibiotic) and a recommendation to have the sutures removed in seven days. [Client C] is not complaining of pain and has resumed his normal activities. He does not have a history of falls and a high risk plan is not currently in place. The circumstances of the incident are under investigation and the IDT (Interdisciplinary Team) will review the results of the investigation to determine if		demonstrate competencies in the investigative process. These competencies will be developed through ongoing training and mentorship of day service management staff. The governing body, defined as the Operations Team, comprised of the Program Manager, the Quality Assurance Manager, Quality Assurance Coordinator, Training Coordinator, Nurse Manager and Executive Director, and the QIDP will assure that investigations are initiated and completed thoroughly, within required time lines. Oversight will include but not be limited to reconciling conflicting testimony and determining of staff negligence or neglect contributed to the alleged incidents and reconciliation of conflicting testimony. **PREVENTION:** The investigation team, comprised of the Program Manager, Quality Assurance Manager, Quality Assurance Coordinator and QIDPs will communicate daily through the course of all investigations –reviewing gathered evidence to	

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	additional support are indicated." -IS (Investigative Summary) dated 1/21/16 indicated the following: -"Summary of Interviews: According to [Day Service Staff #1], [client C] was injured outside the art room and not in the restroom. [Client C] had an incontinence issue and was given a pair of bell bottom pants that were too long in length but were the only pants day services had that were the closest fitting. When asked to point out 'the boy', [client C] pointed to [day service client #1]. I said, 'So, [day service client #1] pushed you?'. [Client C] replied, 'No.'" -"Factual Findings: There was blood on the door and door frame to the art room. [Client C] sustained an approximate 1 inch cut below his left thumb that required stitches." -"Conclusion: [Client C] tripped over his pants leg, grabbed the door frame to keep from falling, (then) cutting his hand on the door frame." The 1/21/16 IS summary of interviews did not indicate documentation of a description and chronology of what happened, did not include a summary of interview with day service client #1 and		determine if the scope of the current investigation needs to be expanded and whether new allegations must be reported and investigated. A tracking spreadsheet for incidents requiring investigation, follow-up and corrective/protective measures will be maintained and distributed daily to facility supervisors and the Operations Team. **RESPONSIBLE PARTIES:** QIDP, Residential Manager, Direct Support Staff, Operations Team, Regional Director	

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	did not clearly specify if the injury was observed or not. The 1/21/16 IS did not indicate documentation of concerns and recommendations or methods to prevent future incidents. QAM (Quality Assurance Manager) #1 was interviewed on 1/27/16 at 2:15 PM. QAM #1 indicated the 1/21/16 IS was not thorough. QAM #1 indicated client C's 1/13/16 injury of unknown origin was an observed event. QAM #1 indicated the DSQIDP (Day Service Qualified Intellectual Disabilities Professional) #1 completed the investigation. QAM #1 indicated investigations should be thorough. This deficiency was cited on 11/16/15. The facility failed to implement a systemic plan of correction to prevent recurrence. 9-3-2(a)			
W 0157 Bldg. 00	483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken. Based on record review and interview for 1 of 1 allegation of neglect and injury of unknown	W 0157	**CORRECTION:** *If the alleged violation is verified, appropriate corrective action*	02/04/2016

