

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G811	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/21/2023
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NAME OF PROVIDER OR SUPPLIER RES-CARE INC	STREET ADDRESS, CITY, STATE, ZIP COD 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135
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W 0000 Bldg. 00	<p>This visit was for the pre-determined full recertification and state licensure survey. This visit included the investigation of complaint #IN00405103.</p> <p>This visit was done in conjunction with the PCR (Post Certification Revisit) to the investigation of complaint #IN00402349.</p> <p>Complaint #IN00405103: No deficiencies related to the allegation(s) are cited.</p> <p>Dates of Survey: 6/12/23, 6/13/23, 6/14/23, 6/15/23, 6/16/23, 6/19/23, 6/20/23 and 6/21/23.</p> <p>Facility Number: 013405 Provider Number: 15G811 AIMS Number: 201267570</p> <p>These deficiencies also reflect state findings in accordance with 410 IAC 16.2-5. Quality Review of this report completed by #15068 on 7/13/23.</p>	W 0000		
W 0104 Bldg. 00	<p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation and interview for 5 of 5 sample clients (#1, #2, #3, #4, and #5), plus 15 additional clients (#6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, and #20), the governing body failed to exercise general policy, budget, and operating direction over the facility to ensure a sink in the common bathroom had a working drain, clients #10 and #15's shared</p>	W 0104	To correct the deficient practice all staff have been re-trained to ensure the facility is kept clean to an acceptable standard, and reporting maintenance issues immediately. The maintenance supervisor has been trained to ensure all reported issues are	08/12/2023

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Patrick O'Heran	QAM	08/08/2023

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosed 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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	<p>bathroom had a working sink, and common shower rooms and private bathrooms used by clients #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, and #20 were clean.</p> <p>Findings include:</p> <p>Observations were conducted in the facility on 6/12/23 from 1:40 pm to 3:30 pm and from 5:00 pm to 6:00 pm and on 6/13/23 from 8:00 am to 10:00 am and from 11:30 am to 12:30 pm. Clients #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, and #20 were present in the facility throughout the observation periods.</p> <p>On 6/12/23 at 1:45 pm, the surveyor walked through the facility with Quality Assurance Coordinator (QAC).</p> <p>1. In clients #3 and #17's shared bathroom, there was no toilet paper available.</p> <p>2. In clients #2 and #11's shared bathroom, there was a puddle of liquid on the floor by the toilet. There was a strong odor in the room. QAC went into the bathroom and stated, "That looks and smells like urine."</p> <p>3. In clients #4 and #6's shared bathroom, there was a puddle of liquid on the floor by the toilet. The seat of the toilet was smeared with a brown substance. The brown substance was on the floor in a trail leading to client #6's bedroom. On 6/12/23 at 2:00 pm, Residential Manager (RM) #2 went into the bathroom and stated, "That's feces. It's a behavior for [client #6], but sometimes [client #4] does it to get [client #6] in trouble."</p> <p>4. In the community shower room next to the laundry room there was a wet towel on the floor.</p>		<p>completed as soon as possible. The broken drainpipe and drain has been repaired. The facility has been deep cleaned, and will be maintained by a daily cleaning list for staff and Rm's. Additional oversight will be completed by the QAC, PM, QIDP, or RM completing walk throughs five times a day and documenting on the facility cleaning list. Any discrepancies found during the walk through will be addressed immediately. Ongoing monitoring will be achieved by the QAC completing twice daily walk throughs of the facility to ensure the standard of cleanliness is achieved.</p>	

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	<p>In one of the showers, there was a white cream on the floor and wall of the shower. The grout lines of the tiles in the showers were black where the floor and walls met. There were missing tiles on the floor and walls.</p> <p>5. In the bathroom between clients #1 and #19's bedrooms, the garbage was overflowing, and paper towels were on the floor. The toilet had dust and a yellow substance built up on the seat and back of the toilet.</p> <p>6. In clients #7, #12, and #16's shared bathroom, there was a strong odor.</p> <p>7. In the community shower room between clients #12 and #16's bedroom and client #7's bedroom, there was a band-aid, a deodorant lid, and 4 wet wash cloths on the floor. There was one wet wash cloth in the bathtub.</p> <p>8. In clients #13 and #14's shared bathroom, there was a puddle of urine on the floor by the toilet and a strong odor.</p> <p>9. In clients #5 and #18's shared bathroom, the inside of the toilet bowl was splattered with feces. There was dried toothpaste on the sink.</p> <p>10. In clients #10 and #15's shared bathroom, there was no drain pipe in the sink, and the sink cabinet had been pulled away from the door. The inside of the toilet bowl was splattered with feces. There was a white cream smeared on the floor. There was no toilet paper in the bathroom. Paper towels were overflowing the garbage can and were on the floor.</p> <p>Client #10 was interviewed on 6/12/23 at 2:20 pm and stated, "We have to ask for toilet paper when</p>			

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	<p>we need it."</p> <p>A focused observation was conducted in clients #10 and #15's shared bathroom on 6/14/23 at 3:15 pm. The sink had not been fixed, and the bathroom had not been cleaned.</p> <p>11. The community bathroom between clients #10 and #15's bedroom had the drain pipe under the sink removed.</p> <p>Direct Support Professional (DSP) #13 was interviewed on 6/14/23 at 12:43 pm and stated, "We're constantly cleaning the day room. We try to keep the building as clean as possible." DSP #13 stated, "[QAC] writes up a list of what rooms are dirty, and we try to get the guys to clean up their rooms." DSP #13 stated, "There is no cleaning schedule that I'm aware of."</p> <p>RM #3 was interviewed on 6/14/23 at 11:50 am and stated, "In the morning, we come in, and the CNAs (Certified Nursing Assistants) will make the beds and clean the rooms. Sometimes staff need reminders of the bathrooms. They forget about them." RM #3 stated, "The staff are responsible for checking the bathrooms to make sure they're clean."</p> <p>Program Manager (PM) was interviewed on 6/14/23 at 1:55 pm and stated, "The staff do have a checklist that they should be cleaning and prompting the clients to clean. They should be going through at shift changes to make sure everything is clean from the shift before."</p> <p>Quality Assurance Manager (QAM) was interviewed on 6/14/23 at 4:10 pm and stated, "Staff should work with the clients to keep their home clean. If staff notice a dirty bathroom it should be addressed immediately."</p>			

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W 0125 Bldg. 00	<p>12. Observations were conducted at the facility on 6/12/23 from 1:37 PM to 3:25 PM, 6/12/23 from 4:54 PM to 6:09 PM, 6/13/23 from 8:51 AM to 9:54 AM, 6/13/23 from 11:38 AM to 12:35 PM, and 6/13/23 from 4:03 PM to 4:33 PM. During the observations, client #3's and client #17's toilet bowl was covered in feces in and around the rim and on the toilet seat. During the observations, client #10's and client #15's toilet bowl was covered in feces in and around the rim and on the toilet seat.</p> <p>On 6/12/23 at 2:28 PM, client #17 indicated his toilet was dirty and he did not want to use it in the current condition due to the feces in and on the toilet. Client #17 stated it was "disgusting." Client #17 indicated the feces was from the peer he shares a restroom with (client #3).</p> <p>5-1.3(a)(1-2)(a)(b)(c) 5-1.5(a) 483.420(a)(3) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process. Based on observation, record review, and interview for 1 of 5 sample clients (#3), plus 1 additional client (#16), the facility failed to ensure client #3's rights were not infringed upon after meeting discharge requirements for an alternative placement option and to ensure client #16 had a surrogate to assist with making decisions and informed consent.</p>	W 0125	To correct the deficient practice QIDP has been trained in ensuring once an individual has met discharge criteria, other placement is sought with the IDT's guidance, and any client without a guardian completes an informed consent assessment as well as making attempts to find the individual a	08/12/2023

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	<p>Findings include:</p> <p>1. Observations were conducted in the facility on 6/12/23 from 1:40 pm to 3:30 pm and from 5:00 pm to 6:00 pm and on 6/13/23 from 8:00 am to 10:00 am and from 11:30 am to 12:30 pm. Client #3 was present in the facility throughout the observation periods.</p> <p>On 6/12/23 client #3 arrived to the facility from an appointment at 2:35 pm. Client #3 used a wheelchair to ambulate through the facility independently. Client #3 transferred himself from the wheelchair to his bed independently. At 2:45 pm, client #3 had a snack at the dining table with staff assistance. At 2:52 pm, client #3 went into his bedroom and got into his bed. Client #3 remained in his bed with the lights off until the end of the observation at 3:30 pm.</p> <p>On 6/12/23 at 5:00 pm, client #3 was sitting in his wheelchair in the day room. At 5:00 pm, client #3 moved to a dining table. At 5:10 pm, client #3 was served his evening meal. Client #3 was served pureed ravioli, garlic bread, and vegetables in a divided dish with a small spoon. Client #3 ate independently with verbal prompts to slow down. Following his meal, client #3 was given tea in a wedge cup. At 5:30 pm, client #3 went to his bedroom and got into bed. At 5:42 pm, client #3 returned to the day room where he remained until the end of the observation period at 6:00 pm.</p> <p>On 6/13/23 client #3 was in his bed with the lights turned off from 8:00 am to 9:00 am. At 9:06 am, client #3 transferred himself to his wheel chair and went into the day room. Client #3 sat in the middle of the day room until he went back to his bed at 9:30 am. At 10:00 am, client #3 went on a van ride with his staff and peers.</p>		<p>guardian if the assessment indicates the need. On 7-17-23 client #3's IDT met to discuss their medical needs and alternative placement needs. Client #3s Legal Guardians agreed to complete the CIH waiver application and seek alternate placement. The guardian will work with BDDS on alternative placement. The QIDP will complete an informed consent assessment for Client #16. Client #16's IDT continues to explore options for finding a legal guardian. Ongoing monitoring will be achieved by BDDS and ResCare meeting monthly to discuss transition needs. The QIDP will complete informed consent assessments for clients without a legal guardian during the 30-day transition period.</p>	

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	<p>On 6/13/23 client #3 was sitting in his wheelchair in the day room from 11:30 am to 12:00 pm. At 12:00 pm, client #3 went to the dining table and was given hand sanitizer to sanitize his hands. At 12:17 pm, client #3 was served a pureed turkey sandwich, potato salad, and cucumbers. At 12:30 pm, client #3 went to his bedroom and got into his bed.</p> <p>Client #3's record was reviewed on 6/13/23 at 2:18 pm.</p> <p>Client #3's Individual Support Plan (ISP) dated 8/17/22 indicated the following: "Individual Profile: ... [Client #3's] [family members] are deceased. He is 1 of 4 siblings. His oldest [family member] is his guardian.... [Client #3] lacks the ability to clearly verbalize his needs and wants. He can express his wants by yelling, 'tea,' 'coffee,' 'coke,' 'snack,' and by grabbing staff to direct them to his desired location/item.... Discharge Criteria: The IDT (Interdisciplinary Team) agrees to review [client #3's] Discharge Criteria on a quarterly basis.</p> <ul style="list-style-type: none"> - [Client #3] has refrained from the targeted behaviors of Verbal Aggression, Physical Aggression, Non-Compliance, Property Destruction, Bolting, Self-Injurious Behavior, Sexually Inappropriate Behavior, and Steal (sic)/Taking peer beverages for 3 consecutive months. - [Client #3] has no incidents of refusing medication or medical treatment for 3 consecutive months. - [Client #3] engages in daily life skill programming with 2 or less refusals per month for 3 consecutive months. - Attempts to reduce behavioral medication have been discussed/and or attempted with [client #3's] psychiatrist. 			

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	<p>- [Client #3] has met discharge criteria at this time."</p> <p>An Indiana Bureau of Developmental Disabilities Services (BDDS) Transitional Discharge Plan dated 9/20/22 indicated the following: "[Client #3] has very few behavioral issues and his only consistent target behavior is that of 'stealing' unattended coffee or tea and even this target behavior is infrequent. [Client #3] enjoys a consistent tea schedule, and he takes part in daily van rides with his peers.</p> <p>Individual's Personal Goals Related to Discharge: [Client #3's] family is very hesitant to talk about discharge, and they have not approved of [client #3] moving out of ResCare. They are concerned about his potential to wander off, and they want to have 24 hour nursing care available for him.</p> <p>Medical Criteria: Attends medical appointments as needed: Met. Able to take medications PO (by mouth) as needed: Met. Medical conditions stable for community living: Met. Has been stable on medications both behaviorally and medically for 3 months: Met. Transitional Behavioral Criteria: No longer requires 2 person advanced YSIS (physical restraint): Met. No longer requires IM PRN (medication injected to control behavior as needed): Met. Willing (sic) takes PO PRNs when needed: Met. Not a risk of elopement from an unsecured environment: Not met. There is a risk/history of elopement. Not a danger to themselves or others in the community: Met. Has not required more than a 1:1 (one staff supervising one client) in the last 6 months: Met. Has not attempted suicide or severe-self-harm in</p>			

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	<p>the last 6 months: Met.</p> <p>Able to function safely in a home type setting: Met.</p> <p>Able to safely utilize chemicals with supervision: Would likely not be able to use chemicals....</p> <p>Barriers to Discharge Not Related to Discharge Criteria: The guardian has not approved of any type of discharge plan due to the concerns for his safety related to bolting and general health.</p> <p>Discussion Notes: Had quarterly/next steps meeting with guardian/BDDS on 11/16/22. Family would not discuss discharge. BDDS legal department was sending the guardian paperwork regarding discharge but no updates at this time. Quarterly meeting is set for 2/15/23 to discuss progress and to address transition concerns."</p> <p>An IDT meeting note dated 5/10/23 indicated the following: "[Client #3] continues to demonstrate that he does not require the level of restriction at the ICF (Intermediate Care Facility). Guardian did not participate in the meeting."</p> <p>An IDT meeting note dated 3/1/23 indicated the following: "On February 28, 2023 at 6:40 pm, [client #5] exited his room ... and walked to the day room. When he entered the dayroom, he walked up [client #3] and for no apparent reason and without precursors, [client #5] engaged in physical aggression towards [client #3] by using his right hand to slap [client #3] in the left side of his face. [Client #3] did not retaliate. [Client #5] then ran back to his bedroom."</p> <p>An IDT meeting note dated 2/24/23 indicated the following: "On February 23, 2023 at 7:00 pm, [client #3] was in the dayroom waiting on a snack when for no</p>			

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	<p>apparent reason and without precursors [client #14] walked up to [client #3] and engaged in physical aggression by using both of his hands to push [client #3] effectively knocking him down. [Client #3] landed on his buttocks and back. He did not retaliate."</p> <p>Direct Support Professional (DSP) #13 was interviewed on 6/14/23 at 12:43 pm and stated, "This is not an appropriate placement for [client #3]." DSP #13 stated, "[Client #3] does not have behaviors that are dangerous to himself and others. The only behavior he has is over tea. He sits in the dayroom and screams for tea. There is no aggression."</p> <p>Residential Manager (RM) #3 was interviewed on 6/14/23 at 11:50 am and stated, "[Client #3] does not have significant behaviors that require this setting. He only steals drinks."</p> <p>Program Manager (PM) was interviewed on 6/14/23 at 1:55 pm and stated, "This placement is not appropriate for [client #3]. He's not behavioral. He's older, and his health is dwindling. He doesn't need to be here." PM stated, "His guardian does not want to move him, so BDDS is working on a letter. Their legal department was involved. We can't move him without BDDS placement authority. We're waiting on BDDS."</p> <p>BDDS Coordinator #1 was interviewed by phone on 6/20/23 at 1:00 pm and stated, "[Client #3] has met all criteria for discharge. The family has threatened to sue. Placement in this facility is not about life skills. It's about behaviors, and he has met discharge criteria." BDDS Coordinator #1 stated, "The information has been given to the central office legal department, and they were</p>			

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W 0126 Bldg. 00	<p>drafting a letter to the guardian. That was in November 2022." BDDS Coordinator #1 stated, "We have monthly meetings with the guardians. I bring it up at every meeting. They say we've already discussed it, and they shut down the conversation."</p> <p>2. Client #16's record was reviewed on 6/19/23 at 11:30 AM. Client #16's BSP (Behavior Support Plan) dated 5/18/23 indicated,</p> <p>-"[Client #16, race, gender and age] who transitioned to ResCare in [town] on 7/1/22. He had previously been living at [another residential facility] since July 7, 2009 and he is his own legal guardian at this time. [Client #16] has frequent contact with his grandmother [name], but his mother is deceased and his father is not involved in his life. [Client #16] is diagnosed with Autistic Disorder and he has extensive medical history including a stroke in 2005 and exposure to drugs and alcohol while in utero. He is non-verbal and struggles to appropriately tell staff what he wants and needs."</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 and QAM (Quality Assurance Manager) were interviewed on 6/14/23 at 2:28 PM. QIDP #1 indicated he was not sure if client #16 was able to give informed consent. QIDP #1 indicated client #16 did not have a guardian. QAM indicated client #16's record did not include documentation of an informed consent assessment.</p> <p>5-1.2(6)</p> <p>483.420(a)(4) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow</p>			

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	<p>individual clients to manage their financial affairs and teach them to do so to the extent of their capabilities.</p> <p>Based on record review and interview for 3 of 5 sampled clients (#1, #3 and #5) and 1 additional client (#9), the facility failed to ensure clients #1, #3, #5 and #9 had opportunities to participate in cashing their monthly spending money checks.</p> <p>Findings include:</p> <p>On 6/13/23 at 2:30 PM, the facility's finances were reviewed and indicated the following:</p> <p>1. Client #1's Resident Funds Management Service (RFMS) statement from June 2022 to June 2023 was reviewed and indicated the following checks were made out to the Program Manager (PM) and not client #1:</p> <p>6/14/22: June spending money: \$40.00. 7/18/22: Money for the fair: \$50.00. 7/18/22: Weekly spending money: \$40.00. 10/7/22: Weekly spending money: \$40.00. 10/7/22: Festival/Halloween: \$80.00. 11/29/22: Weekly spending money: \$60.00. 2/23/23: Weekly spending money: \$40.00. 4/5/23: Weekly spending money: \$40.00.</p> <p>2. Client #3's RFMS statement from June 2022 to June 2023 was reviewed and indicated the following checks were made out to the PM and not client #3:</p> <p>6/14/22: June spending money: \$40.00. 7/18/22: weekly spending money: \$40.00. 8/31/22: new clothes: \$300.00. 9/7/22: weekly spending money: \$40.00. 10/7/22: weekly spending money: \$40.00. 10/27/22: winter clothes, coat: \$600.00.</p>	W 0126	To correct the deficient practice the PM no longer receives client checks made out to the PM. To ensure clients are participating in their money management a new system has been put in place. Individuals now use a Pcard system to purchase items with their personal funds in the community. QIDP will reassess each client ISCP to reflect the current system. The QIDP will also assess individuals CFA to determine if banking is an appropriate goal in their current development. ISP goals will be created for those needing banking goals. Ongoing monitoring will be achieved by the PM completing/reviewing client finance records and QIDP reviewing goals for progress/appropriateness at least monthly	08/12/2023

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G811	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/21/2023
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	<p>11/29/22: weekly spending money: \$40.00. 11/29/22: winter clothes, Christmas: \$500.00. 1/10/23: weekly spending money: \$40.00. 2/23/23: weekly spending money: \$40.00. 4/5/23: weekly spending money: \$40.00.</p> <p>3. Client #5's RFMS statement from June 2022 to June 2023 was reviewed and indicated the following checks were made out to the PM and not client #5:</p> <p>6/14/22: June spending money: \$40.00. 7/18/22: weekly spending money: \$40.00. 9/7/22: weekly spending money: \$40.00. 10/7/22: festival/Halloween: \$200.00. 10/7/22: weekly spending money: \$40.00. 11/29/22: weekly spending money: \$60.00. 11/29/22: winter clothes, Christmas: \$300.00. 1/10/23: weekly spending money: \$40.00. 2/23/23: weekly spending money: \$40.00. 4/5/23: weekly spending money: \$40.00.</p> <p>4. Client #9's RFMS statement from March 2023 to June 2023 was reviewed and indicated the following check was made out to the PM and not client #9:</p> <p>4/5/23: weekly spending money: \$40.00.</p> <p>On 6/13/23 at 3:29 PM, the PM was interviewed. The PM indicated when she completes check requests for the clients, the checks are made out to her and not the client. The PM stated, "That is how it always was before I came. The clients don't have current IDs (state identification cards). The [Business Manager] stopped the contract at the local bank so I cash them (checks) in [city where she resides] and bring the cash to the office the next day. In [city of previous employment with Rescare] the benefits coordinator would write</p>			

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W 0130 Bldg. 00	<p>the check to the client". The PM indicated the clients should be able to cash their personal checks.</p> <p>On 6/14/23 at 9:00 AM, the Executive Director (ED) and the Quality Assurance Manager (QAM) were interviewed. The QAM stated, "That process is going to stop. There is too much liability there". The ED stated, "We just got a bank set up for clients to be able to cash their own checks. It never should have been done that way". The QAM and ED indicated clients should have the opportunity to cash their checks.</p> <p>483.420(a)(7) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs.</p> <p>Based on observation and interview for 2 additional clients (#15 and #16), the facility failed to provide clients #15 and #16 with privacy while caring for their personal needs.</p> <p>Findings include:</p> <p>An observation was conducted in the facility on 6/13/23 from 8:00 am to 10:00 am. Clients #15 and #16 were present in the facility throughout the observation period.</p> <p>1. On 6/13/23 at 8:36 am, client #16 was standing in the hallway without clothing on. Clients #10, #13, and #17 were standing in the hallway and pointed at client #16. Client #13 shouted, "He's naked. He's naked." Staff in the day room did not acknowledge clients #10, #13, #16, and #17. Qualified Intellectual Disabilities Professional (QIDP) #1 saw client #16 and took him into his</p>	W 0130	To correct the deficient practice all site staff have been trained in ensuring client privacy while caring for personal needs and ensuring the bathroom/bedroom door is shut during activities that required privacy. The PM will purchase each client a robe to encourage modesty from the bathroom to the individual's bedroom. Additional monitoring will be achieved by the administrative staff completing five times a week facility observation for a period of one month. Ongoing monitoring will be achieved by the QAC, PM, and QIDP completing routine observations of the facility as well as monthly site reviews to be completed by ResCare	08/12/2023

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G811	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 06/21/2023
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	<p>bedroom to assist him to get dressed.</p> <p>Residential Manager (RM) #3 was interviewed on 6/14/23 at 11:50 am and stated, "[Client #16] is frequently naked. I put myself in front of him and put him back in his room to prevent him from being naked in the day room. We should prompt him to dress." RM #3 stated, "They shouldn't be naked in the hallway. It's indecent."</p> <p>Qualified Intellectual Disabilities Professional (QIDP) #1 was interviewed on 6/14/23 at 2:28 pm and stated, "Staff should prompt [client #16] to put clothes on. He responds well to prompts." QIDP #1 stated, "Other clients should be politely asked to go back into the day rooms or sent to their bedrooms to provide privacy and dignity."</p> <p>Quality Assurance Manager (QAM) was interviewed on 6/14/23 at 4:10 pm and stated, "Staff should prompt [client #16] to his bedroom or the bathroom and help him to get dressed."</p> <p>2. On 6/13/23 at 8:36 am, client #15 was taking a bath in the common shower room. Client #15 was lying down in the bathtub full of water, and the shower room door was open. Clients #10, #13, and #17 congregated around the door and pointed at client #15. At 8:43 am, QIDP #1 looked into the shower room and stated, "I was just checking on you." QIDP #1 did not shut the door or address client #15's lack of privacy. At 8:45 am, Activities Coordinator (AC) was standing outside the shower room door and had shut the door.</p> <p>RM #3 was interviewed on 6/14/23 at 11:50 am and stated, "There should be staff outside of the bathroom while [client #15] is in the bathtub. The door is closed, but staff check on him." RM #3 stated, "Staff should redirect peers away from the</p>		administration.	