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	origin reviewed, the facility failed to develop and implement corrective measures to prevent future incidents of neglect or injuries of unknown origin regarding client C. Findings include: The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 1/27/16 at 1:00 PM. The review indicated the following: -BDDS report dated 1/14/16 indicated, "[Client C] is a 58 year old male supported by ResCare with a diagnosis of Moderate Intellectual Disability. While attending ResCare Day Service, [client C] approached staff and showed them that his had was bleeding. He had sustained an one inch laceration below his left thumb and he reported to staff that he fell. Day service staff performed first aid and residential staff		*must be taken.* Specifically, for the QIDP will complete a Personal Effects Inventory for Client C. All clothing that does not fit or is otherwise unsuitable will be replaced by the facility. Additionally, all staff will be retrained regarding the need to assure individuals wear presentable and appropriately fitting clothing. **PREVENTION:** The team will review investigation results, and the QIDP conduct an interdisciplinary team meeting to develop protective measures to prevent incidents from recurring. During weekly meetings with supervisors and the QIDP, the Program Manager will review documentation from the previous week to assure IDT meetings have occurred and recommended corrective measures are implemented as directed. Additionally, the Quality Assurance Manager will track investigations and review IDT meeting documentation to assure corrective measures are developed and implemented as needed. The QA Manager will maintain responsibility for following up with the QIDP throughout the investigative process assure IDT action occurs	

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	transported [client C] to the [emergency department] where the wound was closed with sutures. [Emergency department] personnel released [client C] to ResCare staff with a prescription for Keflex (antibiotic) and a recommendation to have the sutures removed in seven days. [Client C] is not complaining of pain and has resumed his normal activities. He does not have a history of falls and a high risk plan is not currently in place. The circumstances of the incident are under investigation and the IDT (Interdisciplinary Team) will review the results of the investigation to determine if additional support are indicated." -IS (Investigative Summary) dated 1/21/16 indicated the following: -"Summary of Interviews: According to [Day Service Staff #1], [client C] was injured outside the art room and not in the restroom. [Client C] had an incontinence issue and was given a		and to expedite the implementation of corrective measures. A tracking spreadsheet for incidents requiring investigation, follow-up and corrective/protective measures will be maintained and distributed daily to facility supervisors and the Operations Team. **RESPONSIBLE PARTIES:** QIDP, Residential Manager, Direct Support Staff, Operations Team, Regional Director	

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	pair of bell bottom pants that were too long in length but were the only pants day services had that were the closest fitting. When asked to point out 'the boy', [client C] pointed to [day service client #1]. I said, 'So, [day service client #1] pushed you?'. [Client C] replied, 'No.'" -"Factual Findings: There was blood on the door and door frame to the art room. [Client C] sustained an approximate 1 inch cut below his left thumb that required stitches." -"Conclusion: [Client C] tripped over his pants leg, grabbed the door frame to keep from falling, (then) cutting his hand on the door frame." The 1/21/16 IS did not indicate documentation of concerns and recommendations or methods to prevent future incidents. QAM (Quality Assurance			

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	Manager) #1 was interviewed on 1/27/16 at 2:15 PM. QAM #1 indicated the 1/21/16 IS did not include documentation of corrective measures or recommendations to prevent recurrence. QAM #1 indicated corrective actions should be developed and implemented to prevent future incidents. DSQIDP (Day Service Qualified Intellectual Disabilities Professional) #1 was interviewed on 1/27/16 at 2:45 PM. DSQIDP #1 indicated she had completed the 1/21/16 IS regarding client C's injury. DSQIDP #1 indicated DSS (Day Service Staff) #1 reported she observed client C fall and cut his left thumb on the metal door frame. DSQIDP #1 indicated client C had been incontinent of his bladder and had to change his clothing while at the day services. DSQIDP #1 indicated the facility had not provided enough supply of clothing for client C and clothing from the day services supply was			

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	utilized. DSQIDP #1 stated client C was wearing bell bottom style pants that did not belong to him and "were too long for him." DSQIDP #1 indicated client C tripped on the pants and fell as a result. DSQIDP #1 indicated client C did not have a history of falls prior to the 1/13/16 incident. DSS #1 was interviewed on 1/27/16 at 2:55 PM. DSS #1 indicated she was walking with client C from the restroom back to the art classroom during the 1/13/16 incident. DSS #1 indicated client C's pants were wet following an incident of incontinence. DSS #1 indicated another staff changed client C into a pair of women's black bell bottom style pants. DSS #1 indicated client C's pants were too long and did not fit. DSS #1 indicated client C was walking in the hallway and began to trip. DSS #1 indicated client C then placed his right hand out in front of him, grabbing for the corner of the door to stabilize himself during the fall.			