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NAME OF PROVIDER OR SUPPLIER RES-CARE INC			STREET ADDRESS, CITY, STATE, ZIP COD 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135		
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W 0149 Bldg. 00	<p>bathroom and close the door for [client #15's] privacy."</p> <p>PM was interviewed on 6/14/23 at 1:55 pm and stated, "Staff should close the bathroom door and be in there with [client #15]. He should have privacy in the bathroom."</p> <p>QIDP #1 was interviewed on 6/14/23 at 2:28 pm and stated, "If the door is open, staff should prompt the peers away and close the door."</p> <p>QAM was interviewed on 6/14/23 at 4:10 pm and stated, "Staff should shut the bathroom door and allow [client #15] his dignity."</p> <p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on observation, record review and interview for 5 of 5 sampled clients (#1, #2, #3, #4 and #5) and 15 additional clients (#6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19 and #20), the facility failed to implement its written policy and procedures to prevent a pattern of client to client aggression where client #14 was the aggressor and to develop and implement effective corrective measures to prevent further incidents; to prevent an incident of neglect regarding clients #13, #14, #15 and #17 and to complete the recommended corrective action regarding the incident; to prevent two incidents of ingesting non-edible items regarding clients #8 and #16; to prevent substantiated staff physical abuse towards client #4; to prevent additional incidents of client to client aggression regarding clients #2, #4, #5, #13, #17, #20; to report an allegation of staff sleeping on duty to the Bureau</p>	W 0149	To correct the deficient practice all site staff have been trained in ResCare ANEM policy/procedure and all client BSP's. All supervisory staff and investigators have been trained on ensuring the IDT meets the needs of the clients to prevent patterns of client to client, completing investigation recommendations, reporting allegations to BDDS within 24 hours, and investigating all episodes of client to client. Client #14 IDT will meet to discuss current patterns and further safety measures. The QA department will track all incoming incident reports to ensure BDDS reports are completed within 24hrs. The	08/12/2023	

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	<p>of Developmental Disabilities Services (BDDS) within 24 hours and to conduct thorough investigations regarding incidents of client to client aggression and an allegation of staff abuse of client #8.</p> <p>Findings include:</p> <p>1. An observation was conducted at the facility on 6/13/23 from 4:03 PM to 4:33 PM. Qualified Intellectual Disabilities Professional (QIDP) #1 was supervising clients #10, #14 and #19 in the yard. QIDP #1 was the only staff present outside. Client #19 was sitting at the picnic table while QIDP #1 and clients #10 and #14 walked around the yard interacting with each other.</p> <p>On 6/12/23 at 2:30 PM and on 6/13/23 at 8:00 AM, a review of the facility's incident/investigative reports was conducted and indicated the following:</p> <p>1a) A 5/20/23 BDDS report indicated, "On 05/19/2023 at 3:10 PM, [client #14] for no apparent reason and without precursors, [client #14] engaged in physical aggression towards a peer (client #10). He hit the peer in the back as he was walking through the day room. He was redirected to his bedroom to calm down and to use his coping skills. Plan to Resolve: Staff will continue to follow [client #14's] guardian and HRC (Human Rights Committee) approved BSP (Behavior Support Plan) and ISP (Individual Support Plan) regarding verbal and physical aggression, threats, (sic) coping skills. Staff will continue to educate [client #14] on using his coping skills when he becomes upset".</p> <p>A 5/25/23 Client to Client Aggression Investigation (CCAI) included the following</p>		<p>QAM will assign all investigations and track on the IR spread sheet for timely completion. Additional monitoring will be achieved by the administrative staff completing five times a week facility observation for one month. To ensure no others were affected the QAM will review the last six months of incidents and investigations to ensure BDDS reports were completed timely and investigations were completed.</p>	

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	<p>recommendations: "Staff will continue to monitor [client #10] for any further injuries. Staff will continue to educate [client #14] on using his coping skills when he becomes upset and respecting his peers personal space. Will continue to follow current BSP's (sic) and offer alternative activities. Team will follow up with [Psychiatrist] on 5/30/23 on campus to discuss the ineffective PRN (as needed) of Haldol 5mg (milligrams/for behaviors) and a possible recommendation. Staff will be trained on serving as an assigned staff when [client #14] is demonstrating precursors. The assigned staff will be responsible for remaining between [client #14] and peers when possible and encouraging separate programming to keep peers safe".</p> <p>1b) A 5/20/23 BDDS report indicated, "On 5/19/23 at 3:20 pm, [client #14] was in day room with staff and peers he was visibly agitated (sic). He kicked a peers (sic) (client #9) leg, he was placed in a two person escort, so he could go to his room and calm down, use his coping skills (sic). He continued PA (physical aggression) with staff hit them several times and tried urinating on them (sic). They tried having him use his coping skills again but he was unable to calm himself down. Nurse called [Psychiatrist] for permission to give 2nd PRN. PRN was given. Plan to Resolve: Staff will continue to follow [client #14's] guardian and HRC approved BSP and ISP regarding verbal and physical aggression, threats (sic) PRN protocol and coping skills. Staff will continue to educate [client #14] on using his coping skills when he becomes upset".</p> <p>A 5/25/23 CCAI included the following recommendations: "Staff will continue to monitor [client #9] for any further injuries. Staff will continue to educate [client #14] on using his</p>			

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--	--

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	<p>coping skills when he becomes upset and respecting his peers personal space. Will continue to follow current BSP's (sic) and offer alternative activities. Team will follow up with [Psychiatrist] on 5/30/23 on campus to discuss the ineffective PRN of Haldol 5mg and a possible recommendation. Staff will be trained on serving as an assigned staff when [client #14] is demonstrating precursors. The assigned staff will be responsible for remaining between [client #14] and peers when possible and encouraging separate programing to keep peers safe".</p> <p>1c) A 5/22/23 BDDS report indicated, "On May 21, 2023 at 12:46 pm [client #14] and [client #19] were standing in the front yard when [client #19] began to instigate [client #14] by taking his ball and pretending the (sic) he was going to throw it at [client #14]. [Client #14] became agitated and began to shout at [client #19]. [Client #19] retaliated by using his right fist to punch [client #14] in the left side of his face. [Client #14] then attempted to chase [client #19] due to being agitated at him for punching him. Staff redirected [client #19] back inside the residential building. Staff educated both clients on respecting their peers personal space. [Client #14] agreed with this education and returned to normal programming. [Client #19] did not agree with staffs education and engaged in verbal aggression towards them by cussing at them and shouting at them. Staff continued to monitor [client #19]. Nurse assessed both clients and noted no injuries. There were no further issues. Plan to Resolve: Staff will continue to follow [client #19] and [client #14's] guardian and HRC approved BSP and ISP regarding verbal and physical aggression, threats, YSIS intervention, PRN protocol and coping skills. Both clients report they feel safe and neither wished to file a grievance. Staff will continue to educate</p>			

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	<p>[client #19] and [client #14] to talk with staff and use coping skills when he is upset".</p> <p>There was no documentation indicating the facility conducted an investigation regarding the client to client aggression.</p> <p>On 6/14/23 at 10:00 AM, the Quality Assurance Manager (QAM) was interviewed and indicated an investigation should have been completed. The QAM stated, "It was not done. It was assigned to the Q (QIDP #1) and he did not complete them (investigations)".</p> <p>1d) A 5/22/23 BDDS report indicated, "On May 21, 2023 at 3:25pm while in the dayroom, for no apparent reason and without precursors, [client #14] began to shout at his peer [client #4]. [Client #14] then walked up to [client #4] and engaged in physical aggression towards [client #4] by using his right hand to hit [client #4] in his left shoulder. [Client #4] did not retaliate. Staff was able to intervene and redirected [client #14] away from his peer to another area of the dayroom and educated [client #14] on respecting his peers personal space. [Client #14] seemed to agree with this education. Both clients returned to normal programming. Nurse assessed both clients and noted no injuries. There were no further issues. Plan to Resolve: Staff will continue to follow [client #14's] guardian and HRC approved BSP and ISP regarding verbal and physical aggression (sic) threats, YSIS (You're Safe, I'm Safe/behavioral intervention) intervention, PRN protocol and coping skills. Both clients report they feel safe and neither wished to file a grievance. Staff will continue to educate [client #14] on personal space and using his coping skills when he is upset".</p>			

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	<p>There was no documentation indicating the facility conducted an investigation regarding the client to client aggression.</p> <p>On 6/14/23 at 10:00 AM, the QAM was interviewed and indicated an investigation should have been completed. The QAM stated, "It was not done. It was assigned to the Q (QIDP #1) and he did not complete them (investigations)".</p> <p>1e) A 5/24/23 BDDS report indicated, "On May 23, 2023 at 7:21 am [client #14] had just finished eating breakfast and began to walk around the dayroom. For no apparent reason and without precursors [client #14] began to target his peer [client #10] by engaging in verbal aggression towards him by instigating him and threatening him. Staff educated [client #14] on using kind words but [client #14] did not agree and engaged in physical aggression towards [client #10] by using his right hand to slap the right side of [client #10's] face and then used both hands to push a chair into [client #10's] right leg. [Client #10] did not retaliate. Staff was able to intervene and redirected [client #14] away from his peer and to another part of the dayroom. Staff also educated [client #14] on not engaging in physical aggression towards his peers. [Client #14] stated 'I didn't do it, [imaginary person] did ([imaginary person] is not a real person)'. He then returned to walking around the dayroom without further issues. Nurse assessed both clients and noted no injuries. Plan to Resolve: Staff will continue to follow [client #14's] guardian and HRC approved BSP and ISP regarding verbal and physical aggression, threats, YSIS intervention, PRN protocol and coping skills. Both clients report they feel safe and neither wished to file a grievance. Staff will continue to educate [client #14] on personal space and using his coping skills</p>			

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	<p>when he becomes upset. IDT (interdisciplinary team) will meet to discuss recent peer to peer occurrences involving [client #14]".</p> <p>There was no documentation indicating the facility conducted an investigation regarding the client to client aggression.</p> <p>On 6/14/23 at 10:00 AM, the QAM was interviewed and indicated an investigation should have been completed. The QAM stated, "It was not done. It was assigned to the Q (QIDP #1) and he did not complete them (investigations)".</p> <p>1f) A 5/26/23 BDDS report indicated, "On May 25, 2023 at 11:13 am [client #11] and [client #14] were in the dayroom. For no apparent reason and without precursors, [client #14] engaged in verbal aggression (sic) towards [client #11] by threatening to hit him. [Client #14] also got close to [client #11] and acted like he was going to hit him. Staff prompted him not to hurt his peer. [Client #14] ignored staffs (sic) prompts and engaged in physical aggression towards [client #11] by using his left hand to grab [client #11's] right arm and began to pinch him and dig his nails into [client #11's] right arm. [Client #11] did not retaliate. Staff was able to intervene and separated both clients. Staff redirected [client #14] to another area of the dayroom and educated him on respecting his peers personal space and not hurting them. He then walked to his bedroom. Nurse assessed both clients and noted no injuries on [client #14]. Nurse noted that the scab on [client #11's] right arm from a blood draw earlier in the day was scratched off by [client #14] and bleeding. Nurse cleaned the area and bandaged it. There were no other injuries noted on [client #11]. Both clients returned to normal programming without further issues. Plan to Resolve: Staff will</p>			

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NAME OF PROVIDER OR SUPPLIER RES-CARE INC	STREET ADDRESS, CITY, STATE, ZIP COD 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135
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	<p>continue to follow [client #14's] guardian and HRC approved BSP and ISP regarding verbal and physical aggression, threats, YSIS intervention, PRN protocol and coping skills. Both clients report they feel safe and neither of them wished to file a grievance. Staff will continue to educate [client #14] on personal space and using his coping skills when he is upset. IDT met to discuss recent peer to peer occurrences involving [client #14] and have put him on a list to see the psychiatrist on May 30, 2023 as well as assigning a staff to keep an eye on [client #14] and help him de-escalate when he gets agitated".</p> <p>A 5/31/23 CCAI included the following recommendations: "Staff will continue to monitor [client #11] for any further injuries. Staff will continue to educate [client #14] on using his coping skills when he becomes upset. Will continue to follow current BSP's (sic) and offer alternative activities. Team will follow up with [Psychiatrist] to discuss the ineffective PRN of Haldol 5mg and a possible recommendation. Staff will be trained on serving as an assigned staff when [client #14] is demonstrating precursors. The assigned staff will be responsible for remaining between [client #14] and peers when possible and encouraging separate programming to keep peers safe".</p> <p>1g) A 5/26/23 BDDS report indicated, "On May 25, 2023 at 3:29 pm [client #14] was in Pacer's hallway following around his QIDP (QIDP #1) when for no apparent reason he began to engage in verbal aggression towards staff and his peers by threatening them. Staff prompted [client #14] to walk with him to his bedroom for separate programming per his plan. He was compliant and began to walk with staff. As [client #14] walked past his peer [client #11], who was walking around</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G811	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 06/21/2023
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	<p>the dayroom, he engaged in physical aggression towards [client #11] by using his left elbow to elbow [client #11] in his left elbow. [Client #14] then spit on [client #11's] face. [Client #11] did not retaliate. Staff educated [client #14] on respecting his peers personal space and continued walking with him towards his bedroom in Colt's hallway. When [client #14] passed his peer [client #5], he engaged in physical aggression towards him by spitting on [client #5] and then using his right leg to kick [client #5] in his left leg. [Client #5] retaliated by using both of his hands to shove [client #14] and then ran to his room. [Client #14] then engaged in physical aggression towards staff by using both hands to hit them and grab their breasts. After staff educated him on not engaging in physical aggression, [client #14] walked with staff back to the dayroom. Once in the dayroom, [client #14] engaged in physical aggression towards his peer [client #1], who was playing on his phone, by using his left foot to kick [client #1] in his left shin. Staff redirected [client #14] to his bedroom. He was compliant with staff request and walked with them to his bedroom where they were able to assist him in calming down. He returned to the dayroom without further issues. Nurse assessed all clients and noted no injuries. Plan to Resolve: Staff will continue to follow [client #14's] guardian and HRC approved BSP and ISP regarding verbal and physical aggression, threats, YSIS intervention, PRN protocol and coping skills. All clients report they feel safe and none of them wished to file a grievance. Staff will continue to educate [client #14] on personal space and using his coping skills when he is upset. IDT met to discuss recent peer to peer occurrences involving [client #14] and have put him on a list to see the psychiatrist on May 30, 2023 as well as assigning a staff to keep an eye on [client #14] and help him de-escalate</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G811	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/21/2023
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	<p>when he gets agitated".</p> <p>A 6/2/23 CCAI included the following recommendations: "Staff will continue to monitor [client #11], [client #5] and [client #1] for any further injuries. Staff will continue to educate [client #14] on using his coping skills when he becomes upset and respecting his peers personal space. Will continue to follow current BSP's (sic) and offer alternative activities. Team will follow up with [Psychiatrist] to discuss the ineffective PRN of Haldol 5mg and a possible recommendation 6/6/23. Staff will be trained on serving as an assigned staff when [client #14] is demonstrating precursors as of 6-1-23. The assigned staff will be responsible for remaining between [client #14] and peers when possible and encouraging separate programing to keep peers safe".</p> <p>1h) A 5/29/23 BDDS report indicated, "On May 28, 2023 at 11:27 am [client #14] and his peer [client #11] were in the kitchen watching staff make lunch when for no apparent reason and without precursors, [client #14] engaged in physical aggression towards [client #11] by using both hands to grab [client #11's] left arm and then used his right hand to hit [client #11's] left side. Staff redirected [client #14] out of the kitchen but he returned and used his right hand to pinch [client #11's] left side. [Client #11] did not retaliate. Staff redirected [client #14] to his bedroom where they were able to separate program him per his plan and assisted him in using his coping skills (sic). Both clients were assessed by nursing and no injuries were noted. Both clients returned to normal programming without further issues. Plan to Resolve: Staff will continue to follow [client #14's] guardian and HRC approved BSP and ISP regarding physical aggression and coping skills.</p>			

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NAME OF PROVIDER OR SUPPLIER RES-CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135
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	<p>Both clients report they feel safe and neither wished to file a grievance. Staff will continue to educate [client #14] on personal space and using his coping skills when he becomes upset".</p> <p>A 6/6/23 CCAI included the following recommendations: "Staff will continue to monitor [client #11] for any further injuries. Staff will continue to educate [client #14] on using his coping skills when he becomes upset and respecting his peers personal space. Will continue to follow current BSP's (sic) and offer alternative activities. Team will follow up with [Psychiatrist] to discuss the ineffective PRN of Haldol 5mg and a possible recommendation 6/6/23. Staff will be trained on serving as an assigned staff when [client #14] is demonstrating precursors as of 6-1-23. The assigned staff will be responsible for remaining between [client #14] and peers when possible and encouraging separate programming to keep peers safe".</p> <p>1i) A 6/6/23 BDDS report indicated, "On June 5, 2023 at 8:40 am [client #19] and [client #14] were walking around the dayroom. [Client #14] walked up to [client #19] and go (sic) into his personal space. [Client #19] retaliated by using his right hand to hit [client #14] in his mouth. [Client #14] did not retaliate. Staff was able to intervene and separated both clients from each other. Staff prompted [client #19] to leave his peers alone and educated him on not engaging in physical aggression towards them, walking away if a peer agitates him, and to let a staff know. [Client #19] seemed to agree with this education and walked away. Both clients were assessed by nursing who noted no injuries. Both clients returned to normal programming without further issues. Plan to Resolve: Staff will continue to follow [client #19's] HRC approved BSP and ISP regarding verbal and</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G811	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/21/2023
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NAME OF PROVIDER OR SUPPLIER RES-CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135
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	<p>physical aggression, threats, YSIS intervention, PRN protocol and coping skills. Both clients report they feel safe and neither wished to file a grievance. Staff will continue to educate [client #19] to talk with staff and use coping skills when he is upset. IDT met and determined that [client #19] will see [Psychiatrist] on June 6, 2023 regarding possible med (medication) change to assist in decreasing aggression".</p> <p>A 6/9/23 CCAI included the following recommendations: "Staff will continue to monitor [client #14] for any further injuries. Staff will continue to educate [client #19] on using his coping skills when he becomes upset. Staff will continue to educate [client #14] on respecting his peers boundaries (sic). Will continue to follow current BSP's (sic). The team met 6-8-23 and implemented [client #14] having an assigned staff when he is out of his room combined with an increase in his PRN (Haldol, 10mg currently) that was approved by his [Psychiatrist] on 6-8-23".</p> <p>On 6/14/23 at 12:05 PM, client #14's record was reviewed.</p> <p>Client #14's 6/1/23 BSP indicated, "[Client #14] can be very aggressive with peers and staff and some of his behaviors appear to take place without warning. He spits on others when he is upset and he may engage in this behavior without others knowing why he is upset. Due to his numerous acts of physical aggression toward peers, he has an assigned staff when he is demonstrating precursors.... [Client #14] can switch from pleasant and friendly to threatening and aggressive without clear environmental triggers. He can often be observed to be yelling at no one in particular, having 'arguments' with people who are not present, punching and fighting the air, or talking</p>			

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

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	<p>to himself in different accents. It has shown to be beneficial for [client #14] to utilize other areas of campus such as the gym, courtyard, front porch, etc. in order to take a break from the residential hall and [client #14] occasionally requires programming outside of the residential hall due to continuous aggression. Target behaviors for [client #14] include verbal and physical aggression, property destruction, bolting, non-compliance (refusing to engage in programming), self injury, allegations of abuse and neglect, sexually inappropriate behaviors, boundary violations/unwelcome touch, and instigation...."</p> <p>"Physical Aggression: Any occurrence or attempts at hitting people, spitting on them, kicking or scratching at others, using objects as weapons, pulling hair, pinching, or behaviors that produce or have the potential to produce an injury to others. Spitting on others occurred at a high frequency at previous placements. Historically, he has been physically aggressive to those who he feels have 'wronged' him. He can also be physically aggressive when he is not getting what he wants from others. He has a history of being very aggressive toward his mother and he has also grabbed the driver during vehicle transports. When highly agitated, he may attempt to engage in several acts of aggression toward peers.... Replacement Behaviors: Asking/approaching staff for help: Any time he asks appropriately for staff to help him get the items or attention that he desires or any time he uses his coping skills instead of engaging in the target behavior...."</p> <p>"Restrictions: [Client #14] will have 1:1 staff for all community outings and the 1:1 staff cannot be the driver. He will sit the furthest away from the driver in the vehicle and will have staff seated next to</p>			