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	DSS #1 indicated client C should receive additional supply of his own personal clothing during day services for incidents of incontinence. Observations were conducted at the group home on 1/27/16 from 3:49 PM through 4:30 PM. Client C was observed in the group home throughout the observation period. Client C wore a pair of gray exercise style pants with both pant legs extending beyond client C's feet/shoes. The pant legs extended in length so that client C was walking on the pant legs. QIDP (Qualified Intellectual Disabilities Professional) #1 and HM (Home Manager) #1 were present at the time of the observation. QIDP #1 was interviewed on 1/27/16 at 3:55 PM. When asked if client C's pants that he was wearing fit him, QIDP #1 stated, "They are too long. They won't stay up on his waist and keep falling down." QIDP #1 indicated			

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	HM #1 had recently purchased some additional pants for client C which were fitted with elastic around the waist and ankles. HM #1 was interviewed on 1/27/16 at 4:05 PM. HM #1 indicated she had purchased additional clothing for client C. HM #1 then retrieved a pair of gray sweat pants with an elastic waist and ankles. HM #1 indicated the sweatpants fit client C. When asked if the pants client C was currently wearing fit him, HM #1 stated, "No, those aren't the pants he left the house with this morning. He was wearing a red outfit." When asked if client C should wear the new sweat pants that fit him, HM #1 stated, "[Client C] doesn't like them." HM #1 did not coach or encourage client C to change his pants. Client C's record was reviewed on 1/27/16 at 4:15 PM. Client C's PCP (Person Centered Planning) form dated 6/17/15 indicated client C ambulated (walked) independently			

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	with full range of motion. Client C's Health Care Addendum form dated 6/17/15 indicated client C did not require PT (Physical Therapy) or OT (Occupational Therapy). Client C's CFA (Comprehensive Functional Assessment) dated 6/19/15 indicated client C walked alone without supports. Client C's record of visit form date 1/13/16 indicated client C received sutures in his left hand to close a laceration. Client C's record did not indicate documentation of IDT review regarding client C's 1/13/16 alleged neglect/fall with injury to determine if additional support were needed to prevent future incidents. 9-3-2(a)			
W 0159 Bldg. 00	483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Based on observation, record review and interview for 1 of 3 sampled clients (C),	W 0159	**CORRECTION:**	02/04/2016

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	the QIDP (Qualified Intellectual Disabilities Professional) failed to integrate, coordinate and monitor client C's active treatment program by failing to ensure client C had personal clothing which met his needs and failed to promote the dignity of client C. Findings include: 1. The QIDP failed to integrate, coordinate and monitor client C's active treatment program by failing to ensure client C had personal clothing which met his needs. Please see W137. 2. The QIDP failed to integrate, coordinate and monitor client C's active treatment program by failing to promote the dignity of client C. Please see W268. This deficiency was cited on 11/16/15. The facility failed to implement a systemic plan of correction to prevent recurrence. 9-3-3(a)		*Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional.* Specifically the team has determined that this deficient practice may have affected all clients who reside in the facility. Therefore the QIDP will complete an inventory of all clients clothing including Client C. All clothing that does not fit the clients or is otherwise unsuitable will be replaced by the facility. Additionally, all staff will be retrained regarding the need to assure individuals wear clean and appropriately fitting clothing that supports personal dignity. **PREVENTION:** Supervisory staff will complete monthly reviews of the inventory of all clients' clothing fits properly, is suitable for the client's age and personal preference and is in presentable condition. The team will assist clients with replacing items as appropriate. The Residential Manager will be expected to observe no less than five active treatment session per	