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--	---	--	---

NAME OF PROVIDER OR SUPPLIER RES-CARE INC	STREET ADDRESS, CITY, STATE, ZIP COD 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135
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	<p>him during outings/transport. If [client #14] is exhibiting agitation, precursors, or has engaged in physical aggression to peers, an assigned staff will be put in place for the protection of other clients. The assigned staff's responsibility is to prevent [client #14] from being able to hit/kick/spit at other clients. The assigned staff should stay between [client #14] and any peers that he may hit. The assigned staff can also encourage [client #14] to go to the life skills building for activity where he would be away from his peers for their safety...."</p> <p>"Precursors: Verbal aggression and instigation could be identified as precursors to other behavioral issues. When he engages in this behavior staff will: See above restriction about implementing an assigned staff for [client #14].</p> <p>Remain calm in tone and volume, do not react with emotion or irritation. Ignore threats and verbal abuse. Do not get into a back-and-forth power struggle. If he is engaging in instigation toward a peer, remain between the two peers. Ask him how you can help. He is more likely to calm down if he feels supported and liked by his staff. Remind him that we are here to help him so that he can reach his goals of being more independent. If he continues to yell, with as little reaction that you can use, repeat that you want to help him but that you can only do so if he is talking calmly. Once calm, attempt to resolve the problem or come up with a game plan as to how the problem can be resolved. Praise him for his input and compliance when he has calmed (i.e.: 'I know you're upset but I'm really proud of you for calming down so we can talk about this' etc. If the verbal aggression continues, in a calm and neutral voice, suggest a relaxation technique that he can use to calm down (i.e.: 'let's take 10 deep breaths together, then if you're calm, we can talk'. A staff will encourage</p>			

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

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	<p>him to go with them (in the opposite direction of his peers) for a walk. If he does not begin to go to a different area and continues being verbally aggressive, staff will redirect peers away from the immediate area. Attempt to find out what is upsetting him and attempt to resolve the problem as best you can with his input. If [client #14] is creating an unsafe environment due to his verbal aggression or instigation of peers, and he is refusing to leave a common area, thus causing him to become a target to his peers, for his own health and safety, he can be physically redirected to a safe area using YOU'RE SAFE I'M SAFE (YSIS) always beginning with the least restrictive measures...."</p> <p>"Preventative Procedures: If [client #14] is engaging in ongoing verbal aggression or instigation, it has been helpful to offer to take him to the life skills building where he can yell or be active without disrupting his peers. See above restriction related to [client #14] having an assigned staff when showing precursors. [Client #14] should have opportunities throughout the day to leave the residential hall and go to the yard/gym/etc. Give [client #14] choices whenever possible, he does best when he feels like he has some control over his situation.... [Client #14] enjoys listening to music and a tablet has been provided for him".</p> <p>"[Client #14] and his peer, [client #19] do not get along and staff should make an effort to program them away from one another when possible."</p> <p>"Reactive Procedures: For Verbal Aggression: See procedures outlined in 'precursor' section of this plan. For Physical Aggression/Property Destruction/Self Injurious Behaviors: Immediately ensure the health and safety of everybody in the</p>			

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--	---	--	---

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

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	<p>immediate environment. Redirect him and/or others to a different area of the environment. Tell him to stop the behavior. If he stops the behavior, redirect him to a safe location and problem solve with him and praise him for doing this with us. If the behavior continues, block all attempts of aggression and attempt to redirect, if the behavior continues and he is placing himself or others in danger, implement YOU'RE SAFE I'M SAFE (YSIS) beginning with the least restrictive measures...."</p> <p>On 6/13/23 at 9:08 AM, Residential Manager (RM) #2 and the QAM were interviewed. RM #2 indicated client #14 has engaged in a pattern of client to client aggression and his BSP has had many updates. RM #2 indicated client #14 had assigned staff when he engaged in physical aggression. RM #2 stated, "We always make sure staff is with him to avoid as many peer to peers as we can. He programs separately a lot. It was put in place recently". RM #2 stated client #14 has had many issues with client #19 because "he (client #19) feeds into it". RM #2 stated, "Staff should step in between to prevent (physical aggression) and verbally redirect him". RM #2 was asked if and when client #14 had 1:1 staffing. RM #2 stated, "When he is becoming aggressive. He hasn't been 1:1 for a while. It is assigned staff not 1:1. When he has aggression towards peers he gets assigned staff. If I could have someone with him every single second honestly I would. Personally the continuous destroying his room, pulling things out of his dresser, creating a dangerous environment in his room, urinating on things. We might be able to prevent some of the instances. I was excited when we didn't have to have him on 1 on 1. Each day passes he has to have someone with him. Multiple acts of bolting out of the building. That is becoming an issue.</p>			

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--	--

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	<p>He was on 1:1 then he transitioned off of it. It was possibly towards the end of summer last year". RM #2 indicated client #14 should have 1:1 staff due to his plan not being effective. RM #2 stated, "When I see him screaming at peers, I try to make sure staff is right beside him. I do all I can to prevent abuse and neglect at all times towards the guys. He (client #14) pops up at random times. He will be walking with a basketball and he'll throw it out of nowhere. [Client #19] took 2 balls to the stomach earlier. I'm not going to proactively intervene until he does something". The QAM stated, "Trying to get in between people when we see him agitated. The IDT tried to come up with many proactive measures for him. We bring him down here (gym area). [RM #2] just gave me some input. She is suggesting 1:1 and male staff he responds better to. I can't remember if we have discussed 1:1 (for client #14). Everyone is aware and trying to come up with things to help [client #14]. It's not usually anything serious. Nobody is getting hurt. The IDT is working closely with him and [Psychiatrist]. Twice weekly IDTs we talk about the heavy hitters (client #14)". RM #2 indicated when plans are updated there is a note written on a dry erase board in the staff room indicating what plans were updated then staff are responsible for reviewing and signing the inservice form indicating they reviewed the changes to the plans.</p> <p>On 6/13/23 at 10:35 AM, the Behavior Technician (BT) was interviewed. The BT indicated there was an incident this morning where client #14 was trying to bolt from the group when they were in the library. The BT indicated she was the only staff with client #14, client #19 and client #1. The BT indicated she had to close the door and sit by the door to prevent client #14 from bolting from the room. The BT indicated closing the door</p>			

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	<p>wasn't a restriction addressed in client #14's BSP. The BT indicated she wasn't aware of client #19 targeting client #14 and she wasn't aware they should not be in programming together. The BT indicated client #14's BSP should be implemented as written.</p> <p>On 6/13/23 at 11:25 AM, Direct Support Professional (DSP) #11 was interviewed. DSP #11 was asked if client #14 targets any of his peers. DSP #11 stated, "It just depends on his mood. It could really be any of the clients. [Client #19] is one of the main ones". DSP #11 was asked how staff should respond to client #14's behaviors. DSP #11 stated, "Intervene, redirect him to something else before something else happens. He is with assigned staff so we can try to prevent the c2cs (client to clients) from happening". DSP #11 indicated when client #14 displays precursors he should be programmed by himself to prevent client to client incidents. DSP stated, "Everyone knows how [client #14] is, you have to stay in between him and his peers to prevent (client to client aggression)".</p> <p>On 6/14/23 at 8:52 AM, the QAM was interviewed. The QAM indicated client to client aggression was abuse and the facility should prevent abuse of the clients.</p> <p>On 6/14/23 at 2:28 PM, QIDP #1 was interviewed. QIDP #1 indicated there have been many IDT meetings, Psychiatrist visits and BSP changes for client #14 and the changes haven't been effective at preventing incidents of client to client aggression. QIDP #1 indicated client #14's most concerning target behavior was physical aggression. QIDP #1 indicated client #14's precursors were hallucinations, speaking to imaginary people, staring off and talking</p>			

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	<p>aggressively. QIDP #1 stated, "I recognize his c2c (client to client) is off the chart. Plans have not been effective". QIDP #1 indicated clients #14 and #19 do not get along very well. QIDP #1 was asked about client #14's BSP addressing client #14 and client #19 not being in programming together. QIDP #1 stated, "I would have to double check. There have been c2c incidents. Based on past reports I did get that impression. When I first got here that was something I was concerned about. I haven't seen [client #19] targeting [client #14]. I haven't seen [client #14] target [client #19] any more than the other guys". QIDP #1 indicated plans should be implemented as written.</p> <p>2. A 5/31/23 BDDS report indicated, "On May 30, 2023 at 10:55 am [client #14] was on an outing at [store] with a group of peers and staff. Staff was assisting [client #14] in getting his chips when for no apparent reason and without precursors, [client #14] engaged in physical aggression towards staff by using both hands to hit them as well as shouting and cussing at them. Staff prompted [client #14] to use his coping skills and to pick out his next item when he engaged in physical aggression towards his peer [client #17] by using both hands to grab [client #17's] left hand and squeezed and twisted it. Staff was able to intervene and separated both clients. [Client #17] did not retaliate. Staff and [client #14] and his peers moved on to get the next item when [client #14] attempted to take a baby from their (sic) moms (sic) arms when he passed them. Staff redirected [client #14] away immediately</p>			

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NAME OF PROVIDER OR SUPPLIER RES-CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>and finished picking up their items. At the check out, [client #14] engaged in physical aggression towards his peer [client #13] by using his left hand to hit [client #13's] left arm. After staff separated both clients, [client #14] engaged in physical aggression towards staff by using both hands to attempt to hit them. When staff and clients got to the van, [client #14] spit in [client #13's] face. Staff educated [client #14] on respecting his peers personal space. [Client #14] and his peers made it back to residential without any issues while on the van ride back. All clients were assessed by nursing and no injuries were noted. All clients returned to normal programming without further issues. Plan to Resolve: Staff will continue to follow [client #14's] guardian and HRC approved BSP and ISP regarding physical aggression and coping skills. All clients report they feel safe and none wished to file a grievance. Staff will continue to educate [client #14] on personal space and using his coping skills when he becomes upset. IDT will meet to discuss this incident".A 6/5/23 CCAI included the following recommendations: "Staff will continue to monitor [client #17] & [client #13] for any further injuries. Staff will continue to educate [client #14] on using his coping skills when he becomes upset and respecting his peers personal space. Will continue to follow current BSP's (sic) and</p>			

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	<p>offer alternative activities. IDT met to discuss recent behavioral occurrences involving [client #14] and determined that he will see [Psychiatrist] on June 6, 2023 regarding possible med changes. [Residential Manager/RM #3] to receive a corrective action for failing to follow [client #14's] ISP & BSP. [DSP #11] to receive corrective action for falling to follow [client #14's] ISP & BSP. The IDT met last week and the BC (behavior clinician) had no changes to the BSP other than retraining staff on [client #14's] BSP". There was no documentation indicating the corrective action and retraining were completed. On 6/13/23 at 11:25 AM, DSP #11 and the QAM were interviewed. DSP #11 indicated she was the only staff present during the outing. DSP #11 indicated she, client #14, client #13 and client #17 transported client #15 to a home visit with his family and after they dropped client #15 off the rest of them went to the store. DSP #11 stated, "He (client #14) was a perfect angel all day, no behaviors". DSP #11 indicated client #14 became upset when they didn't have his preferred chips. DSP #11 was asked what the clients' supervision levels were. DSP #11 stated, client #14's supervision level was "Assigned staff at facility and 2:1 (2 staff) in public and he has to sit in the back seat away from the driver. I have always been told they (clients</p>			

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NAME OF PROVIDER OR SUPPLIER RES-CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135
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	#15, #13 and #17) are 3:1 (3 clients to 1 staff) in ratio". DSP #11 indicated she was retrained after the incident. DSP #11 was asked if the training was effective. DSP #11 stated, "I wasn't 100% sure. It is still confusing to me, the 3:1. Training maybe wasn't effective. [Quality Assurance Coordinator] talked it over with me after the incident". The QAM stated, "[Client #17] and [client #13] are not 1:1 in community. They are line of sight. 2:1 for [client #14]. [Client #15] is 1:1 in community and the 1:1 should not be the driver. There should have been 4 staff present. Training was not effective". DSP #11 indicated the retraining consisted of reading an inservice and signing it indicating they were trained on the changes. After DSP #11 left the interview, QAM #1 stated, "I'm not sure if retraining has been done. She (DSP #11) will be getting a corrective action. [RM #3] will also be getting a corrective action because she approved the outing. Staff are not aware of the supervision levels. We just created a cheat sheet so everyone knows supervision levels". On 6/14/23 at 8:52 AM, the QAM was interviewed. The QAM indicated client to client aggression was abuse and the facility should prevent abuse of the clients. 3. A 6/1/23 BDDS report indicated, "On May 31, 2023 at 7:43 pm staff discovered [client #16] with a can of			

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NAME OF PROVIDER OR SUPPLIER RES-CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135
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	<p>shaving cream. It is unknown how much shaving cream was ingested. Nursing evaluated [client #16] and called poison control who informed them to give [client #16] plenty of fluids and to monitor him. [Client #16's] vitals have been within normal range and he is not displaying any side effects. Plan to Resolve: Staff and nursing will continue to monitor [client #16] and report any issues to his treatment team. IDT met to discuss this incident and has put [client #16] on line of sight supervision when he is outside of his bedroom to help prevent future similar incidents". A 6/6/23 Investigative Summary included the following conclusion: "It is unsubstantiated that ResCare staff failed to provide proper supervision to individual [client #16]. It is unsubstantiated that ResCare staff failed to follow policy proper policy and procedures". A 6/6/23 Investigation Peer Review included the following recommendations: "Encourage all clients to keep their hygiene supplies in a provided sealed container. All cleaning supplies will be locked up. Chemical sweeps will be conducted six times a day and documented". On 6/14/23 at 1:00 PM, a focused review of client #16's record was conducted. Client #16's 5/18/23 BSP indicated the following: "[Client #16] is diagnosed with PICA which means that he persistently tries to eat non-food items that</p>			

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NAME OF PROVIDER OR SUPPLIER RES-CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135
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	<p>have no nutritional value (paint, dirt, etc)....</p> <p>Target Behaviors and Goals: "Eating non-food items: Any time [client #16] attempts or succeeds at eating a non-food substance such as but not limited to soap, lotion, toothpaste, deodorant, or any other item that is not intended to be an edible food item. He has consumed cleaning agents in the past.... Rights Restrictions.... [Client #16] will not have any cleaning agents, shampoo, conditioner, or other cleaning substances which can be consumed by [client #16]. These items will be stored for him and will be provided as needed...."On 6/14/23 at 8:52 AM, the QAM was interviewed. The QAM indicated client #16 did not have access to his hygiene items at the time of the incident, but he was able to get client #15's shaving cream. The QAM indicated client #16 has a history of PICA. On 6/14/23 at 1:45 PM, DSP #13 was interviewed. DSP #13 indicated client #16 was restricted from having access to his hygiene items, but he went into another bedroom and took shaving cream. DSP #13 indicated hygiene items were stored in a latching box to prevent further incidents and chemicals are locked. 4. A 6/3/23 BDDS report indicated, "On 06/02/23 [client #8] came out of his bathroom with Toilet Bowl cleaner that he had ingested. Staff immediately took him to the ER</p>			

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NAME OF PROVIDER OR SUPPLIER RES-CARE INC	STREET ADDRESS, CITY, STATE, ZIP COD 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135
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	<p>(emergency room) at [County] Hospital. At the ER [client #8] was given Geodon and Benadryl to help him calm down. He was given fluids (sic) and food, they monitored him for a couple of hours before sending him home. They advised staff to keep monitoring him and to lock up all chemicals. They advised to push fluids, as of 6/3/23 he is doing well both eating and drinking. The ED (Executive Director) was notified, [QAC] and [PM] went to the facility to immediately put safety measures in place. They did a walk through to make sure all chemicals were locked. Trained staff that staff and RM will do walk throughs four times a day, 8a, 2p, 8p, and 2a. Plan to Resolve: IDT met on 6/3/23 on safety measures. There will be a sign in/out sheet for all chemicals, this will be reviewed by the RM. Added additional facility (sic) sweeps at 11 a (am) and 4pm that the PM will do. QAC will also do twice daily sweeps during the week. ED will provide all clients with sealed boxes for hygiene supplies for their rooms. The nurse will do increased monitoring on [client #8] for the next two days". A 6/7/23</p> <p>Investigative Summary included the following conclusion: "It is unknown how Individual [client #8] came into possession of a bottle of [brand name] Toilet Bowl cleaner. It is substantiated that staff failed to provide proper supervision for Individual [client #8].</p>			

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NAME OF PROVIDER OR SUPPLIER RES-CARE INC	STREET ADDRESS, CITY, STATE, ZIP COD 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135
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	<p>It is substantiated that staff failed to follow ResCare Policy and Procedures".A 6/9/23 Investigation Peer Review included the following recommendations: "Sweeps of the facility six times a day and documented. All chemicals are to be locked. HRC obtained for all clients to lock chemical (sic). Sign in and out of all chemicals. Re-train all staff on [client #8's] supervision levels. [RM #2] to receive a corrective action for failure to complete job duties. BC to review all supervision levels and create a spread sheet of supervision levels for RMs to review".On 6/13/23 at 4:00 PM, a focused review of client #8's record was conducted. Client #8's 4/25/23 BSP indicated, "[Client #8] requires an assigned staff due to needing assistance with communication, toileting, and with most tasks.... Target Behaviors and Goals: Eating Non-Food Items: Any time [client #8] attempts or succeeds at eating a non-food substance such as but not limited to soap, lotion, toothpaste, deodorant, or any other item that is not intended to be an edible food item. [Client #8] may enter the bedrooms of his peers in an effort to look for such items or he may look in the kitchen for items to try.... Restrictions: [Client #8] will have an assigned staff across all shifts. He will have 10 minute checks while he is in his bedroom. The assigned staff is responsible for the following: Assisting [client</p>			

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NAME OF PROVIDER OR SUPPLIER RES-CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135
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	<p>#8] with his hourly toileting and hygiene (see below). Making sure he is not entering peer bedrooms/kitchen. Assisting with possible communication barriers. Meal/snack supervision. Providing/offering walks around campus (2x (times) on 1st and 2nd shift). At the end of the assigned time, staff will check [client #8's] room for fall hazards and will assist with cleaning up any messes that were made...." Medical records dated 6/2/23 indicated client #8 was evaluated at the ER. Client #8 was discharged from the ER with a diagnosis of accidental ingestion of chemicals. On 6/14/23 at 8:52 AM, the QAM was interviewed. The QAM stated, "We had 2 incidents in 2 days. Sign in and out sheets are currently being implemented, sweeps 6 times a day and hygiene items are locked in hygiene boxes. He was not restricted from chemicals prior to the incident. He is now". On 6/14/23 at 1:45 PM, DSP #13 was interviewed. DSP #13 stated, "We were still supposed to keep everything (chemicals) locked up. No chemicals lying around due to him constantly picking things up and putting them in his mouth. He was not restricted (from chemicals) prior to the incident. Currently we have a sign in and out form for chemicals. Chemicals are stored in the janitor closet". 5. A</p> <p>5/17/23 BDDS report indicated, "On May</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G811	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/21/2023
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NAME OF PROVIDER OR SUPPLIER RES-CARE INC	STREET ADDRESS, CITY, STATE, ZIP COD 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135
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	<p>16, 2023 at 4:05 pm [Client #20] and a group of his peers were on a community van ride. [Client #20] was listening to music when for no apparent reason and without precursors he began to poke his peer [client #17] who was sitting in the seat in front of him, in the back of his head. Staff prompted [client #20] to respect his peers personal space. [Client #20] did not agree with this education and engaged in physical aggression towards [client #17] by using his right hand to scratch and smack the left side of [client #17's] neck. [Client #17] did not retaliate. Staff pulled the company vehicle over when it was safe to do so that they could move clients seating for their safety. During this time, when [client #20's] peer [client #13] went to exit the company vehicle to change seating, [client #20] engaged in physical aggression towards [client #13] by using both hands to grab [client #13's] right arm and dug his nails in. [Client #13] pulled his arm away but did not retaliate. After staff and clients were back inside the vehicle with the company vehicle in motion, [client #20] engaged in physical aggression towards the staff that was sitting next to him by using both hands to hit and scratch staff as well as using both feet to kick them. Staff attempted to de-escalate [client #20] by talking with him, playing music for him, and handing him a ball as coping skills. [Client #20] threw the</p>			

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NAME OF PROVIDER OR SUPPLIER RES-CARE INC	STREET ADDRESS, CITY, STATE, ZIP COD 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135
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	<p>ball towards his peer but did not hit him and continued to be physically aggressive towards staff. When staff and clients were back on ResCare campus, staff walked with [client #20] to his bedroom to assist him in changing his brief and pants as they were wet. While staff was assisting [client #20] in changing his clothing and briefs, he engaged in physical aggression towards them by using both hands to hit them. He then picked up a shoe and threw it at staff. At this time, trained staff initiated a guardian and HRC approved 3 person supine hold. Staff assisted [client #20] in using his coping skills and he was able to calm himself down. He was released from the hold. The hold lasted 12 minutes. Nurse assessed [client #20] and noted no injuries. Nurse assessed [client #13] and noted a 2.5 cm (centimeter) red mark on his right forearm with skin intact, no bleeding, and no bruising. Nurse assessed [client #17] and noted a 5 cm scratch mark on the left side of the back of his neck. Nursing cleaned it and left it to air dry with no signs of infection and no complaints of pain. All consumers returned to normal programming without further issues. Plan to Resolve: Staff will continue to follow [client #20's] guardian and HRC approved BSP and ISP regarding verbal and physical aggression, threats, YSIS intervention, PRN protocol and coping skills. Staff will continue</p>			

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NAME OF PROVIDER OR SUPPLIER RES-CARE INC	STREET ADDRESS, CITY, STATE, ZIP COD 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135
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	<p>to assist [client #20] on using his coping skills when he is upset. [Client #20] is non-verbal and was unable to answer consumer to consumer incident questions even with staff offering communication cards. [Client #13] and [client #17] stated they felt safe and did not wish to file a grievance. Staff will continue to monitor [client #13] and [client #17] and report any issues to their treatment team".A 5/24/23 CCAI included the following recommendations: "Staff will continue to monitor [client #13] and [client #17] for any further injuries. Staff will continue to educate [client #20] on using his coping skills when he becomes upset and respecting his peers personal space. Will continue to follow current BSP's (sic) and offer alternative activities. IDT will meet to discuss recent peer to peer incidents involving [client #20]".On 6/14/23 at 8:52 AM, the QAM was interviewed. The QAM indicated client to client aggression was abuse and the facility should prevent abuse of the clients.</p> <p>6. A 5/21/23 BDDS report indicated, "On 5-20-23 at 9:07 pm [client #2] was sitting at the table eating a snack when a peer (client #5) came into the room, the peer picked up a chair anf (sic) threw it at [client #2]. [Client #2] was knocked to the floor, he hit his head on the floor causing a small laceration to the back of his head. Staff called 911 and he</p>			

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

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	<p>was picked up by ambulance and taken to [County] Hospital Emergency Room. The emergency room ran tests and evaluated [client #2]. All tests came back with good results. They treated the laceration with skin glue. Sent [client #2] home at 11:03 pm with his discharge instructions. Plan to Resolve: Staff will continue to monitor [client #2] and report any changes to his treatment team. Staff and nursing will follow all discharge instructions provided by the hospital". There was no documentation indicating the client to client aggression was investigated. On 6/14/23 at 4:00 PM, client #2's record was reviewed. Medical records dated 5/20/23 indicated client #2 was evaluated at the ER for a head laceration. The record indicated the head laceration was closed with skin glue and client #2 was discharged. On 6/14/23 at 8:52 AM, the QAM was interviewed. The QAM indicated client to client aggression was abuse and the facility should prevent abuse of the clients. The QAM indicated the incident should have been investigated. 7. A 5/2/23 BDDS report indicated, "On May 2, 2023, at 6:15 AM, [client #4] and his peer (client #1) began arguing back and forth in the dayroom. Staff attempted to verbally redirect both consumers from arguing but both were non-compliant with the request. At this time, [client #4] attempted to lunge towards peer,</p>			

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NAME OF PROVIDER OR SUPPLIER RES-CARE INC	STREET ADDRESS, CITY, STATE, ZIP COD 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135
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	<p>but staff were able to physically redirect [client #4] before making contact. At this time, [client #4] became upset and attempted to hit staff; trained staff initiated a guardian and HRC approved supine hold. While in the hold [client #4] was prompted and assisted to use his coping skills. Nursing assessed [client #4] and administered him a behavioral PRN (as needed medication for behavior). [Client #4] was able to calm himself down and was released from the hold which lasted 6 minutes. [Client #4] was assessed by nursing staff who reported no injuries. [Client #4] went to his room with no further issues. After the supine (behavioral intervention) was finished, it was reported that staff [Former Waiver Site Supervisor/FWSS] performed the supine incorrectly. [FWSS] has been suspended pending investigation. Plan to Resolve: Staff will continue to follow [client #4's] guardian and HRC approved BSP and ISP regarding verbal and physical aggression, threats, YSIS intervention, PRN protocol and coping skills. [Client #4] was offered continued emotional support".A 5/4/23 Investigative Summary included the following Conclusion: "1. It is substantiated that [FWSS] was physically abusive towards [client #4]. 2. It is substantiated that [FWSS] failed to follow approved YSIS techniques during the incident on</p>			

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NAME OF PROVIDER OR SUPPLIER RES-CARE INC	STREET ADDRESS, CITY, STATE, ZIP COD 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135
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	<p>5.2.2023".A 5/5/23 Investigation Peer Review indicated, "Recommendation: Terminate [FWSS's] employment due to substantiated physical abuse". 8. A 5/11/23 BDDS report indicated, "On May 10, 2023 at 7:19 pm [client #17] was sitting at the table in the dayroom eating a snack when his peer [client #4] walked up to him and accused [client #17] of grabbing his headphones (upon review of the cameras, [client #17] was not anywhere close to [client #4] and did not grab his headphones). [Client #4] then engaged in physical aggression towards [client #17] by using his right hand to slap [client #17] on his head multiple times. Staff was able to intervene and separated both clients by redirecting [client #4] to his room where staff could assist him in using his coping skills to calm down. [Client #4] was compliant with staff assistance and was able to calm himself down. Both clients were assessed by nursing who noted no injuries. Both clients returned to normal programming without further issues. Plan to Resolve: Staff will continue to follow [client #4's] guardian and HRC approved BSP and ISP regarding verbal and physical aggression, threats, YSIS intervention, PRN protocol and coping skills. Both clients report they feel safe and neither wished to file (sic) a grievance. Staff will continue to educate [client #4] on</p>			

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	<p>personal space and physical aggression. An IDT meeting will convene to discuss relevant peer to peer incidents". There was no documentation indicating the client to client aggression was investigated. On 6/14/23 at 8:52 AM, the QAM was interviewed. The QAM indicated client to client aggression was abuse and the facility should prevent abuse of the clients. The QAM indicated the incident should have been investigated.</p> <p>9. A 5/26/23 Investigative Summary indicated, "On May 24, 2023, [DSP #4] notified [PM] that she had observed [DSP #1] asleep while in the dayroom on 3rd shift, she stated she prompted him to wake up and assist with cleaning. An investigation was initiated.[DSP #1] was suspended pending investigation.... Conclusion: 1. It is not substantiated that [DSP #1] was asleep while on duty. 2. It is not substantiated that [DSP #1] failed to maintain proper supervision to the consumers. 3. It is substantiated that [DSP #1] failed to complete job duties as assigned. 4. It is not substantiated that [DSP #1] failed to follow ResCare Policy and Procedure". This affected clients #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19 and #20. A 5/26/23 Investigation Peer Review included the following recommendations: "[DSP #1] should return to work. Corrective action for</p>			

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	<p>failure to complete job duties. Review Code of conduct. Random Administrative monitoring during [DSP #'s] shifts".</p> <p>There was no documentation indicating the incident was reported to BDDS. On 6/14/23 at 8:52 AM, the QAM was interviewed. The QAM stated, "We didn't do one (BDDS report) because we didn't think it was neglect since other staff were on duty". The QAM indicated an allegation of neglect should be reported then investigated to rule out neglect. The QAM indicated the allegation should have been reported to BDDS. On 6/13/23 at 8:38 AM, the Quality Assurance Manager (QAM) indicated the client to client investigations were to determine whether or not staff followed the plans, were within the required proximity based on the clients' plans, whether or not the clients' plans needed to be adjusted, identify patterns and ensure the interdisciplinary team convened to discuss. The QAM indicated client #14 was found to have a majority of his client to client aggression about one hour before mealtimes. The QAM indicated staff received training on the clients' plans and when the plans were revised.10. The facility's BDDS and Investigations were reviewed on 6/12/23 at 2:35 PM. The review indicated the following:Investigation Summary dated 4/13/23 indicated the following:-"On April</p>			

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	<p>10, 2023, at 3:00 pm, Greencastle CRMNF (agency) administration received a report from the [BC (behavior consultant) #2] that she witnessed [DSP (Direct Support Professional) #16] aggressively grab individual [client #8's] hands to wipe them off due to being messy from snack. The [BC #2] also reported that she witnessed [DSP #16] put his arm around [client #8's] back and force him into his bedroom in Pacer's hallway and then shut the door. She stated that when she opened the door to enter the room to make sure everything was okay, she overheard [DSP #16] say 'Who the [expletive] is coming in?' The [BC #2] immediately reported the incident to the administration. [DSP #16] was immediately asked to leave the floor and was suspended pending investigation."-"Conclusion1. It is substantiated that [DSP #16] was physically forceful towards [client #8].2. It is substantiated that [DSP #16] used profane language in the presence of [client #8].3. It is substantiated that [DSP #16] failed to follow ResCare Policy and Procedures."The review did not indicate documentation of the 4/10/23 allegation of DSP #16's abuse/mistreatment of client #8 was reported to BDDS. QAM (Quality Assurance Manager) was interviewed on 6/12/23 at 1:41 PM. QAM indicated the facility's ANE (Abuse, Neglect,</p>			

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	Exploitation) policy should be written to prevent abuse and neglect of clients. QAM indicated all allegations of ANE should be immediately reported to the facility administrator and to BDDS within 24 hours of the alleged incident. QAM indicated all allegations should thoroughly investigated with results of the investigation reported to the facility administrator within 5 business days. PM (Program Manager) was interviewed on 6/13/23 at 3:40 PM. PM indicated corrective measures to prevent recurrence of allegations of ANE should be developed and implemented. ED (Executive Director) and QAM were interviewed on 6/14/23 at 1:25 PM. QAM indicated some BDDS reports were missing. QAM indicated ANE investigations should have Peer Reviews completed. QAM indicated he would send/email any Peer Reviews he had available. QAM indicated there were allegations of ANE without investigations. The facility's Policy and Procedures were reviewed on 6/12/23 at 2:33 PM. The facility's Reporting and Investigating Abuse, Neglect, Exploitation, Mistreatment or a Violation of Individual's Rights Policy dated 5/5/21 indicated the following:-"ResCare staff actively advocate for the rights and safety of all individuals. All allegations or occurrences of abuse, neglect, exploitation, mistreatment or violation of an Individual's			

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W 0153 Bldg. 00	rights shall be reported to the appropriate authorities through the appropriate supervisory channels and will be thoroughly investigated under the policies of ResCare, local, state and federal guidelines."-"ResCare strictly prohibits abuse, neglect, exploitation, mistreatment, or violation of an Individual's rights."-"The Quality Assurance Manager will assign an investigative team. A full investigation will be conducted by investigators who have received training from Labor Relations Association and ResCare's internal procedures on investigations."-"One of the investigators will complete a detailed investigative case summary based on witness statements and other evidence collected."-"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, and a Human Resources representative." 5-1.2(v)(2)(5) 483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.			

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	<p>Based on record review and interview for 5 of 5 sampled clients (#1, #2, #3, #4 and #5) and 15 additional clients (#6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19 and #20), the facility failed to report an allegation of staff sleeping while on shift and an allegation of staff abuse of client #8 to the Bureau of Developmental Disabilities Services (BDDS) within 24 hours, in accordance with state law.</p> <p>Findings include:</p> <p>1. On 6/12/23 at 2:30 PM and on 6/13/23 at 8:00 AM, a review of the facility's incident/investigative reports was conducted.</p> <p>A 5/26/23 Investigative Summary indicated, "On May 24, 2023, [Direct Support Professional/DSP #4] notified [PM/Program Manager] that she had observed [DSP #1] asleep while in the dayroom on 3rd shift, she stated she prompted him to wake up and assist with cleaning. An investigation was initiated. [DSP #1] was suspended pending investigation.... Conclusion: 1. It is not substantiated that [DSP #1] was asleep while on duty. 2. It is not substantiated that [DSP #1] failed to maintain proper supervision to the consumers. 3. It is substantiated that [DSP #1] failed to complete job duties as assigned. 4. It is not substantiated that [DSP #1] failed to follow ResCare Policy and Procedure". This affected clients #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19 and #20.</p> <p>A 5/26/23 Investigation Peer Review included the following recommendations: "[DSP #1] should return to work. Corrective action for failure to complete job duties. Review Code of conduct. Random Administrative monitoring during [DSP #1's] shifts".</p>	W 0153	To correct the deficient practice all staff responsible for BDDS reports will be re-trained to complete the reporting of allegations to BDDS within 24 hours as well as all allegations of ANEM are to be reported to BDDS. The QAM will be re-trained on ensuring all allegations of ANEM are reported to BDDS within 24hrs to be completed by the regional support specialist. Additional monitoring will be achieved by the QAM reviewing all incidents to ensure staff are assigned to report any needed BDDS reports within 24 hours as well as reporting to the ED weekly for review of incidents. Ongoing monitoring will be achieved through IR tracking, and all IR's being reviewed by the quality and safety committee for reporting and patterns.	08/12/2023

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	<p>There was no documentation indicating the allegation of neglect was reported to BDDS.</p> <p>On 6/14/23 at 8:52 AM, the Quality Assurance Manager (QAM) was interviewed. The QAM stated, "We didn't do one (BDDS report) because we didn't think it was neglect since other staff were on duty". The QAM indicated an allegation of neglect should be reported then investigated to rule out neglect. The QAM indicated the allegation should have been reported to BDDS.</p> <p>2. The facility's BDDS and Investigations were reviewed on 6/12/23 at 2:35 PM. The review indicated the following:</p> <p>Investigation Summary dated 4/13/23 indicated the following:</p> <p>-"On April 10, 2023, at 3:00 pm, Greencastle CRMNF (agency) administration received a report from the [BC (behavior consultant) #2] that she witnessed [DSP (Direct Support Professional) #16] aggressively grab individual [client #8's] hands to wipe them off due to being messy from snack. The [BC #2] also reported that she witnessed [DSP #16] put his arm around [client #8's] back and force him into his bedroom in Pacer's hallway and then shut the door. She stated that when she opened the door to enter the room to make sure everything was okay, she overheard [DSP #16] say 'Who the [expletive] is coming in?' The [BC #2] immediately reported the incident to the administration. [DSP #16] was immediately asked to leave the floor and was suspended pending investigation."</p> <p>-"Conclusion 1. It is substantiated that [DSP #16] was physically forceful towards [client #8].</p>			

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W 0154 Bldg. 00	<p>2. It is substantiated that [DSP #16] used profane language in the presence of [client #8].</p> <p>3. It is substantiated that [DSP #16] failed to follow ResCare Policy and Procedures."</p> <p>The review did not indicate documentation of the 4/10/23 allegation of DSP #16's abuse/mistreatment of client #8 was reported to BDDS.</p> <p>QAM (Quality Assurance Manager) was interviewed on 6/12/23 at 1:41 PM. QAM indicated all allegations of ANE should be immediately reported to the facility administrator and to BDDS within 24 hours of the alleged incident.</p> <p>ED (Executive Director) and QAM were interviewed on 6/14/23 at 1:25 PM. QAM indicated some BDDS reports were missing.</p> <p>5-1.2(v)(2)(5)</p> <p>483.420(d)(3)</p> <p>STAFF TREATMENT OF CLIENTS</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated. Based on record review and interview for 5 of 29 allegations of abuse, neglect and mistreatment reviewed, the facility failed to conduct thorough investigations for incidents of client aggression regarding clients #2, #4, #5, #10, #14, #17 and #19.</p> <p>Findings include:</p> <p>On 6/12/23 at 2:30 PM and on 6/13/23 at 8:00 AM, a review of the facility's incident/investigative reports was conducted and indicated the following:</p>	W 0154	To correct the deficient practice all staff responsible for completing investigations have been re-trained on timely completion. The QAM will be re-trained on ensuring all allegations of ANEM are reported investigated to be completed by the regional support specialist. The Investigations have been completed.	08/12/2023

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	<p>1) A 5/22/23 Bureau of Developmental Disabilities Services (BDDS) report indicated, "On May 21, 2023 at 12:46 pm [client #14] and [client #19] were standing in the front yard when [client #19] began to instigate [client #14] by taking his ball and pretending the (sic) he was going to throw it at [client #14]. [Client #14] became agitated and began to shout at [client #19]. [Client #19] retaliated by using his right fist to punch [client #14] in the left side of his face. [Client #14] then attempted to chase [client #19] due to being agitated at him for punching him. Staff redirected [client #19] back inside the residential building. Staff educated both clients on respecting their peers personal space. [Client #14] agreed with this education and returned to normal programming. [Client #19] did not agree with staffs education and engaged in verbal aggression towards them by cussing at them and shouting at them. Staff continued to monitor [client #19]. Nurse assessed both clients and noted no injuries. There were no further issues. Plan to Resolve: Staff will continue to follow [client #19] and [client #14's] guardian and HRC (Human Rights Committee) approved BSP (behavior support plan) and ISP (individual support plan) regarding verbal and physical aggression, threats, YSIS (You're Safe/I'm Safe behavioral intervention) intervention, PRN (as needed medication for behavior) protocol and coping skills. Both clients report they feel safe and neither wished to file a grievance. Staff will continue to educate [client #19] and [client #14] to talk with staff and use coping skills when he is upset".</p> <p>There was no documentation indicating the facility conducted an investigation regarding the client to client aggression.</p> <p>On 6/14/23 at 10:00 AM, the Quality Assurance</p>			

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	<p>Manager (QAM) was interviewed and indicated an investigation should have been completed. The QAM stated, "It was not done. It was assigned to the Q (QIDP/Qualified Intellectual Disabilities Professional #1) and he did not complete them (investigations)".</p> <p>2) A 5/22/23 BDDS report indicated, "On May 21, 2023 at 3:25pm while in the dayroom, for no apparent reason and without precursors, [client #14] began to shout at his peer [client #4]. [Client #14] then walked up to [client #4] and engaged in physical aggression towards [client #4] by using his right hand to hit [client #4] in his left shoulder. [Client #4] did not retaliate. Staff was able to intervene and redirected [client #14] away from his peer to another area of the dayroom and educated [client #14] on respecting his peers personal space. [Client #14] seemed to agree with this education. Both clients returned to normal programming. Nurse assessed both clients and noted no injuries. There were no further issues. Plan to Resolve: Staff will continue to follow [client #14's] guardian and HRC approved BSP and ISP regarding verbal and physical aggression (sic) threats, YSIS intervention, PRN protocol and coping skills. Both clients report they feel safe and neither wished to file a grievance. Staff will continue to educate [client #14] on personal space and using his coping skills when he is upset".</p> <p>There was no documentation indicating the facility conducted an investigation regarding the client to client aggression.</p> <p>On 6/14/23 at 10:00 AM, the QAM was interviewed and indicated an investigation should have been completed. The QAM stated, "It was not done. It was assigned to the Q (QIDP #1) and he did not complete them (investigations)".</p>			

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	<p>3) A 5/24/23 BDDS report indicated, "On May 23, 2023 at 7:21 am [client #14] had just finished eating breakfast and began to walk around the dayroom. For no apparent reason and without precursors [client #14] began to target his peer [client #10] by engaging in verbal aggression towards him by instigating him and threatening him. Staff educated [client #14] on using kind words but [client #14] did not agree and engaged in physical aggression towards [client #10] by using his right hand to slap the right side of [client #10's] face and then used both hands to push a chair into [client #10's] right leg. [Client #10] did not retaliate. Staff was able to intervene and redirected [client #14] away from his peer and to another part of the dayroom. Staff also educated [client #14] on not engaging in physical aggression towards his peers. [Client #14] stated 'I didn't do it, [imaginary person] did ([imaginary person] is not a real person)'. He then returned to walking around the dayroom without further issues. Nurse assessed both clients and noted no injuries. Plan to Resolve: Staff will continue to follow [client #14's] guardian and HRC approved BSP and ISP regarding verbal and physical aggression, threats, YSIS intervention, PRN protocol and coping skills. Both clients report they feel safe and neither wished to file a grievance. Staff will continue to educate [client #14] on personal space and using his coping skills when he becomes upset. IDT (interdisciplinary team) will meet to discuss recent peer to peer occurrences involving [client #14]".</p> <p>There was no documentation indicating the facility conducted an investigation regarding the client to client aggression.</p> <p>On 6/14/23 at 10:00 AM, the QAM was</p>			

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	<p>interviewed and indicated an investigation should have been completed. The QAM stated, "It was not done. It was assigned to the Q (QIDP #1) and he did not complete them (investigations)".</p> <p>4) A 5/21/23 BDDS report indicated, "On 5-20-23 at 9:07 pm [client #2] was sitting at the table eating a snack when a peer (client #5) came into the room, the peer picked up a chair and (sic) threw it at [client #2]. [Client #2] was knocked to the floor, he hit his head on the floor causing a small laceration to the back of his head. Staff called 911 and he was picked up by ambulance and taken to [County] Hospital Emergency Room. The emergency room ran tests and evaluated [client #2]. All tests came back with good results. They treated the laceration with skin glue. Sent [client #2] home at 11:03 pm with his discharge instructions. Plan to Resolve: Staff will continue to monitor [client #2] and report any changes to his treatment team. Staff and nursing will follow all discharge instructions provided by the hospital".</p> <p>There was no documentation indicating the client to client aggression was investigated.</p> <p>On 6/14/23 at 4:00 PM, client #2's record was reviewed. Medical records dated 5/20/23 indicated client #2 was evaluated at the ER (emergency room) for a head laceration. The record indicated the head laceration was closed with skin glue and client #2 was discharged.</p> <p>On 6/14/23 at 8:52 AM, the QAM was interviewed. The QAM indicated client to client aggression was abuse and the facility should prevent abuse of the clients. The QAM indicated the incident should have been investigated.</p> <p>5) A 5/11/23 BDDS report indicated, "On May 10,</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G811	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/21/2023
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NAME OF PROVIDER OR SUPPLIER RES-CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135
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	<p>2023 at 7:19 pm [client #17] was sitting at the table in the dayroom eating a snack when his peer [client #4] walked up to him and accused [client #17] of grabbing his headphones (upon review of the cameras, [client #17] was not anywhere close to [client #4] and did not grab his headphones). [Client #4] then engaged in physical aggression towards [client #17] by using his right hand to slap [client #17] on his head multiple times. Staff was able to intervene and separated both clients by redirecting [client #4] to his room where staff could assist him in using his coping skills to calm down. [Client #4] was compliant with staff assistance and was able to calm himself down. Both clients were assessed by nursing who noted no injuries. Both clients returned to normal programming without further issues. Plan to Resolve: Staff will continue to follow [client #4's] guardian and HRC approved BSP and ISP regarding verbal and physical aggression, threats, YSIS intervention, PRN protocol and coping skills. Both clients report they feel safe and neither wished to file (sic) a grievance. Staff will continue to educate [client #4] on personal space and physical aggression. An IDT meeting will convene to discuss relevant peer to peer incidents".</p> <p>There was no documentation indicating the client to client aggression was investigated.</p> <p>On 6/14/23 at 8:52 AM, the QAM was interviewed. The QAM indicated client to client aggression was abuse and the facility should prevent abuse of the clients. The QAM indicated the incident should have been investigated.</p> <p>5-1.2(v)(2)(5)</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G811	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 06/21/2023
NAME OF PROVIDER OR SUPPLIER RES-CARE INC			STREET ADDRESS, CITY, STATE, ZIP COD 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135		
(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 0157 Bldg. 00	<p>483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken. Based on observation, record review and interview for 4 additional clients (#13, #14, #15 and #17), the facility failed to develop and implement effective corrective measures regarding client #14's pattern of client to client aggression and to ensure the recommended corrective action to address neglect of clients #13, #14, #15 and #17 while on a community outing was implemented as indicated.</p> <p>Findings include:</p> <p>1. An observation was conducted at the facility on 6/13/23 from 4:03 PM to 4:33 PM. Qualified Intellectual Disabilities Professional (QIDP) #1 was supervising clients #10, #14 and #19 in the yard. QIDP #1 was the only staff present outside. Client #19 was sitting at the picnic table while QIDP #1 and clients #10 and #14 walked around the yard interacting with each other.</p> <p>On 6/12/23 at 2:30 PM and on 6/13/23 at 8:00 AM, a review of the facility's incident/investigative reports was conducted and indicated the following:</p> <p>1a) A 5/20/23 Bureau of Developmental Disabilities Services (BDDS) report indicated, "On 05/19/2023 at 3:10 PM, [client #14] for no apparent reason and without precursors, [client #14] engaged in physical aggression towards a peer (client #10). He hit the peer in the back as he was walking through the day room. He was redirected to his bedroom to calm down and to use his coping skills. Plan to Resolve: Staff will continue to follow [client #14's] guardian and HRC (Human</p>	W 0157	To correct the deficient practice all site staff have been trained on Client #14's current BSP, and ensuring staff are in between an agitated individual and others to prevent client to client. All supervisory staff and investigators have been trained in ensuring the IDT meets the needs of the clients to prevent patterns of client to client and ensuring all recommendations are completed. Client #14's IDT will meet to discuss current patterns and further safety measures. The BC will monitor and track all targeted behaviors and patterns. BC will convene the IDT if a pattern is found. The QAC will track all investigation recommendations for completion. Additional monitoring will be achieved by the administrative staff completing five times a week facility observation for one month. Ongoing monitoring will be achieved by the QAC, PM, and QIDP completing routine observations of the facility as well as the administrative team meeting twice weekly to discuss any issues in the facility to determine if the IDT needs to meet and address.	08/12/2023	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G811	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 06/21/2023
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NAME OF PROVIDER OR SUPPLIER RES-CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135
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	<p>Rights Committee) approved BSP (Behavior Support Plan) and ISP (Individual Support Plan) regarding verbal and physical aggression, threats, (sic) coping skills. Staff will continue to educate [client #14] on using his coping skills when he becomes upset".</p> <p>A 5/25/23 Client to Client Aggression Investigation (CCAI) included the following recommendations: "Staff will continue to monitor [client #10] for any further injuries. Staff will continue to educate [client #14] on using his coping skills when he becomes upset and respecting his peers personal space. Will continue to follow current BSP's (sic) and offer alternative activities. Team will follow up with [Psychiatrist] on 5/30/23 on campus to discuss the ineffective PRN (as needed) of Haldol 5mg (milligrams/for behaviors) and a possible recommendation. Staff will be trained on serving as an assigned staff when [client #14] is demonstrating precursors. The assigned staff will be responsible for remaining between [client #14] and peers when possible and encouraging separate programming to keep peers safe".</p> <p>1b) A 5/20/23 BDDS report indicated, "On 5/19/23 at 3:20 pm, [client #14] was in day room with staff and peers he was visibly agitated (sic). He kicked a peers (sic) (client #9) leg, he was placed in a two person escort, so he could go to his room and calm down, use his coping skills (sic). He continued PA (physical aggression) with staff hit them several times and tried urinating on them (sic). They tried having him use his coping skills again but he was unable to calm himself down. Nurse called [Psychiatrist] for permission to give 2nd PRN. PRN was given. Plan to Resolve: Staff will continue to follow [client #14's] guardian and HRC approved BSP and ISP regarding verbal and</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G811	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/21/2023
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NAME OF PROVIDER OR SUPPLIER RES-CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135
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	<p>physical aggression, threats (sic) PRN protocol and coping skills. Staff will continue to educate [client #14] on using his coping skills when he becomes upset".</p> <p>A 5/25/23 CCAI included the following recommendations: "Staff will continue to monitor [client #9] for any further injuries. Staff will continue to educate [client #14] on using his coping skills when he becomes upset and respecting his peers personal space. Will continue to follow current BSP's (sic) and offer alternative activities. Team will follow up with [Psychiatrist] on 5/30/23 on campus to discuss the ineffective PRN of Haldol 5mg and a possible recommendation. Staff will be trained on serving as an assigned staff when [client #14] is demonstrating precursors. The assigned staff will be responsible for remaining between [client #14] and peers when possible and encouraging separate programing to keep peers safe".</p> <p>1c) A 5/22/23 BDDS report indicated, "On May 21, 2023 at 12:46 pm [client #14] and [client #19] were standing in the front yard when [client #19] began to instigate [client #14] by taking his ball and pretending the (sic) he was going to throw it at [client #14]. [Client #14] became agitated and began to shout at [client #19]. [Client #19] retaliated by using his right fist to punch [client #14] in the left side of his face. [Client #14] then attempted to chase [client #19] due to being agitated at him for punching him. Staff redirected [client #19] back inside the residential building. Staff educated both clients on respecting their peers personal space. [Client #14] agreed with this education and returned to normal programming. [Client #19] did not agree with staffs education and engaged in verbal aggression towards them by cussing at them and shouting at them. Staff</p>			