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			week to assess direct support staff interaction with clients and to provide hands on coaching and training including but not limited to assuring staff have assisted clients with choosing clothes which fit promote personal dignity. For the next 14 days, Either the Executive Director, Program Manager or Quality Assurance Manager will be on site for eight hours daily –observing active treatment and completing documentation reviews, Monday through Friday and complete additional observations at the facility on weekends After two weeks, members of the Operations Team (Comprised of the Executive Director, Quality Assurance Manager, Program Managers, Quality Assurance Coordinator, Training Coordinator and Nurse Manager) and the QIDP will conduct observations during active treatment sessions no less than twice weekly for the next 30 days, and no less than weekly for an additional 60 Days. At the conclusion of this period of intensive administrative monitoring and support, the Operations Team will determine	

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			the level of ongoing support needed at the facility. Active Treatment sessions to be monitored are defined as: Mornings: Beginning at 6:30 AM and through morning transport and including the following: Medication administration, meal preparation and breakfast, morning hygiene and domestic skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day and overnight shifts. Evenings: Beginning at approximately 4:30 PM through the evening meal and including the following: domestic and hygiene skills training, leisure skills training, medication administration, meal preparation and dinner. Evening monitoring will also include unannounced spot checks later in the evening toward bed time. In addition to active treatment observations, Operations Team Members and/or the Residential Manager will perform spot checks at varied times on the overnight	

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			shift no less than twice monthly –more frequently if training issues or problems are discovered. The Executive Director and Regional Director (area manager) will review documentation of administrative level monitoring of the facility –making recommendations as appropriate. As stated above, the Executive Director will participate directly in administrative monitoring of the facility. Administrative support at the home will include but not be limited to assuring clients have appropriately fitting clothing that supports personal dignity. **RESPONSIBLE PARTIES:** QIDP, Residential Manager, Direct Support Staff, Operations Team, Regional Director	
W 0268 Bldg. 00	483.450(a)(1)(i) CONDUCT TOWARD CLIENT These policies and procedures must promote the growth, development and independence of the client. Based on observation, record review and interview for 1 of 3 sampled clients (C), the facility failed to promote the dignity of client C.	W 0268	**CORRECTION:** These policies and procedures must promote the growth,	02/04/2016

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	Findings include: The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 1/27/16 at 1:00 PM. The review indicated the following: -BDDS report dated 1/14/16 indicated, "[Client C] is a 58 year old male supported by ResCare with a diagnosis of Moderate Intellectual Disability. While attending ResCare Day Service, [client C] approached staff and showed them that his had was bleeding. He had sustained an one inch laceration below his left thumb and he reported to staff that he fell. Day service staff performed first aid and residential staff transported [client C] to the [emergency department] where the wound was closed with sutures. [Emergency department] personnel released [client C] to ResCare staff with a prescription for Keflex (antibiotic) and a recommendation to have the sutures removed in seven days." -IS (Investigative Summary) dated 1/21/16 indicated the following: -"Summary of Interviews: According to [Day Service Staff #1], [client C] was injured outside the art room and not in		development and independence of the client. Specifically the team has determined that this deficient practice may have affected all clients who reside in the facility. Therefore the QIDP will complete an inventory of all clients clothing including Client C. All clothing that does not fit the clients or is otherwise unsuitable will be replaced by the facility. Additionally, all staff will be retrained regarding the need to assure individuals wear clean and appropriately fitting clothing. **PREVENTION:** Supervisory staff will complete monthly reviews of the inventory of all clients' clothing is suitable for the client's age and personal preference and is in presentable condition. The team will assist clients with replacing items as appropriate. The Residential Manager will be expected to observe no less than five active treatment session per week to assess direct support staff interaction with clients and to provide hands on coaching and training including but not limited to assuring staff have assisted clients with choosing clothes	