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NAME OF PROVIDER OR SUPPLIER RES-CARE INC	STREET ADDRESS, CITY, STATE, ZIP COD 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135
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(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
	<p>continued to monitor [client #19]. Nurse assessed both clients and noted no injuries. There were no further issues. Plan to Resolve: Staff will continue to follow [client #19] and [client #14's] guardian and HRC approved BSP and ISP regarding verbal and physical aggression, threats, YSIS intervention, PRN protocol and coping skills. Both clients report they feel safe and neither wished to file a grievance. Staff will continue to educate [client #19] and [client #14] to talk with staff and use coping skills when he is upset".</p> <p>1d) A 5/22/23 BDDS report indicated, "On May 21, 2023 at 3:25pm while in the dayroom, for no apparent reason and without precursors, [client #14] began to shout at his peer [client #4]. [Client #14] then walked up to [client #4] and engaged in physical aggression towards [client #4] by using his right hand to hit [client #4] in his left shoulder. [Client #4] did not retaliate. Staff was able to intervene and redirected [client #14] away from his peer to another area of the dayroom and educated [client #14] on respecting his peers personal space. [Client #14] seemed to agree with this education. Both clients returned to normal programming. Nurse assessed both clients and noted no injuries. There were no further issues. Plan to Resolve: Staff will continue to follow [client #14's] guardian and HRC approved BSP and ISP regarding verbal and physical aggression (sic) threats, YSIS (You're Safe, I'm Safe/behavioral intervention) intervention, PRN protocol and coping skills. Both clients report they feel safe and neither wished to file a grievance. Staff will continue to educate [client #14] on personal space and using his coping skills when he is upset".</p> <p>1e) A 5/24/23 BDDS report indicated, "On May 23, 2023 at 7:21 am [client #14] had just finished</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G811	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 06/21/2023
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(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
	<p>eating breakfast and began to walk around the dayroom. For no apparent reason and without precursors [client #14] began to target his peer [client #10] by engaging in verbal aggression towards him by instigating him and threatening him. Staff educated [client #14] on using kind words but [client #14] did not agree and engaged in physical aggression towards [client #10] by using his right hand to slap the right side of [client #10's] face and then used both hands to push a chair into [client #10's] right leg. [Client #10] did not retaliate. Staff was able to intervene and redirected [client #14] away from his peer and to another part of the dayroom. Staff also educated [client #14] on not engaging in physical aggression towards his peers. [Client #14] stated 'I didn't do it, [imaginary person] did ([imaginary person] is not a real person)'. He then returned to walking around the dayroom without further issues. Nurse assessed both clients and noted no injuries. Plan to Resolve: Staff will continue to follow [client #14's] guardian and HRC approved BSP and ISP regarding verbal and physical aggression, threats, YSIS intervention, PRN protocol and coping skills. Both clients report they feel safe and neither wished to file a grievance. Staff will continue to educate [client #14] on personal space and using his coping skills when he becomes upset. IDT (interdisciplinary team) will meet to discuss recent peer to peer occurrences involving [client #14]".</p> <p>1f) A 5/26/23 BDDS report indicated, "On May 25, 2023 at 11:13 am [client #11] and [client #14] were in the dayroom. For no apparent reason and without precursors, [client #14] engaged in verbal aggressioin (sic) towards [client #11] by threatening to hit him. [Client #14] also got close to [client #11] and acted like he was going to hit him. Staff prompted him not to hurt his peer.</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G811	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/21/2023
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NAME OF PROVIDER OR SUPPLIER RES-CARE INC	STREET ADDRESS, CITY, STATE, ZIP COD 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135
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(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
	<p>[Client #14] ignored staffs (sic) prompts and engaged in physical aggression towards [client #11] by using his left hand to grab [client #11's] right arm and began to pinch him and dig his nails into [client #11's] right arm. [Client #11] did not retaliate. Staff was able to intervene and separated both clients. Staff redirected [client #14] to another area of the dayroom and educated him on respecting his peers personal space and not hurting them. He then walked to his bedroom. Nurse assessed both clients and noted no injuries on [client #14]. Nurse noted that the scab on [client #11's] right arm from a blood draw earlier in the day was scratched off by [client #14] and bleeding. Nurse cleaned the area and bandaged it. There were no other injuries noted on [client #11]. Both clients returned to normal programming without further issues. Plan to Resolve: Staff will continue to follow [client #14's] guardian and HRC approved BSP and ISP regarding verbal and physical aggression, threats, YSIS intervention, PRN protocol and coping skills. Both clients report they feel safe and neither of them wished to file a grievance. Staff will continue to educate [client #14] on personal space and using his coping skills when he is upset. IDT met to discuss recent peer to peer occurrences involving [client #14] and have put him on a list to see the psychiatrist on May 30, 2023 as well as assigning a staff to keep an eye on [client #14] and help him de-escalate when he gets agitated".</p> <p>A 5/31/23 CCAI included the following recommendations: "Staff will continue to monitor [client #11] for any further injuries. Staff will continue to educate [client #14] on using his coping skills when he becomes upset. Will continue to follow current BSP's (sic) and offer alternative activities. Team will follow up with [Psychiatrist] to discuss the ineffective PRN of</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G811	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/21/2023
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NAME OF PROVIDER OR SUPPLIER RES-CARE INC	STREET ADDRESS, CITY, STATE, ZIP COD 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135
--	--

(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
	<p>Haldol 5mg and a possible recommendation. Staff will be trained on serving as an assigned staff when [client #14] is demonstrating precursors. The assigned staff will be responsible for remaining between [client #14] and peers when possible and encouraging separate programming to keep peers safe".</p> <p>1g) A 5/26/23 BDDS report indicated, "On May 25, 2023 at 3:29 pm [client #14] was in Pacer's hallway following around his QIDP (QIDP #1) when for no apparent reason he began to engage in verbal aggression towards staff and his peers by threatening them. Staff prompted [client #14] to walk with him to his bedroom for separate programming per his plan. He was compliant and began to walk with staff. As [client #14] walked past his peer [client #11], who was walking around the dayroom, he engaged in physical aggression towards [client #11] by using his left elbow to elbow [client #11] in his left elbow. [Client #14] then spit on [client #11's] face. [Client #11] did not retaliate. Staff educated [client #14] on respecting his peers personal space and continued walking with him towards his bedroom in Colt's hallway. When [client #14] passed his peer [client #5], he engaged in physical aggression towards him by spitting on [client #5] and then using his right leg to kick [client #5] in his left leg. [Client #5] retaliated by using both of his hands to shove [client #14] and then ran to his room. [Client #14] then engaged in physical aggression towards staff by using both hands to hit them and grab their breasts. After staff educated him on not engaging in physical aggression, [client #14] walked with staff back to the dayroom. Once in the dayroom, [client #14] engaged in physical aggression towards his peer [client #1], who was playing on his phone, by using his left foot to kick [client #1] in his left shin. Staff redirected [client</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G811	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/21/2023
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NAME OF PROVIDER OR SUPPLIER RES-CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>#14] to his bedroom. He was compliant with staff request and walked with them to his bedroom where they were able to assist him in calming down. He returned to the dayroom without further issues. Nurse assessed all clients and noted no injuries. Plan to Resolve: Staff will continue to follow [client #14's] guardian and HRC approved BSP and ISP regarding verbal and physical aggression, threats, YSIS intervention, PRN protocol and coping skills. All clients report they feel safe and none of them wished to file a grievance. Staff will continue to educate [client #14] on personal space and using his coping skills when he is upset. IDT met to discuss recent peer to peer occurrences involving [client #14] and have put him on a list to see the psychiatrist on May 30, 2023 as well as assigning a staff to keep an eye on [client #14] and help him de-escalate when he gets agitated".</p> <p>A 6/2/23 CCAI included the following recommendations: "Staff will continue to monitor [client #11], [client #5] and [client #1] for any further injuries. Staff will continue to educate [client #14] on using his coping skills when he becomes upset and respecting his peers personal space. Will continue to follow current BSP's (sic) and offer alternative activities. Team will follow up with [Psychiatrist] to discuss the ineffective PRN of Haldol 5mg and a possible recommendation 6/6/23. Staff will be trained on serving as an assigned staff when [client #14] is demonstrating precursors as of 6-1-23. The assigned staff will be responsible for remaining between [client #14] and peers when possible and encouraging separate programming to keep peers safe".</p> <p>1h) A 5/29/23 BDDS report indicated, "On May 28, 2023 at 11:27 am [client #14] and his peer [client</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G811	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 06/21/2023
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(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
	<p>#11] were in the kitchen watching staff make lunch when for no apparent reason and without precursors, [client #14] engaged in physical aggression towards [client #11] by using both hands to grab [client #11's] left arm and then used his right hand to hit [client #11's] left side. Staff redirected [client #14] out of the kitchen but he returned and used his right hand to pinch [client #11's] left side. [Client #11] did not retaliate. Staff redirected [client #14] to his bedroom where they were able to separate program him per his plan and assisted him in using his coping skills (sic). Both clients were assessed by nursing and no injuries were noted. Both clients returned to normal programming without further issues. Plan to Resolve: Staff will continue to follow [client #14's] guardian and HRC approved BSP and ISP regarding physical aggression and coping skills. Both clients report they feel safe and neither wished to file a grievance. Staff will continue to educate [client #14] on personal space and using his coping skills when he becomes upset".</p> <p>A 6/6/23 CCAI included the following recommendations: "Staff will continue to monitor [client #11] for any further injuries. Staff will continue to educate [client #14] on using his coping skills when he becomes upset and respecting his peers personal space. Will continue to follow current BSP's (sic) and offer alternative activities. Team will follow up with [Psychiatrist] to discuss the ineffective PRN of Haldol 5mg and a possible recommendation 6/6/23. Staff will be trained on serving as an assigned staff when [client #14] is demonstrating precursors as of 6-1-23. The assigned staff will be responsible for remaining between [client #14] and peers when possible and encouraging separate programming to keep peers safe".</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G811	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/21/2023
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NAME OF PROVIDER OR SUPPLIER RES-CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135
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	<p>1i) A 6/6/23 BDDS report indicated, "On June 5, 2023 at 8:40 am [client #19] and [client #14] were walking around the dayroom. [Client #14] walked up to [client #19] and go (sic) into his personal space. [Client #19] retaliated by using his right hand to hit [client #14] in his mouth. [Client #14] did not retaliate. Staff was able to intervene and separated both clients from each other. Staff prompted [client #19] to leave his peers alone and educated him on not engaging in physical aggression towards them, walking away if a peer agitates him, and to let a staff know. [Client #19] seemed to agree with this education and walked away. Both clients were assessed by nursing who noted no injuries. Both clients returned to normal programming without further issues. Plan to Resolve: Staff will continue to follow [client #19's] HRC approved BSP and ISP regarding verbal and physical aggression, threats, YSIS intervention, PRN protocol and coping skills. Both clients report they feel safe and neither wished to file a grievance. Staff will continue to educate [client #19] to talk with staff and use coping skills when he is upset. IDT met and determined that [client #19] will see [Psychiatrist] on June 6, 2023 regarding possible med (medication) change to assist in decreasing aggression".</p> <p>A 6/9/23 CCAI included the following recommendations: "Staff will continue to monitor [client #14] for any further injuries. Staff will continue to educate [client #19] on using his coping skills when he becomes upset. Staff will continue to educate [client #14] on respecting his peers bopundaries (sic). Will continue to follow current BSP's (sic). The team met 6-8-23 and implemented [client #14] having an assigned staff when he is out of his room combined with an increase in his PRN (Haldol, 10mg currently) that was approved by his [Psychiatrist] on 6-8-23".</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G811	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/21/2023
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NAME OF PROVIDER OR SUPPLIER RES-CARE INC	STREET ADDRESS, CITY, STATE, ZIP COD 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135
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	<p>On 6/14/23 at 12:05 PM, client #14's record was reviewed.</p> <p>Client #14's 6/1/23 BSP indicated, "[Client #14] can be very aggressive with peers and staff and some of his behaviors appear to take place without warning. He spits on others when he is upset and he may engage in this behavior without others knowing why he is upset. Due to his numerous acts of physical aggression toward peers, he has an assigned staff when he is demonstrating precursors.... [Client #14] can switch from pleasant and friendly to threatening and aggressive without clear environmental triggers. He can often be observed to be yelling at no one in particular, having 'arguments' with people who are not present, punching and fighting the air, or talking to himself in different accents. It has shown to be beneficial for [client #14] to utilize other areas of campus such as the gym, courtyard, front porch, etc. in order to take a break from the residential hall and [client #14] occasionally requires programming outside of the residential hall due to continuous aggression. Target behaviors for [client #14] include verbal and physical aggression, property destruction, bolting, non-compliance (refusing to engage in programming), self injury, allegations of abuse and neglect, sexually inappropriate behaviors, boundary violations/unwelcome touch, and instigation...."</p> <p>"Physical Aggression: Any occurrence or attempts at hitting people, spitting on them, kicking or scratching at others, using objects as weapons, pulling hair, pinching, or behaviors that produce or have the potential to produce an injury to others. Spitting on others occurred at a high frequency at previous placements. Historically,</p>			

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	<p>he has been physically aggressive to those who he feels have 'wronged' him. He can also be physically aggressive when he is not getting what he wants from others. He has a history of being very aggressive toward his mother and he has also grabbed the driver during vehicle transports. When highly agitated, he may attempt to engage in several acts of aggression toward peers....</p> <p>Replacement Behaviors: Asking/approaching staff for help: Any time he asks appropriately for staff to help him get the items or attention that he desires or any time he uses his coping skills instead of engaging in the target behavior...."</p> <p>"Restrictions: [Client #14] will have 1:1 staff for all community outings and the 1:1 staff cannot be the driver. He will sit the furthest away from the driver in the vehicle and will have staff seated next to him during outings/transports. If [client #14] is exhibiting agitation, precursors, or has engaged in physical aggression to peers, an assigned staff will be put in place for the protection of other clients. The assigned staff's responsibility is to prevent [client #14] from being able to hit/kick/spit at other clients. The assigned staff should stay between [client #14] and any peers that he may hit. The assigned staff can also encourage [client #14] to go to the life skills building for activity where he would be away from his peers for their safety...."</p> <p>"Precursors: Verbal aggression and instigation could be identified as precursors to other behavioral issues. When he engages in this behavior staff will: See above restriction about implementing an assigned staff for [client #14].</p> <p>Remain calm in tone and volume, do not react with emotion or irritation. Ignore threats and verbal abuse. Do not get into a back-and-forth power struggle. If he is engaging in instigation</p>			

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NAME OF PROVIDER OR SUPPLIER RES-CARE INC	STREET ADDRESS, CITY, STATE, ZIP COD 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135
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	<p>toward a peer, remain between the two peers. Ask him how you can help. He is more likely to calm down if he feels supported and liked by his staff. Remind him that we are here to help him so that he can reach his goals of being more independent. If he continues to yell, with as little reaction that you can use, repeat that you want to help him but that you can only do so if he is talking calmly. Once calm, attempt to resolve the problem or come up with a game plan as to how the problem can be resolved. Praise him for his input and compliance when he has calmed (i.e.: 'I know you're upset but I'm really proud of you for calming down so we can talk about this' etc. If the verbal aggression continues, in a calm and neutral voice, suggest a relaxation technique that he can use to calm down (i.e.: 'let's take 10 deep breaths together, then if you're calm, we can talk'. A staff will encourage him to go with them (in the opposite direction of his peers) for a walk. If he does not begin to go to a different area and continues being verbally aggressive, staff will redirect peers away from the immediate area. Attempt to find out what is upsetting him and attempt to resolve the problem as best you can with his input. If [client #14] is creating an unsafe environment due to his verbal aggression or instigation of peers, and he is refusing to leave a common area, thus causing him to become a target to his peers, for his own health and safety, he can be physically redirected to a safe area using YOU'RE SAFE I'M SAFE (YSIS) always beginning with the least restrictive measures...."</p> <p>"Preventative Procedures: If [client #14] is engaging in ongoing verbal aggression or instigation, it has been helpful to offer to take him to the life skills building where he can yell or be active without disrupting his peers. See above restriction related to [client #14] having an</p>			

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NAME OF PROVIDER OR SUPPLIER RES-CARE INC	STREET ADDRESS, CITY, STATE, ZIP COD 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135
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	<p>assigned staff when showing precursors. [Client #14] should have opportunities throughout the day to leave the residential hall and go to the yard/gym/etc. Give [client #14] choices whenever possible, he does best when he feels like he has some control over his situation.... [Client #14] enjoys listening to music and a tablet has been provided for him".</p> <p>"[Client #14] and his peer, [client #19] do not get along and staff should make an effort to program them away from one another when possible."</p> <p>"Reactive Procedures: For Verbal Aggression: See procedures outlined in 'precursor' section of this plan. For Physical Aggression/Property Destruction/Self Injurious Behaviors: Immediately ensure the health and safety of everybody in the immediate environment. Redirect him and/or others to a different area of the environment. Tell him to stop the behavior. If he stops the behavior, redirect him to a safe location and problem solve with him and praise him for doing this with us. If the behavior continues, block all attempts of aggression and attempt to redirect, if the behavior continues and he is placing himself or others in danger, implement YOU'RE SAFE I'M SAFE (YSIS) beginning with the least restrictive measures...."</p> <p>On 6/13/23 at 9:08 AM, Residential Manager (RM) #2 and the QAM were interviewed. RM #2 indicated client #14 has engaged in a pattern of client to client aggression and his BSP has had many updates. RM #2 indicated client #14 had assigned staff when he engaged in physical aggression. RM #2 stated, "We always make sure staff is with him to avoid as many peer to peers as we can. He programs separately a lot. It was put in place recently". RM #2 stated client #14 has</p>			

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

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	<p>had many issues with client #19 because "he (client #19) feeds into it". RM #2 stated, "Staff should step in between to prevent (physical aggression) and verbally redirect him". RM #2 was asked if and when client #14 had 1:1 staffing. RM #2 stated, "When he is becoming aggressive. He hasn't been 1:1 for a while. It is assigned staff not 1:1. When he has aggression towards peers he gets assigned staff. If I could have someone with him every single second honestly I would. Personally the continuous destroying his room, pulling things out of his dresser, creating a dangerous environment in his room, urinating on things. We might be able to prevent some of the instances. I was excited when we didn't have to have him on 1 on 1. Each day passes he has to have someone with him. Multiple acts of bolting out of the building. That is becoming an issue. He was on 1:1 then he transitioned off of it. It was possibly towards the end of summer last year". RM #2 indicated client #14 should have 1:1 staff due to his plan not being effective. RM #2 stated, "When I see him screaming at peers, I try to make sure staff is right beside him. I do all I can to prevent abuse and neglect at all times towards the guys. He (client #14) pops up at random times. He will be walking with a basketball and he'll throw it out of nowhere. [Client #19] took 2 balls to the stomach earlier. I'm not going to proactively intervene until he does something". The QAM stated, "Trying to get in between people when we see him agitated. The IDT tried to come up with many proactive measures for him. We bring him down here (gym area). [RM #2] just gave me some input. She is suggesting 1:1 and male staff he responds better to. I can't remember if we have discussed 1:1 (for client #14). Everyone is aware and trying to come up with things to help [client #14]. It's not usually anything serious. Nobody is getting hurt. The IDT is working closely with</p>			

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NAME OF PROVIDER OR SUPPLIER RES-CARE INC	STREET ADDRESS, CITY, STATE, ZIP COD 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135
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	<p>him and [Psychiatrist]. Twice weekly IDTs we talk about the heavy hitters (client #14)". RM #2 indicated when plans are updated there is a note written on a dry erase board in the staff room indicating what plans were updated then staff are responsible for reviewing and signing the inservice form indicating they reviewed the changes to the plans.</p> <p>On 6/13/23 at 10:35 AM, the Behavior Technician (BT) was interviewed. The BT indicated there was an incident this morning where client #14 was trying to bolt from the group when they were in the library. The BT indicated she was the only staff with client #14, client #19 and client #1. The BT indicated she had to close the door and sit by the door to prevent client #14 from bolting from the room. The BT indicated closing the door wasn't a restriction addressed in client #14's BSP. The BT indicated she wasn't aware of client #19 targeting client #14 and she wasn't aware they should not be in programming together. The BT indicated client #14's BSP should be implemented as written.</p> <p>On 6/13/23 at 11:25 AM, Direct Support Professional (DSP) #11 was interviewed. DSP #11 was asked if client #14 targets any of his peers. DSP #11 stated, "It just depends on his mood. It could really be any of the clients. [Client #19] is one of the main ones". DSP #11 was asked how staff should respond to client #14's behaviors. DSP #11 stated, "Intervene, redirect him to something else before something else happens. He is with assigned staff so we can try to prevent the c2cs (client to clients) from happening". DSP #11 indicated when client #14 displays precursors he should be programmed by himself to prevent client to client incidents. DSP stated, "Everyone knows how [client #14] is, you have to stay in</p>			

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

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	<p>between him and his peers to prevent (client to client aggression)".</p> <p>On 6/14/23 at 2:28 PM, QIDP #1 was interviewed. QIDP #1 indicated there have been many IDT meetings, Psychiatrist visits and BSP changes for client #14 and the changes haven't been effective at preventing incidents of client to client aggression. QIDP #1 indicated client #14's most concerning target behavior was physical aggression. QIDP #1 indicated client #14's precursors were hallucinations, speaking to imaginary people, staring off and talking aggressively. QIDP #1 stated, "I recognize his c2c (client to client) is off the chart. Plans have not been effective". QIDP #1 indicated clients #14 and #19 do not get along very well. QIDP #1 was asked about client #14's BSP addressing client #14 and client #19 not being in programming together. QIDP #1 stated, "I would have to double check. There have been c2c incidents. Based on past reports I did get that impression. When I first got here that was something I was concerned about. I haven't seen [client #19] targeting [client #14]. I haven't seen [client #14] target [client #19] any more than the other guys". QIDP #1 indicated plans should be implemented as written.</p> <p>2. A 5/31/23 BDDS report indicated, "On May 30, 2023 at 10:55 am [client #14] was on an outing at [store] with a group of peers and staff. Staff was assisting [client #14] in getting his chips when for no apparent reason and without precursors, [client #14] engaged in physical aggression towards staff by using both hands to hit them as well as shouting and cussing at them. Staff prompted [client #14] to use his coping skills and to pick out his next item when he engaged in physical aggression towards his peer [client #17] by using both hands to grab [client #17's] left</p>			

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NAME OF PROVIDER OR SUPPLIER RES-CARE INC	STREET ADDRESS, CITY, STATE, ZIP COD 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135
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	<p>hand and squeezed and twisted it. Staff was able to intervene and separated both clients. [Client #17] did not retaliate. Staff and [client #14] and his peers moved on to get the next item when [client #14] attempted to take a baby from their (sic) moms (sic) arms when he passed them. Staff redirected [client #14] away immediately and finished picking up their items. At the check out, [client #14] engaged in physical aggression towards his peer [client #13] by using his left hand to hit [client #13's] left arm. After staff separated both clients, [client #14] engaged in physical aggression towards staff by using both hands to attempt to hit them. When staff and clients got to the van, [client #14] spit in [client #13's] face. Staff educated [client #14] on respecting his peers personal space. [Client #14] and his peers made it back to residential without any issues while on the van ride back. All clients were assessed by nursing and no injuries were noted. All clients returned to normal programming without further issues. Plan to Resolve: Staff will continue to follow [client #14's] guardian and HRC approved BSP and ISP regarding physical aggression and coping skills. All clients report they feel safe and none wished to file a grievance. Staff will continue to educate [client #14] on personal space and using his coping skills when he becomes upset. IDT will meet to discuss this incident".</p> <p>A 6/5/23 CCAI included the following recommendations: "Staff will continue to monitor [client #17] & [client #13] for any further injuries. Staff will continue to educate [client #14] on using his coping skills when he becomes upset and respecting his peers personal space. Will continue to follow current BSP's (sic) and</p>			

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	offer alternative activities. IDT met to discuss recent behavioral occurrences involving [client #14] and determined that he will see [Psychiatrist] on June 6, 2023 regarding possible med changes. [Residential Manager/RM #3] to receive a corrective action for failing to follow [client #14's] ISP & BSP. [DSP #11] to receive corrective action for falling to follow [client #14's] ISP & BSP. The IDT met last week and the BC (behavior clinician) had no changes to the BSP other than retraining staff on [client #14's] BSP". There was no documentation indicating the recommended corrective action and retraining were completed. On 6/13/23 at 11:25 AM, DSP #11 and the QAM were interviewed. DSP #11 indicated she was the only staff present during the outing. DSP #11 indicated she, client #14, client #13 and client #17 transported client #15 to a home visit with his family and after they dropped client #15 off the rest of them went to the store. DSP #11 stated, "He (client #14) was a perfect angel all day, no behaviors". DSP #11 indicated client #14 became upset when they didn't have his preferred chips. DSP #11 was asked what the clients' supervision levels were. DSP #11 stated, client #14's supervision level was "Assigned staff at facility and 2:1 (2 staff) in public and he has to sit in the back seat away from the driver.			

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W 0159 Bldg. 00	<p>I have always been told they (clients #15, #13 and #17) are 3:1 (3 clients to 1 staff) in ratio". DSP #11 indicated she was retrained after the incident. DSP #11 was asked if the training was effective. DSP #11 stated, "I wasn't 100% sure. It is still confusing to me, the 3:1. Training maybe wasn't effective. [Quality Assurance Coordinator] talked it over with me after the incident". The QAM stated, "[Client #17] and [client #13] are not 1:1 in community. They are line of sight. 2:1 for [client #14]. [Client #15] is 1:1 in community and the 1:1 should not be the driver. There should have been 4 staff present. Training was not effective". DSP #11 indicated the retraining consisted of reading an inservice and signing it indicating they were trained on the changes. After DSP #11 left the interview, QAM #1 stated, "I'm not sure if retraining has been done. She (DSP #11) will be getting a corrective action. [RM #3] will also be getting a corrective action because she approved the outing. Staff are not aware of the supervision levels. We just created a cheat sheet so everyone knows supervision levels".</p> <p>5-1.2(v)(2)(5) 483.430(a) QIDP</p> <p>Each client's active treatment program must be integrated, coordinated and monitored by a qualified intellectual disability professional who-</p>			

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	<p>Based observation, record review and interview for 5 of 5 sampled clients (#1, #2, #3 #4 and #5) and 15 additional clients (#6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, and #20), the facility's Qualified Intellectual Disabilities Professional (QIDP) failed to ensure clients #1, #3, #5 and #9 had current state identification (ID) cards, to ensure sufficient direct care staff to implement clients #9, #16, and #20's 1:1 supervision needs and to meet minimum staff to client ratios for clients #1, #2, #3, #4, #5, #6, #7, #8, #10, #11, #12, #13, #14, #15, #17, #18, and #20, to ensure the Behavior Technician received competency based training to conduct restraints and to ensure Direct Support Professional (DSP) #11 was competently trained regarding clients #13, #14, #15 and #17's staffing ratios while participating in community outings, to ensure direct care staff were invited to and participated in client #14's interdisciplinary team (IDT) meetings, to ensure client #14 and/or his guardian were invited to and participated in client #14's IDT meetings, to ensure clients #8, #16 and #20's identified communication needs were formally addressed in their Individualized Support Plan (ISP), to ensure clients #3, #4, #8, #9, #12, #13, #14, #15, #16 and #20's Individual Support Plans (ISPs) and Behavior Support Plans (BSPs) were implemented at all opportunities, to ensure clients #8, #16 and #20's active treatment schedules were individualized to their personal needs, to promote clients #3, #5, #8, #10, #15, #16, #17, #19, and #20's dignity in regards to their appearance and to ensure staff did not restrict the clients' access to the phone in order to prevent maladaptive behaviors.</p> <p>Findings include:</p> <p>1. On 6/13/23 at 2:30 PM, the facility's finances</p>	W 0159	<p>To correct the deficient practice the QIDP has been trained in coordinating, monitoring, and integrating for all client needs. The QIDP will also be completing the QIDP certification program with ResCare Quality supports team. The QIDP duties will be monitored by completing a weekly meeting to ensure all duties are complete with the QAM and ED. Additional monitoring will be achieved by the administrative staff completing five times a week facility observation for one month. Ongoing monitoring will be achieved by the QIDP completing routine observations of the facility as well as routine meetings with the QAM and ED to ensure all duties are completed.</p>	08/12/2023

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G811	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 06/21/2023
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NAME OF PROVIDER OR SUPPLIER RES-CARE INC	STREET ADDRESS, CITY, STATE, ZIP COD 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135
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	<p>were reviewed. During the review process it was discovered clients #1, #3, #5 and #9's spending money checks from their bank accounts were made out to the Program Manager (PM) and not the individual client.</p> <p>On 6/13/23 at 3:29 PM, the PM was interviewed. The PM indicated when she completes check requests for the clients, the checks are made out to her and not the client. The PM stated, "That is how it always was before I came. The clients don't have current IDs (state identification cards)".</p> <p>On 6/13/23 at 3:50 PM, current ID cards for clients #1, #3, #5 and #9 were requested from the Quality Assurance Manager (QAM).</p> <p>On 6/13/23 at 4:09 PM, the QAM was interviewed. The QAM indicated he was unable to locate the ID cards, but he was still looking. The QAM stated, "They should be in the safe and copies in their books".</p> <p>On 6/14/23 at 9:00 AM, the QAM was interviewed. The QAM stated, "[Client #9's] ID expired in 2001". The QAM indicated he was unable to locate IDs for clients #1, #3 and #5.</p> <p>On 6/14/23 at 9:05 AM, the Executive Director (ED) and the QAM were interviewed. The ED and QAM indicated the clients should have current ID cards. The ED stated, "They are all going to have to get current IDs so they can do their own banking".</p> <p>On 6/14/23 at 2:28 PM, Qualified Intellectual Disabilities Professional (QIDP) #1 was interviewed. QIDP #1 indicated he was responsible for ensuring clients have current state</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G811	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/21/2023
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NAME OF PROVIDER OR SUPPLIER RES-CARE INC	STREET ADDRESS, CITY, STATE, ZIP COD 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135
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	<p>ID cards. QIDP #1 stated, "They should have their IDs and they should be kept in our safe with other personal documents. They should all be current".</p> <p>2. The QIDP failed to ensure sufficient direct care staff to implement clients #9, #16, and #20's 1:1 supervision needs and to meet minimum staff to client ratios for clients #1, #2, #3, #4, #5, #6, #7, #8, #10, #11, #12, #13, #14, #15, #17, #18, and #20. Please see W186.</p> <p>3. The QIDP failed to ensure the Behavior Technician received competency based training to conduct restraints and to ensure Direct Support Professional (DSP) #11 was competently trained regarding clients #13, #14, #15 and #17's staffing ratios while participating in community outings. Please see W189.</p> <p>4. The QIDP failed to ensure direct care staff were invited to and participated in client #14's IDT meetings. Please see W207.</p> <p>5. The QIDP failed to ensure client #14 and/or his guardian were invited to and participated in client #14's IDT meetings. Please see W209.</p> <p>6. The QIDP failed to ensure clients #8, #16 and #20's identified communication needs were formally addressed in their Individualized Support Plan (ISP). Please see W227.</p> <p>7. The QIDP failed to ensure clients #3, #4, #8, #9, #12, #13, #14, #15, #16 and #20's Individual Support Plans (ISPs) and Behavior Support Plans (BSPs) were implemented at all opportunities. Please see W249.</p> <p>8. The QIDP failed to ensure clients #8, #16 and #20's active treatment schedules were</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G811	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 06/21/2023
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NAME OF PROVIDER OR SUPPLIER RES-CARE INC	STREET ADDRESS, CITY, STATE, ZIP COD 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135
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W 0186 Bldg. 00	<p>individualized to their personal needs. Please see W250.</p> <p>9. The QIDP failed to promote clients #3, #5, #8, #10, #15, #16, #17, #19, and #20's dignity in regards to their appearance. Please see W268.</p> <p>10. The QIDP failed to ensure staff did not restrict the clients' access to the phone in order to prevent maladaptive behaviors. Please see W288.</p> <p>483.430(d)(1-2) DIRECT CARE STAFF The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans.</p> <p>Direct care staff are defined as the present on-duty staff calculated over all shifts in a 24-hour period for each defined residential living unit.</p> <p>Based on observation, record review, and interview for 5 of 5 sample clients (#1, #2, #3, #4, and #5), plus 15 additional clients (#6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, and #20, the facility failed to provide sufficient direct care staff to implement clients #9, #16, and #20's 1:1 supervision needs and to meet minimum staff to client ratios for clients #1, #2, #3, #4, #5, #6, #7, #8, #10, #11, #12, #13, #14, #15, #17, #18, and #20.</p> <p>Findings include:</p> <p>1. Observations were conducted in the facility on 6/12/23 from 1:40 pm to 3:30 pm and from 5:00 pm to 6:00 pm and on 6/13/23 from 8:00 am to 10:00 am and from 11:30 am to 12:30 pm. Clients #3, #4, #8, #9, #13, and #15 were in the facility throughout</p>	W 0186	To correct the deficient practice all staff have been trained to implement plans as written. The RMs and PM have been trained to ensure the expected ratio is in place at all times. The administrative team will review the current ratio needs for the current clients admitted to the facility. The team will develop a ratio plan and inform the RMs of the ratio that will be implemented. Additional monitoring will be achieved by the administrative staff completing five times a week facility observation for one month to ensure the appropriate ratio is in place, and plans are	08/12/2023

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G811	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/21/2023
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NAME OF PROVIDER OR SUPPLIER RES-CARE INC	STREET ADDRESS, CITY, STATE, ZIP COD 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135
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	<p>the observation periods.</p> <p>On 6/12/23 at 1:45 pm, Residential Manager (RM) #2 indicated clients #9 and #20 had dedicated 1:1 staff.</p> <p>At 2:30 pm, clients #1, #12, #20, #2, #15, #8, and #19 were in the day room. RM #2 was the only staff in the day room. Clients #1, #12, #20, #2, #15, #8, and #19 were not engaged in meaningful activities and were not encouraged to do so.</p> <p>Client #1 sat at the dining table with a board game set up. Client #1 asked RM #2 to play the game with him, and RM #2 stated, "I can't leave [client #20]." Client #19 approached the surveyor and asked to use the phone. Client #19 stated, "I can call my dad once a day. Staff get the phone from the nurses station." The surveyor encouraged client #19 to ask his staff for assistance. Client #19 asked RM #2 if he could use the phone, and RM #2 stated, "I can't leave my one on one." At 2:35 pm, Quality Assurance Coordinator was following client #8 down the hallway and was prompting him to keep his clothing on. Client #8 went into the kitchen and knocked over a rack of fruit on the counter. At 2:45 pm, Direct Support Professional (DSP) #11 was following client #8 up and down the hallways.</p> <p>At 2:45 pm, RM #2 assisted client #3 with his pureed snack at a dining table. Client #15 was wandering through the day room and in and out of the kitchen. Client #2 was sitting on a sofa in the day room. Client #19 jumped up and down on the staff chair then perched on the arm of the chair. RM #2 prompted client #19 to get off of the chair. Client #19 stood on the arm of the chair then jumped off. Client #8 walked through the day room, reached into his pants, and ripped off his adult brief. DSP #11 prompted client #8 to his bedroom to put on a new brief. At 2:52 pm, client</p>		<p>implemented as written. Ongoing monitoring will be achieved by the administrative team meeting twice weekly to discuss the needs of the facility including what the appropriate ratio is with the current clients.</p>	

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NAME OF PROVIDER OR SUPPLIER RES-CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135
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	<p>#3 went into his bedroom and laid down in his bed. At 2:54 pm, RM #2 called client #19 to the day room, so he could make a phone call. At 2:55 pm, client #2 wandered in and out of the kitchen. Client #15 followed the surveyor around the facility repeating his mother was coming to see him. Staff did not provide meaningful activities. At 3:00 pm, Program Manager was in the Qualified Intellectual Disabilities Professionals (QIDPS) office with client #16. The gym, consumer room, and music rooms were empty. Client #14 was in a staff office with Activities Coordinator (AC). Client #14 was talking to himself and others not visibly present in the room. AC stated, "[Client #14] is being separately programmed, so he can't target people. He's being aggressive today." Clients #13 and #17 were in the art room playing bingo with Behavior Technician (BT). Client #18 was in the movie room with Quality Assurance Coordinator (QAC).</p> <p>On 6/12/23 at 5:00 pm, client #14 and AC were in the recreation building kitchen. From 5:00 pm to 6:00 pm, client #4 paced through the day room. Client #4 indicated he was going on an outing and would eat in the community. Client #4 indicated he was waiting for a staff member to be available to take him on his outing. Client #4 was not provided with an activity while he was waiting. There were no other clients participating in activities in the recreation building. At 4:57 pm, clients #3, #7, #1, #16, #8, #20, and #4 were in the dayroom with client #20's one to one staff. Clients #19, #9, #17, and #2 were in the kitchen. At 5:07 pm, RM #2 indicated DSP #13 was assigned as client #9's one to one staff and DSP #10 was assigned as client #20's one to one staff. At 5:13 pm, DSP #11 stated, "I think [client #5] is in his room." DSP #10 asked DSP #13 to prompt client #5 for dinner. DSP #13 left client #9 in the day</p>			

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

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	<p>room and went to prompt client #5 for dinner. At 5:15 pm, DSP #13 and client #5 returned to the day room. DSP #13 served client #5 his meal. Client #16 was walking through the day room with a pudding cup. Client #16 did not have a spoon and was scooping the pudding into his mouth with his fingers. At 5:18 pm, client #16 was walking through the day room with a bowl of green beans. Client #16 gave his spoon to QAC and poured the green beans into his mouth from the bowl. At 5:23 pm, client #16 was biting his hands and was pacing around the day room. Client #16 went into the kitchen. RM #2 prompted client #16 to leave the kitchen. Client #16 bit his hand, and RM #2 grabbed client #16's hand. Client #16 bit down on his hand again, and RM #2 stated, "He bit me!" DSP #13 walked with client #16 to the end of the hallway by the main entrance to the facility. RM #2 followed client #9 to his bedroom and sat in a chair outside of his room. RM #2 sat on the chair and was typing on her cell phone. DSP #10 was talking to another staff, and client #20 went into the kitchen and attempted to take something from the garbage can. DSP #10 physically blocked client #20 and prompted him to sit on the sofa in the day room. Client #3 went to his bedroom and laid down in his bed with the lights off. Client #8 was pacing up and down the hallways with his hand inside the front of pants.</p> <p>On 6/13/23 at 8:00 am, client #3 was in his bed with the lights off. RM #2 indicated client #3 had finished his breakfast at 6:30 am and had been in bed since then. Client #4 was in his bedroom with the door shut. DSP #13 stated, "[Client #4] is still in bed. I have no clue if he's eaten breakfast." Client #1 was seated at the dining table with his tablet. Client #5 was seated at a dining table with DSP #13. Client #5 had a full pizza and milkshake. BT asked client #1 if he would like to go to the</p>			