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	the restroom. [Client C] had an incontinence issue and was given a pair of bell bottom pants that were too long in length but were the only pants day services had that were the closest fitting." DSQIDP (Day Service Qualified Intellectual Disabilities Professional) #1 was interviewed on 1/27/16 at 2:45 PM. DSQIDP #1 indicated the facility had not provided enough supply of clothing for client C and clothing from the day services supply was utilized. DSQIDP #1 stated client C was wearing bell bottom style pants that did not belong to him and "were too long for him." DSS #1 was interviewed on 1/27/16 at 2:55 PM. DSS #1 indicated she was walking with client C from the restroom back to the art classroom during the 1/13/16 incident. DSS #1 indicated client C's pants were wet following an incident of incontinence. DSS #1 indicated another staff changed client C into a pair of women's black bell bottom style pants. DSS #1 indicated client C's pants were too long and did not fit. Observations were conducted at the group home on 1/27/16 from 3:49 PM through 4:30 PM. Client C was observed in the group home throughout the observation period. Client C wore a pair		which fit promote personal dignity. For the next 14 days, Either the Executive Director, Program Manager or Quality Assurance Manager will be on site for eight hours daily –observing active treatment and completing documentation reviews, Monday through Friday and complete additional observations at the facility on weekends After two weeks, members of the Operations Team (Comprised of the Executive Director, Quality Assurance Manager, Program Managers, Quality Assurance Coordinator, Training Coordinator and Nurse Manager) and the QIDP will conduct observations during active treatment sessions no less than twice weekly for the next 30 days, and no less than weekly for an additional 60 Days. At the conclusion of this period of intensive administrative monitoring and support, the Operations Team will determine the level of ongoing support needed at the facility. Active Treatment sessions to be monitored are defined as:	

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	of gray exercise style pants with both pant legs extending beyond client C's feet/shoes. The pant legs extended in length so that client C was walking on the pant legs. QIDP (Qualified Intellectual Disabilities Professional) #1 and HM (Home Manager) #1 were present at the time of the observation. QIDP #1 was interviewed on 1/27/16 at 3:55 PM. When asked if client C's pants that he was wearing fit him, QIDP #1 stated, "They are too long. They won't stay up on his waist and keep falling down." QIDP #1 indicated HM #1 had recently purchased some additional pants for client C which were fitted with elastic around the waist and ankles. HM #1 was interviewed on 1/27/16 at 4:05 PM. HM #1 indicated she had purchased additional clothing for client C. HM #1 then retrieved a pair of gray sweat pants with an elastic waist and ankles. HM #1 indicated the sweatpants fit client C. When asked if the pants client C was currently wearing fit him, HM #1 stated, "No, those aren't the pants he left the house with this morning. He was wearing a red outfit." When asked if client C should wear the new sweat pants that fit him, HM #1 stated, "[Client C] doesn't like them." HM #1 did not coach or encourage client C to change his pants.		Mornings: Beginning at 6:30 AM and through morning transport and including the following: Medication administration, meal preparation and breakfast, morning hygiene and domestic skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day and overnight shifts. Evenings: Beginning at approximately 4:30 PM through the evening meal and including the following: domestic and hygiene skills training, leisure skills training, medication administration, meal preparation and dinner. Evening monitoring will also include unannounced spot checks later in the evening toward bed time. In addition to active treatment observations, Operations Team Members and/or the Residential Manager will perform spot checks at varied times on the overnight shift no less than twice monthly –more frequently if training issues or problems are discovered.	

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	Program Manager #1 was interviewed on 1/27/16 at 5:30 PM. Program Manager #1 indicated client C should not wear women's clothing or clothing that did not fit. 9-3-5(a)		The Executive Director and Regional Director (area manager) will review documentation of administrative level monitoring of the facility –making recommendations as appropriate. As stated above, the Executive Director will participate directly in administrative monitoring of the facility. Administrative support at the home will include but not be limited to assuring clients have appropriate clothing that supports personal dignity. **RESPONSIBLE PARTIES:** QIDP, Residential Manager, Direct Support Staff, Operations Team, Regional Director	