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NAME OF PROVIDER OR SUPPLIER RES-CARE INC	STREET ADDRESS, CITY, STATE, ZIP COD 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135
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	<p>gym or to watch a movie. Client #1 indicated he wanted to play a video game. BT left the residential building with client #1. At 8:15 am, client #4 went into the day room. Client #2 was seated at the dining table and indicated he was not aware of any activities planned for the day. At 8:30 am, clients #2, #3, #4, and #5 were in their bedrooms. At 8:36 am, client #8 was walking down the hallway wearing one white sock and one black sock on his feet. Client #8 had a black sock on his hand, pulled up to his elbow. Client #10 grabbed the sock and pulled it off of client #8's arm and gave it to AC. AC stated, "It's ok." DSP #13 prompted client #10 to assist with putting the dining chairs away. Client #10 complied. At 8:45 am, client #2 was seated in a chair in the day room. Clients #3, #4, and #5 were in their bedrooms. Client #8 was pacing up and down the halls, and RM #2 was following him. RM #2 stated, "We need to get some sensory toys for him." At 9:00 am, clients #3 and #4 were in their bedrooms. Client #2 was standing in the hallway, and client #5 was standing in the day room. At 9:06 am, client #20 grabbed a piece of toast from client #18's plate and took a bite. DSP #11 grabbed the toast from client #20's hand and threw it into the garbage. Client #20 ran to the sofa and put the toast left in his hand into his mouth. DSP #11 stood over client #20, leaning over his shoulder, and attempted to take the toast from his hand and mouth. DSP #11 stated, "Spit it out. Spit it out." At 9:06 am, client #3 went into the day room. Client #2 was lying in his bed with the lights off. At 9:30 am, client #8 went into the day room with a pink cup in his hand. Client #8 drank the contents of the cup, coughed, then put the cup on the table. Client #7 went into the day room, took the cup, and stated, "That's mine! Stay out of my room!" Clients #3 and #5 were in their bedrooms. Client #2 was sitting in a chair in the day room.</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G811	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 06/21/2023
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NAME OF PROVIDER OR SUPPLIER RES-CARE INC	STREET ADDRESS, CITY, STATE, ZIP COD 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135
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(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
	<p>Client #4 was engaging in verbal aggression with his peers. At 9:45 am, client #3 was sitting in his wheelchair in the day room and was yelling for tea. Client #11 walked through the dayroom and stated, "It's so loud!" Client #4 was engaging in verbal aggression with his peers. Clients #11, #9, #12, #18, #13, and #4 were in the day room and were not engaged in meaningful activity. At 9:48 am, client #4 was pacing through the day room saying, "F***," repeatedly. Client #8 went into clients #12 and #16's bedroom. Client #8 went into the kitchen and got a banana. Client #7 got a banana. Client #12 asked for a banana, and AC stated, "Hold on. Give me a minute." Client #4 asked AC to play a card game with him. AC stated, "Hold on. [Client #12] wants a banana. I can't leave the day room to get it for him, and he's on a special diet." Client #9 walked down the hallway to the dayroom without his one to one staff. Client #8 went into client #15's bedroom. AC directed him out. Client #9 went into the kitchen without his one to one staff. At 9:56 am, the surveyor asked who was assigned to client #9. AC stated, "Me." AC was the only staff in the day room. Clients #15, #7, #6, #12, #8, and #9 were in the day room. When asked if there were other staff in the building, AC stated, "Not to my knowledge." At 10:00 am, there were no clients in the gym, recreation building kitchen, sensory room, consumer room, library, music room, or art room. Clients #14, #19, #1, and #20 were in the movie room with BT, DSP #11, and a staff in training.</p> <p>On 6/13/23 at 11:30 am, there were no clients in the gym, recreation building kitchen, sensory room, movie room, consumer room, library, or music room. Clients #13, #17, #19, #7, #1, #10, #12, and #18 were in the art room with QAC. PM was outside the building smoking. When PM saw the</p>			

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NAME OF PROVIDER OR SUPPLIER RES-CARE INC	STREET ADDRESS, CITY, STATE, ZIP COD 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135
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	<p>surveyor enter the art room, she went into the art room to assist QAC. Clients #11, #8, #3, #15, #20, and #14 were in the day room. AC was the only staff in the day room. RM #2 was in the kitchen preparing lunch. QIDP #1 was client #9's assigned one to one staff. Clients #2, #4, and #5 were in their bedrooms with their doors closed. At 11:51 am, AC took client #20 to the restroom. Clients #3 and #15 were in the day room with no staff. Client #8 went into the day room and sat on the sofa. At 11:54 am, client #9 went into the day room without his one to one staff. Client #9 stated, "We need to get this stuff off the table for lunch. This can't be here." Client #9 removed a pile of art supplies from the table and put them on top of a cabinet. Client #8 walked down the hallway, and RM #2 followed him. RM #2 directed client #8 back to the day room. Client #8 screamed and pushed a chair over. RM #2 stated, "We can't have you doing this." RM #2 did not redirect client #8 to an activity. Client #9 was alone in the dining room. When asked who is assigned staff was, client #9 stated, "I have no idea." At 11:58 am, client #8 was biting his hands, stomping his feet, and yelling. RM #2 stated, "We can't act this way. You need to find another way to deal with it." RM #2 did not direct client #8 to another activity. At 12:00 pm, clients #2, #4, and #5 were in their bedrooms with their doors closed. At 12:05 pm, client #2 went to the day room. At 12:11 pm, client #4 went to the day room and laid down on the sofa. RM #2 stated, "[Client #4], I would really appreciate it if you would sit up." Client #4 did not move. At 12:17 pm, lunch was served. Client #5 was in his bedroom and was not prompted for lunch. Clients #3 and #20 were sitting at the same table. AC indicated she was monitoring both of them. At 12:21 pm, AC asked BT to sit with client #3, and she did. Client #20 pushed his food onto the table with his spoon</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G811	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/21/2023
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NAME OF PROVIDER OR SUPPLIER RES-CARE INC	STREET ADDRESS, CITY, STATE, ZIP COD 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135
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(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
	<p>then picked it up and ate it with his hands. AC did not redirect client #20 to use his spoon or provide him with a napkin or assistance to clean up the spilled food or his hands. DSP #13 was walking down the hallway while eating a burrito from its wrapper. At 12:29 pm, client #3 finished eating, went to this bedroom, and got into bed. At 12:30 pm, RM #2 stated, "[Client #8], where did you get that shirt?" AC stated, "That's [client #6's] shirt." RM #2 stated, "He's going through [client #6's] clothes." At 12:35 pm, AC stated, "Everyone is done eating." When asked if client #5 had been prompted to eat, AC stated, "Did [client #5] have his outing at breakfast?" RM #2 stated, "We tried to get [client #5] to go to the other building for lunch, but he refused." AC went to client #5's room and asked him if he would like to eat in the day room. Client #5 stated, "I guess," and followed AC to the day room. At 12:36 pm, client #4 asked RM #2 to take him outside, so he could smoke. RM #2 stated, "Not now. I'm watching [client #20]." Client #4 went into his bedroom and shut the door.</p> <p>PM was interviewed on 6/14/23 at 1:55 pm and stated, "Staff should be prompting for activity every 15 minutes."</p> <p>Quality Assurance Manager (QAM) was interviewed on 6/14/23 at 4:10 pm and stated, "Plans and schedules should be followed as written. Staff should be providing choices and activities."</p> <p>1a. On 6/13/23 at 9:48 am, DSP #13 took client #3 on a community van ride with 4 other clients. DSP #13 indicated he and a staff in training were the only staff going on the outing.</p> <p>Client #3's record was reviewed on 6/13/23 at 2:18</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G811	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 06/21/2023
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NAME OF PROVIDER OR SUPPLIER RES-CARE INC	STREET ADDRESS, CITY, STATE, ZIP COD 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135
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	<p>pm. Client #3's Individual Support Plan (ISP) dated 8/17/22 indicated the following goals: Identify medications, oral hygiene, laundry, positioning in bed, participation in fire drills, bathing, pedestrian safety, use of a small spoon when dining, using sign language to communicate when he needs help, and participating in sensory activities.</p> <p>- Throughout the observation periods, client #3 was not encouraged to participate in his formal goals and objectives.</p> <p>Client #3's Behavior Support Plan (BSP) dated 6/1/23 indicated client #3 required a one to one staff when in the community.</p> <p>- Client #3 was not provided a one to one staff when he participated in a community outing.</p> <p>DSP #13 was interviewed on 6/14/23 at 12:43 pm and stated, "Due to the fact [client #3] has a wheelchair now, he might be one to one when he goes on outings." DSP #13 indicated he was only the staff with 5 clients on a community outing on 6/13/23. DSP #13 indicated he was not aware of client #3's supervision level when in the community.</p> <p>RM #2 was interviewed on 6/14/23 at 11:50 am and stated, "[Client #3] has 2 staff assigned to him when he's in the community."</p> <p>PM was interviewed on 6/14/23 at 1:55 pm and stated, "[Client #3] has a one to one staff when he's on outings. The one to one staff should be implemented."</p> <p>1b. Client #8's record was reviewed on 6/14/23 at 10:40 am. Client #8's BSP dated 6/6/23 indicated the following: "[Client #8] will have an assigned staff across all</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G811	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/21/2023
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NAME OF PROVIDER OR SUPPLIER RES-CARE INC	STREET ADDRESS, CITY, STATE, ZIP COD 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135
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	<p>checks. He will have 10 minute checks while he is in his bedroom. The assigned staff is responsible for the following: Assisting [client #8] with his hourly toileting and hygiene. Making sure he is not entering peer bedrooms/kitchen. Assisting with possible communication barriers.</p> <p>Meal/snack supervision. Providing/offering walks around campus (twice on first and 2nd shift). At the end of the assigned time, staff will check [client #8's] room for fall hazards and will assist with cleaning up any messes that were made."</p> <p>- Throughout the observation periods, client #8 did not have an assigned staff to prevent him from going into his peers' rooms and the kitchen.</p> <p>DSP #13 was interviewed on 6/14/23 at 12:43 pm and stated, "[Client #8] is line of sight supervision at all times. Once we notice him going down a specific hall, we verbally prompt him to go back toward the day room."</p> <p>RM #2 was interviewed on 6/14/23 at 11:50 am and stated, "[Client #8] is line of sight supervision when he is out of his room. He doesn't have anyone assigned to him, he's always in the day room and common areas, and there are always staff there to redirect him."</p> <p>PM was interviewed on 6/14/23 at 1:55 pm and stated, "[Client #8] is 15 minute checks in his bedroom and assigned staff when out of it. When he's out of his room, we have to assign someone to keep an eye on him and watch him. He's constantly being (sic) in and out of people's rooms, attempting to get into things. He has a history of eating non-edibles."</p> <p>QAM was interviewed on 6/14/23 at 4:10 pm and stated, "[Client #8] is to have an assigned staff with 10 minute checks. An assigned staff is a</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G811	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/21/2023
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NAME OF PROVIDER OR SUPPLIER RES-CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>staff dedicated to monitoring him. We need to discuss what assigned staff means. The RM should say, "You are responsible for [client #8] at this time." QAM stated, "If a person is one to one with someone else, they cannot be an assigned staff for [client #8]."</p> <p>1c. Client #9's record was reviewed on 6/14/23 at 11:00 am. Client #9's BSP dated 6/6/23 indicated the following, "[Client #9] has a history of sexually inappropriate behaviors and he has been charged with rape on more than one occasion in the past. Sexual aggression has taken place with both male and female clients at previous placements and [client #9] is capable of careful and thorough planning in order to sexually assault another person. He engages in 'grooming' behaviors where he will try to win over the trust of others. These grooming behaviors serve the specific purpose of setting up circumstances so that [client #9] can sexually act out or victimize others. He may be overly nice to others, flirt with them, or give them items in an effort to have the peer feel that they 'owe' [client #9] sexual favors. Other specific grooming examples can be found in the target behavior definition for grooming. [Client #9] has historically engaged in sexual activity with peers in his bedroom without the knowledge of staff. It is imperative that [client #9] never be left unsupervised with any client or while in the community as there is a risk for others to be victimized. [Client #9] must have 1:1 staff supervision due to his opportunist nature and due to the risk of reoffence (sic). [Client #9] has admitted to previous providers that the only reason that he has not sexually acted out with other clients is because he is deterred by his 1:1 staff and by the cameras that were in place." - At times during the observation periods, client #9 did not have a one to one staff assigned to</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G811	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/21/2023
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NAME OF PROVIDER OR SUPPLIER RES-CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135
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	<p>him, and his one to one staff left him to assist other clients.</p> <p>DSP #13 was interviewed on 6/14/23 at 12:43 pm and indicated client #9 required a one to one staff at all times.</p> <p>PM was interviewed on 6/14/23 at 1:55 pm and indicated client #9 required a one to one staff at all times.</p> <p>QAM was interviewed on 6/14/23 at 4:10 pm and indicated client #9 required a one to one staff at all times.</p> <p>1d. On 6/13/23 at 8:36 am, client #15 was in the bathtub in the community shower room. The bathroom door was open, and there were no staff in the area. Clients #10, #13, and #17 stood in the bathroom doorway and pointed at client #15. At 8:43 pm, QIDP #1 looked into the bathroom and stated, "I was just checking on you." QIDP #1 did not close the door or address client #15's lack of privacy. At 8:45 am, AC was standing outside the bathroom door, and the door was closed.</p> <p>Client #15's record was reviewed on 6/14/23 at 10:36 am. Client #15's BSP dated 6/1/23 indicated client #15 should have stand by assistance while showering and bathing due to a history of seizures and overflowing the bathtub.</p> <p>DSP #13 was interviewed on 6/14/23 at 12:43 pm and stated, "I don't think [client #15] requires any supervision while he's in the bathtub."</p> <p>RM #2 was interviewed on 6/14/23 at 11:50 am and stated, "There should be a staff outside the bathroom while [client #15] is in the bath or shower. The door is closed, but we check on him.</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G811	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 06/21/2023
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NAME OF PROVIDER OR SUPPLIER RES-CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135
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	<p>He likes to flood the bathtub. We have to be right there to make sure he doesn't overflow it. He also has a history of seizures."</p> <p>PM was interviewed on 6/14/23 at 1:55 pm and stated, "[Client #15] does have supervision in the bath due to a history of seizures. Staff should close the door and be in there with him."</p> <p>QIDP #1 was interviewed on 6/14/23 at 2:28 pm and stated, "[Client #15] should be monitored when he's in the bathtub due to seizures."</p> <p>QAM was interviewed on 6/14/23 at 4:10 pm and stated, "Staff should implement the plan as written."</p> <p>DSP #13 was interviewed on 6/14/23 at 12:43 pm and stated, "We need at least 9 staff. The staff we have today is not sufficient to implement everyone's plans. If we had holds, behaviors, or outings, having 9 staff would allow for 3 to address the behavior and still have 6 to do everything else. It's rare that we have 7. With 7 or 8, things run pretty smoothly." DSP #13 stated, "We have run with less than 5 staff." DSP #13 stated, "There should be a person in the day room to observe what is going on. The day room person should not be a one to one for [clients #9 and #20]."</p> <p>RM #2 was interviewed on 6/14/23 at 11:50 am and stated, "We need one staff for each of the 2 one to ones, and the ratio is 3 clients to one staff. We need 8 staff to provide direct care on the day shift and 7 staff overnight. Today we have 6 staff, but 2 of them are off campus."</p> <p>PM was interviewed on 6/14/23 at 1:55 pm and stated, "We have 6 staff here today."</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G811	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/21/2023
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NAME OF PROVIDER OR SUPPLIER RES-CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>Administrative staff step in as direct care staff if there aren't enough. We need 8 staff during the day and 7 at night." PM stated, "We have 2 one to one clients [#9 and #20]. [Client #8] has an assigned staff. [Client #14] has an assigned staff if he starts targeting peers. [Client #5] has an assigned staff when he's out of his bedroom." PM stated, "6 staff is enough to do program and activities."</p> <p>QIDP #1 was interviewed on 6/14/23 at 2:28 pm and stated, "The ideal number of staff would be 6."</p> <p>QAM was interviewed on 6/14/23 at 4:10 pm and stated, "There should be staff in the day room. That staff should not be one to one with [clients #9 and #20]." During waking hours, we need between 6 and 8 staff. [Client #5] is one to one when he's out of his room, and [client #16] is one to one an hour before and an hour after meals." QAM stated, "Staffing ratios should be implemented as written in the clients' plans."2. On 6/13/23 at 10:19 AM, a focused review of client #16's record was conducted. Client #16's 6/8/23 Behavior Support Plan (BSP) indicated, "...At this time, [client #16] has 1:1 approximately arms-reach supervision during all meals and snacks since these are the times when he struggles the most. During mealtimes, his 1:1 will be with him for the hour before and the hour after the meal. For example, lunch is at 12:00pm so [client #16] would have a 1:1 staff from 11:00am - 1:00pm. During the 1:1 time, the 1:1 is responsible for taking [client #16] on walks around campus in addition to making sure that [client #16] doesn't steal food from his peer's plates or eat food from the floor...."</p> <p>On 6/13/23 at 10:27 AM, a focused review of client #20's record was conducted. Client #20's 6/8/23</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G811	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 06/21/2023
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NAME OF PROVIDER OR SUPPLIER RES-CARE INC	STREET ADDRESS, CITY, STATE, ZIP COD 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135
--	--

(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
	<p>Behavior Support Plan (BSP) indicated, "...[Client #20] will have a 1:1 approximately arm's reach staff during all waking hours. When sleeping, he will have 5 minute checks. Staff should be switched out as frequently as necessary. Responsibilities of the 1:1 staff include: Assisting [client #20] with all daily living tasks including toileting and bathing (including assisting with keeping his feet clean) and providing active treatment options. Supervising all meals/snacks and making sure all food is cut up appropriately (see below). Due to stealing food from peer's plates, [client #20] will sit with his 1:1 staff at a table or couch/chair away from his peers during meals and snacks. He will be provided with a TV tray for his meal. Alternate utensils can be used to help [client #20] eat independently. The 1:1 staff will block [client #20] from taking food items from peers. Monitoring [client #20] for any items that he may potentially try to eat/drink, including making sure that he does not drink from the toilet. Monitoring [client #20] so that he does not take items from others...."</p> <p>On 6/14/23 at 12:43 PM, Direct Support Professional (DSP) #13 stated the facility was "short staffed." DSP #13 stated the facility needed "at least 9 staff" during waking hours. He stated, "Fewer than 9 isn't enough. There are times we only have 4 staff."</p> <p>On 6/14/23 at 11:52 AM, Residential Manager (RM) #3 indicated there should be 8-9 staff during waking hours. RM #3 indicated there were 6 staff on 6/14/23 at the time of her interview. RM #3 stated, "At times, don't have enough staff to do active treatment. Often have 4-5 staff for all 20 clients."</p> <p>On 6/14/23 at 10:11 AM, the Program Manager indicated there should be 8 staff per shift during</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G811	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 06/21/2023
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NAME OF PROVIDER OR SUPPLIER RES-CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>waking hours and 7 during the overnight shift.</p> <p>On 6/14/23 at 2:29 PM, the Qualified Intellectual Disabilities Professional #1 indicated he had worked at the facility for 3 weeks. He stated, "More often than not fewer staff" than 6-7 he indicated was needed to provide supervision to the clients.3. On 6/12/23 at 2:30 PM and on 6/13/23 at 8:00 AM, a review of the facility's incident/investigative reports was conducted and indicated the following:</p> <p>A 5/31/23 Bureau of Developmental Disabilities (BDDS) report indicated, "On May 30, 2023 at 10:55 am [client #14] was on an outing at [store] with a group of peers and staff. Staff was assisting [client #14] in getting his chips when for no apparent reason and without precursors, [client #14] engaged in physical aggression towards staff by using both hands to hit them as well as shouting and cussing at them. Staff prompted [client #14] to use his coping skills and to pick out his next item when he engaged in physical aggression towards his peer [client #17] by using both hands to grab [client #17's] left hand and squeezed and twisted it. Staff was able to intervene and separated both clients. [Client #17] did not retaliate. Staff and [client #14] and his peers moved on to get the next item when [client #14] attempted to take a baby from their (sic) moms (sic) arms when he passed them. Staff redirected [client #14] away immediately and finished picking up their items. At the check out, [client #14] engaged in physical aggression towards his peer [client #13] by using his left hand to hit [client #13's] left arm. After staff separated both clients, [client #14] engaged in physical aggression towards staff by using both hands to attempt to hit them. When staff and clients got to the van, [client #14] spit in [client</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G811	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/21/2023
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NAME OF PROVIDER OR SUPPLIER RES-CARE INC	STREET ADDRESS, CITY, STATE, ZIP COD 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135
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(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
	<p>#13's] face. Staff educated [client #14] on respecting his peers personal space. [Client #14] and his peers made it back to residential without any issues while on the van ride back. All clients were assessed by nursing and no injuries were noted. All clients returned to normal programming without further issues. Plan to Resolve: Staff will continue to follow [client #14's] guardian and HRC (Human Rights Committee) approved BSP (behavior support plan) and ISP (individual support plan) regarding physical aggression and coping skills. All clients report they feel safe and none wished to file a grievance. Staff will continue to educate [client #14] on personal space and using his coping skills when he becomes upset. IDT (interdisciplinary team) will meet to discuss this incident".</p> <p>A 6/5/23 CCAI (Client to Client Aggression Investigation) included the following recommendations: "Staff will continue to monitor [client #17] & [client #13] for any further injuries. Staff will continue to educate [client #14] on using his coping skills when he becomes upset and respecting his peers personal space. Will continue to follow current BSP's (sic) and offer alternative activities. IDT met to discuss recent behavioral occurrences involving [client #14] and determined that he will see [Psychiatrist] on June 6, 2023 regarding possible med changes. [Residential Manager/RM #3] to receive a corrective action for failing to follow [client #14's] ISP & BSP. [DSP #11] to receive corrective action for falling to follow [client #14's] ISP & BSP. The IDT met last week and the BC (behavior clinician) had no changes to the BSP other than retraining staff on [client #14's] BSP".</p> <p>On 6/20/23 at 4:00 PM, a focused review of client #13's record was conducted. Client #13's 4/10/23</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G811	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 06/21/2023
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>BSP indicated, "Rights Restrictions: Line of sight for all community outings (target behavior: bolting, physical aggression)".</p> <p>On 6/14/23 at 12:05 PM, a focused review of client #14's record was conducted. Client #14's 6/1/23 BSP indicated, "Restrictions: [Client #14] will have 1:1 staff for all community outings and the 1:1 staff cannot be the driver. He will sit the furthest away from the driver in the vehicle and will have staff seated next to him during outings/transports. If [client #14] is exhibiting agitation, precursors, or has engaged in physical aggression to peers, an assigned staff will be put in place for the protection of other clients. The assigned staff's responsibility is to prevent [client #14] from being able to hit/kick/spit at other clients. The assigned staff should stay between [client #14] and any peers that he may hit. The assigned staff can also encourage [client #14] to go to the life skills building for activity where he would be away from his peers for their safety...."</p> <p>On 6/20/23 at 4:10 PM, a focused review of client #15's record was conducted. Client #15's 6/11/23 BSP indicated, "Restrictions: For community outings, he will have a 1:1 (one to one) staff and the 1:1 staff cannot be the driver due to a history of jumping out of moving vehicles/aggression toward the driver".</p> <p>On 6/20/23 at 4:20 PM, a focused review of client #17's record was conducted. Client #17's 6/7/23 BSP indicated, "Supervision Restrictions: Assigned staff for all community access due to a history of bolting (target behavior: bolting)".</p> <p>On 6/13/23 at 11:25 AM, DSP #11 and the QAM were interviewed. DSP #11 indicated she was the only staff present during the outing. DSP #11</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G811	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/21/2023
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NAME OF PROVIDER OR SUPPLIER RES-CARE INC	STREET ADDRESS, CITY, STATE, ZIP COD 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135
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	<p>indicated she, client #14, client #13 and client #17 transported client #15 to a home visit with his family and after they dropped client #15 off the rest of them went to the store. DSP #11 stated, "He (client #14) was a perfect angel all day, no behaviors". DSP #11 indicated client #14 became upset when they didn't have his preferred chips. DSP #11 was asked what the clients' supervision levels were. DSP #11 stated, client #14's supervision level was "Assigned staff at facility and 2:1 (2 staff) in public and he has to sit in the back seat away from the driver. I have always been told they (clients #15, #13 and #17) are 3:1 (3 clients to 1 staff) in ratio". DSP #11 indicated she was retrained after the incident. DSP #11 was asked if the training was effective. DSP #11 stated, "I wasn't 100% sure. It is still confusing to me, the 3:1. Training maybe wasn't effective. [Quality Assurance Coordinator] talked it over with me after the incident". The QAM stated, "[Client #17] and [client #13] are not 1:1 in community. They are line of sight. 2:1 for [client #14]. [Client #15] is 1:1 in community and the 1:1 should not be the driver. There should have been 4 staff present. Training was not effective". DSP #11 indicated the retraining consisted of reading an inservice and signing it indicating we were trained on the changes. After DSP #11 left the interview, QAM #1 stated, "I'm not sure if retraining has been done. She (DSP #11) will be getting a corrective action. [RM #3] will also be getting a corrective action because she approved the outing. Staff are not aware of the supervision levels. We just created a cheat sheet so everyone knows supervision levels".</p> <p>4. Observations were conducted on 6/13/23 from 2:00 PM through 2:51 PM. At 2:00</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G811	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/21/2023
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NAME OF PROVIDER OR SUPPLIER RES-CARE INC	STREET ADDRESS, CITY, STATE, ZIP COD 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135
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W 0189 Bldg. 00	<p>PM, RM #2 was seated outside of client #9's bedroom while he lay in his bed. Client #14 began pacing the unit hallway where RM #2 was seated. Client #14 was verbally aggressive towards visitors on the hallway and began attempting to invade the visitors personal space to touch and grab them. No other staff were present on the hall and RM #2 began redirecting client #14 while providing client #9 1:1 (staff to client) ratio supervision. Client #14 continued verbal aggression and attempting to grab the visitors and RM #2 had to physically prompt and redirect client #14 from the hallway to the unit dayroom and leave client #9 in his room without 1:1 supervision. At 2:08 PM, the PM (Program Manager) arrived on the unit and assisted redirection with client #14 while RM #2 returned to 1:1 supervision with client #9. RM #2 was interviewed on 6/13/23 at 2:08 PM indicated client #9 was on 1:1 supervision. RM #2 indicated there was not enough staff on the unit to supervise client #14's behaviors and maintain client #9's 1:1 supervision. PM (Program Manager) was interviewed on 6/13/23 at 3:40 PM. PM indicated the facility should have 8 staff but had 2 no call no shows.</p> <p>5-1.4(b) 483.430(e)(1) STAFF TRAINING PROGRAM The facility must provide each employee with initial and continuing training that enables the</p>			

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NAME OF PROVIDER OR SUPPLIER RES-CARE INC			STREET ADDRESS, CITY, STATE, ZIP COD 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135		
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	<p>employee to perform his or her duties effectively, efficiently, and competently. Based on observation, interview and record review for 20 of 20 clients living in the facility (#1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19 and #20), the facility failed to ensure the Behavior Technician received competency based training to conduct restraints and to ensure Direct Support Professional (DSP) #11 was competently trained regarding clients #13, #14, #15 and #17's staffing ratios while participating in community outings</p> <p>Findings include:</p> <p>1. On 6/12/23 at 2:30 PM and on 6/13/23 at 8:00 AM, a review of the facility's incident/investigative reports was conducted and indicated the following:</p> <p>A 5/31/23 Bureau of Developmental Disabilities (BDDS) report indicated, "On May 30, 2023 at 10:55 am [client #14] was on an outing at [store] with a group of peers and staff. Staff was assisting [client #14] in getting his chips when for no apparent reason and without precursors, [client #14] engaged in physical aggression towards staff by using both hands to hit them as well as shouting and cussing at them. Staff prompted [client #14] to use his coping skills and to pick out his next item when he engaged in physical aggression towards his peer [client #17] by using both hands to grab [client #17's] left hand and squeezed and twisted it. Staff was able to intervene and separated both clients. [Client #17] did not retaliate. Staff and [client #14] and his peers moved on to get the next item when [client #14] attempted to take a baby from their (sic) moms (sic) arms when he passed them. Staff redirected [client #14] away immediately and</p>	W 0189	To correct the deficient practice the Behavior Technician has received competency-based training to conduct restraints. DSP #11 has been competently trained regarding staffing ratios. All staff have been trained in appropriate staff ratios. The HR department and Supervisory staff have been trained by the ED to ensure all staff receive competency-based training prior to working alone. BC created a ratio "cheat sheet" for the facility and community outings for staff to quickly reference. Additional monitoring will be achieved by the HR department reviewing new hire training completion weekly as well as the administrative team reviewing all staff training needs twice weekly. Ongoing monitoring will be achieved by the HR department conducting random monthly audits of employee files to ensure all needed training is completed.	08/12/2023	

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NAME OF PROVIDER OR SUPPLIER RES-CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135
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	<p>finished picking up their items. At the check out, [client #14] engaged in physical aggression towards his peer [client #13] by using his left hand to hit [client #13's] left arm. After staff separated both clients, [client #14] engaged in physical aggression towards staff by using both hands to attempt to hit them. When staff and clients got to the van, [client #14] spit in [client #13's] face. Staff educated [client #14] on respecting his peers personal space. [Client #14] and his peers made it back to residential without any issues while on the van ride back. All clients were assessed by nursing and no injuries were noted. All clients returned to normal programming without further issues. Plan to Resolve: Staff will continue to follow [client #14's] guardian and HRC (Human Rights Committee) approved BSP (behavior support plan) and ISP (individual support plan) regarding physical aggression and coping skills. All clients report they feel safe and none wished to file a grievance. Staff will continue to educate [client #14] on personal space and using his coping skills when he becomes upset. IDT (interdisciplinary team) will meet to discuss this incident".</p> <p>A 6/5/23 CCAI (Client to Client Aggression Investigation) included the following recommendations: "Staff will continue to monitor [client #17] & [client #13] for any further injuries. Staff will continue to educate [client #14] on using his coping skills when he becomes upset and respecting his peers personal space. Will continue to follow current BSP's (sic) and offer alternative activities. IDT met to discuss recent behavioral occurrences involving [client #14] and determined that he will see [Psychiatrist] on June 6, 2023 regarding possible med changes. [Residential Manager/RM #3] to receive a corrective action for failing to follow [client #14's] ISP & BSP. [DSP</p>			

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	<p>#11] to receive corrective action for failing to follow [client #14's] ISP & BSP. The IDT met last week and the BC (behavior clinician) had no changes to the BSP other than retraining staff on [client #14's] BSP".</p> <p>On 6/20/23 at 4:00 PM, a focused review of client #13's record was conducted. Client #13's 4/10/23 BSP indicated, "Rights Restrictions: Line of sight for all community outings (target behavior: bolting, physical aggression)".</p> <p>On 6/14/23 at 12:05 PM, a focused review of client #14's record was conducted. Client #14's 6/1/23 BSP indicated, "Restrictions: [Client #14] will have 1:1 staff for all community outings and the 1:1 staff cannot be the driver. He will sit the furthest away from the driver in the vehicle and will have staff seated next to him during outings/transport. If [client #14] is exhibiting agitation, precursors, or has engaged in physical aggression to peers, an assigned staff will be put in place for the protection of other clients. The assigned staff's responsibility is to prevent [client #14] from being able to hit/kick/spit at other clients. The assigned staff should stay between [client #14] and any peers that he may hit. The assigned staff can also encourage [client #14] to go to the life skills building for activity where he would be away from his peers for their safety...."</p> <p>On 6/20/23 at 4:10 PM, a focused review of client #15's record was conducted. Client #15's 6/11/23 BSP indicated, "Restrictions: For community outings, he will have a 1:1 (one to one) staff and the 1:1 staff cannot be the driver due to a history of jumping out of moving vehicles/aggression toward the driver".</p> <p>On 6/20/23 at 4:20 PM, a focused review of client</p>			

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

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	<p>#17's record was conducted. Client #17's 6/7/23 BSP indicated, "Supervision Restrictions: Assigned staff for all community access due to a history of bolting (target behavior: bolting)".</p> <p>On 6/13/23 at 11:25 AM, DSP #11 and the QAM were interviewed. DSP #11 indicated she was the only staff present during the outing. DSP #11 indicated she, client #14, client #13 and client #17 transported client #15 to a home visit with his family and after they dropped client #15 off the rest of them went to the store. DSP #11 stated, "He (client #14) was a perfect angel all day, no behaviors". DSP #11 indicated client #14 became upset when they didn't have his preferred chips. DSP #11 was asked what the clients' supervision levels were. DSP #11 stated, client #14's supervision level was "Assigned staff at facility and 2:1 (2 staff) in public and he has to sit in the back seat away from the driver. I have always been told they (clients #15, #13 and #17) are 3:1 (3 clients to 1 staff) in ratio". DSP #11 indicated she was retrained after the incident. DSP #11 was asked if the training was effective. DSP #11 stated, "I wasn't 100% sure. It is still confusing to me, the 3:1. Training maybe wasn't effective. [Quality Assurance Coordinator] talked it over with me after the incident". The QAM stated, "[Client #17] and [client #13] are not 1:1 in community. They are line of sight. 2:1 for [client #14]. [Client #15] is 1:1 in community and the 1:1 should not be the driver. There should have been 4 staff present. Training was not effective". DSP #11 indicated the retraining consisted of reading an inservice and signing it indicating we were trained on the changes. After DSP #11 left the interview, QAM #1 stated, "I'm not sure if retraining has been done. She (DSP #11) will be getting a corrective action. [RM #3] will also be getting a corrective action because she approved</p>			

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

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	<p>the outing. Staff are not aware of the supervision levels. We just created a cheat sheet so everyone knows supervision levels". The QAM indicated staff needed to be retrained on supervision levels.</p> <p>2. On 6/13/23 from 8:51 AM to 9:54 AM, an observation was conducted at the facility. At 9:50 AM when the surveyor opened the door to the movie room, the door swung into the Behavior Technician who was sitting in a chair blocking the door from opening. Clients #1, #14, #19 and #20 were in the movie room at the time. Client #1 was playing a video game. Client #14 was standing near the door holding a basketball. Client #19 was asleep in a chair. Client #20 was standing toward the back of the room.</p> <p>BT (Behavior Technician) and QAM (Quality Assurance Manager) were interviewed on 6/13/23 at 10:35 AM. BT indicated she had worked at the agency for less than 2 months. BT indicated her daily role included engaging clients in activities. BT indicated she had been working independently before the interview with clients #19, #1 and #14 in the movie room. BT indicated she had not been trained on the implementation of YSIS (You're Safe, I'm Safe) (physical restraint procedures) and was not aware of clients #19 and #14's targeting behaviors.</p> <p>QAM was interviewed on 6/13/23 at 3:28 PM. QAM indicated BT had been scheduled to complete YSIS training on 6/2/23. QAM indicated the human resource department had listed BT's YSIS training as completed on 6/2/23 as a clerical error. QAM indicated BT had not completed YSIS training and would not be working independently with clients until she completed the training.</p> <p>PM was interviewed on 6/13/23 at 3:40 PM. PM indicated YSIS training should be completed before working independently with clients to</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G811	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/21/2023
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NAME OF PROVIDER OR SUPPLIER RES-CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135
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	<p>manage client behaviors. PM indicated the facility did not currently have a YSIS certified trainer but had a staff member in the process of obtaining the trainer certification to ensure staff were trained on YSIS.</p> <p>1. Client #1's record was reviewed on 6/20/23 at 3:08 PM. Client #1's BSP dated 5/4/23 indicated</p> <p>-"[Client #1] is diagnosed with intermittent explosive disorder which can be characterized by sudden episodes of impulsive, aggressive behavior or angry verbal outbursts that seem disproportionate to the situation. For example, he can become verbally or physically aggressive over minor issues such as prompts about portion control at mealtimes. These sudden acts of aggression very frequently take place in the kitchen following very minor educational statements from staff such as 'we have to let the meat finish cooking' or 'that dishwasher is already full'. It is very difficult to tell what will set [client #1] off as even non-confrontational statements can result in aggression. [Client #1] can be quite demanding of staff and has yelled at staff or peers to 'Get out of here!' when he doesn't want them around. He will also sometimes demand that he be the only one to access different activities on campus such as using the movie room, etc. Historically his target behaviors have included verbal aggression, physical aggression, property destruction, self-injurious behaviors, instigation, bolting, allegations of abuse/neglect/exploitation, sexually inappropriate behaviors, and non-compliance."</p> <p>-"For Physical Aggression Self-Injurious Behaviors, and Property Destruction. Immediately ensure the health and safety of everybody in the immediate environment</p>			

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

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	<p>o Calmly but firmly tell him to stop the behavior and redirect him and/or others to a different area of the environment.</p> <p>-If he stops the behavior, redirect him to a safe location and problem solve with him and praise him for doing this with us.</p> <p>-If the behavior continues' block all attempts of aggression or self harm and attempt to redirect, if the behavior continues and he is placing himself or others in danger, implement YOU'RE SAFE I'M SAFE (YSIS) beginning with the least restrictive measures.</p> <p>o One person YSIS</p> <p>o Two person YSIS</p> <p>o Two person supine restraint."</p> <p>- "YOU'RE SAFE, I'M SAFE (YSIS) SUMMARY OF TECHNIQUES</p> <p>Listed in order of least restrictive to most restrictive.</p> <p>Basic Moves</p> <p>-Personal Space/Prepared Stance: maintain visual, 1 ½ arm's length away, feet shoulder width apart and body at 45 degree angle, hands in non-threatening position, non-threatening tone of voice.</p> <p>-Blocking aggression or swinging objects: from prepared stance, raise both arms parallel to each other and sweep in the direction of the blow with your outside forearms, resume prepared stance.</p> <p>-Physical Redirection: from behind the individual, pin individual's arms between elbow and shoulder with your forearms, tuck head or lean back to avoid head butts, lock hips, move the person to a safe area, release hold, resume prepared stance.</p> <p>-Kicks: move away from the individual, keep only one side to the person, assume "The Heisman" position, step back on upraised foot and move away from the individual, resume prepared stance.</p> <p>-Wrist Release: Wrist Roll (one handed): close</p>			

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

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	<p>hand, quickly roll out arm toward the individual's thumb, resume prepared stance. Two-Handed Wrist Release: close hand, quickly roll out arm toward the individual's thumbs (use your other hand on your closed fist for leverage if necessary), resume prepared stance.</p> <p>Hair Pull Release: Front Hair Pull: raise shoulders to protect your neck, press the individual's hands to your head to loosen grip, apply downward pressure while bending and stepping back, block with other hand, resume prepared stance. Back Hair Pull: raise shoulders to protect your neck, press the individual's hands to your head to loosen grip, bend, pivot, step back and block with other hand, resume prepared stance.</p> <p>Long/Wrapped Hair Pull: raise shoulders to protect your neck, secure hair and individual's hand toward your head, flatten hand against your head, call for assistance, step away while bending at the waist, assistant peels the individual's hand beginning with pinky finger with their thumb, resume prepared stance.</p> <p>-Clothing Release: Front or Side: trap the individual's hand close to body with open hand, tighten clothing near the individual's hand, pull the clothing free, step back and pull clothing out of grasp, resume prepared stance. Back: secure clothing as tight as possible in front, quickly spin, resume prepared stance.</p> <p>-Bites: don't pull away, anchor the individual's head and press the body part being bitten into the person's mouth, press down while rolling out away from the person, resume prepared stance.</p> <p>-Choke Release: Front or Back Choke: tuck chin, quickly raise arms straight up, quickly turn away and turn back to regain visual contact, resume prepared stance. Full Choke (headlock): tuck chin towards individual's elbow, step behind individual, grasp individual's wrist with one hand and push on individual's elbow with the other</p>			

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	<p>while stepping down, pull out and away from individual, resume prepared stance</p> <p>-Upper Bear Hug Release: with open palms, place thumbs under individual's forearms/wrists, have one foot forward, turn head to side, bend at knees while pushing the person's hands over your head, step away and resume prepared stance</p> <p>-Lower Bear Hug Release: move one leg forward and bend at waist, grasp fatty part of the individual's thumbs and roll in an outward motion, release, step away and face individual and resume prepared stance.</p> <p>Advanced Moves</p> <p>-One Person Standing Restraint/Escort: approach from rear, slide one arm across the back to grasp the person's furthest forearm in an overhand grip, lock hips, reach across your own body to grasp the person's forearm in an underhand grip; can escort the person to safety or away from a reinforcing situation.</p> <p>-Two Person Standing Restraint/Escort: one staff approach from each side with one taking the leading role, reach across the individual's back to grasp the individual's outside forearm using an overhand grip, reach across your own body to grasp the individual's wrist closest to you with an underhand grip. (Staff may instead grab the individual's forearm with outside hand and grab their own forearm with their inside hand). Hips should be snug for stability. Draw the person's elbow backward and secure snugly over your hip; can escort the person to safety or away from a reinforcing situation. If the person attempts to fall, go down on the closer knee while maintaining arm position.</p> <p>-Two Person Seated Restraint: one staff approach from each side with one taking the leading role, reach across the individual's back to grasp the individual's outside forearm using an overhand</p>			

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	<p>grip, reach across your own body to grasp the individual's wrist closest to you with an underhand grip. Hips should be snug for stability. Draw the person's elbow backward and secure snugly over your hip. Keep head tucked or away to avoid bites/head-butts.</p> <p>-Two Person Lift: use a lifting belt if possible, use the same hold as the two person standing/seated restraint, keep inside knee down and outside knee up, count to 3 and lift together at a 45 degree angle.</p> <p>-Two Person Standing to Supine Restraint: One staff approach on each side with one assuming the lead, grasp the individual's wrist with your outside arm, place inside legs and hips behind the person with their heels behind the individual's heels, use inside hand to support under the individual's shoulders, take a step forward with outside leg and lower the individual to the floor on inside leg while keeping hips close. Slide arms out from under the individual's shoulders once they are on the floor and place hand on their shoulder. Hold their wrist and should to the floor while keeping hips close. Optional: a staff to secure the legs by wrapping their arms around the individual's thighs just above the knees, a staff to secure the individual's head."</p> <p>2. Client #14's record was reviewed on 6/20/23 at 3:25 PM. Client #14's BSP dated 6/9/23 indicated the following:</p> <p>-"[Client #14] can be very aggressive with peers and staff and some of his behaviors appear to take place without warning. He spits on others when he is upset and he may engage in this behavior without others knowing why he is upset. Due to his numerous acts of physical aggression toward peers, he has an assigned staff when he is demonstrating precursors."</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G811	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/21/2023
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NAME OF PROVIDER OR SUPPLIER RES-CARE INC	STREET ADDRESS, CITY, STATE, ZIP COD 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135
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(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
	<p>-"[Client #14] can switch from pleasant and friendly to threatening and aggressive without clear environmental triggers. He can often be observed to be yelling at no one in particular, having "arguments" with people who are not present, punching and fighting the air, or talking to himself in different accents. It has shown to be beneficial for [client #14] to utilize other areas of campus such as the gym, courtyard, front porch, etc. in order to take a break from the residential hall and [client #14] occasionally requires programming outside of the residential hall due to continuous aggression. Target behaviors for [client #14] include verbal and physical aggression, property destruction, bolting, non-compliance, self injury, allegations of abuse and neglect, sexually inappropriate behaviors, boundary violations/unwelcome touch, and instigation."</p> <p>-"For Physical Aggression/Property Destruction/Self Injurious Behaviors: Immediately ensure the health and safety of everybody in the immediate environment.</p> <ul style="list-style-type: none"> o Redirect him and/or others to a different area of the environment. Tell him to stop the behavior. If he stops the behavior, redirect him to a safe location and problem solve with him and praise him for doing this with us. If the behavior continues' block all attempts of aggression and attempt to redirect, if the behavior continues and he is placing himself or others in danger, implement YOU'RE SAFE I'M SAFE (YSIS) beginning with the least restrictive measures. o One person YSIS o Two person YSIS o Two person supine restraint." <p>-"YOU'RE SAFE, I'M SAFE (YSIS) SUMMARY</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G811	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/21/2023
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NAME OF PROVIDER OR SUPPLIER RES-CARE INC	STREET ADDRESS, CITY, STATE, ZIP COD 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135
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	<p>OF TECHNIQUES</p> <p>Listed in order of least restrictive to most restrictive.</p> <p>Basic Moves</p> <p>-Personal Space/Prepared Stance: maintain visual, 1 ½ arm's length away, feet shoulder width apart and body at 45 degree angle, hands in non-threatening position, non-threatening tone of voice.</p> <p>-Blocking aggression or swinging objects: from prepared stance, raise both arms parallel to each other and sweep in the direction of the blow with your outside forearms, resume prepared stance.</p> <p>-Physical Redirection: from behind the individual, pin individual's arms between elbow and shoulder with your forearms, tuck head or lean back to avoid head butts, lock hips, move the person to a safe area, release hold, resume prepared stance.</p> <p>-Kicks: move away from the individual, keep only one side to the person, assume "The Heisman" position, step back on upraised foot and move away from the individual, resume prepared stance.</p> <p>-Wrist Release: Wrist Roll (one handed): close hand, quickly roll out arm toward the individual's thumb, resume prepared stance. Two-Handed Wrist Release: close hand, quickly roll out arm toward the individual's thumbs (use your other hand on your closed fist for leverage if necessary), resume prepared stance.</p> <p>Hair Pull Release: Front Hair Pull: raise shoulders to protect your neck, press the individual's hands to your head to loosen grip, apply downward pressure while bending and stepping back, block with other hand, resume prepared stance. Back Hair Pull: raise shoulders to protect your neck, press the individual's hands to your head to loosen grip, bend, pivot, step back and block with other hand, resume prepared stance.</p> <p>Long/Wrapped Hair Pull: raise shoulders to protect your neck, secure hair and individual's</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G811	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/21/2023
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NAME OF PROVIDER OR SUPPLIER RES-CARE INC	STREET ADDRESS, CITY, STATE, ZIP COD 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135
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(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
	<p>hand toward your head, flatten hand against your head, call for assistance, step away while bending at the waist, assistant peels the individual's hand beginning with pinky finger with their thumb, resume prepared stance.</p> <p>-Clothing Release: Front or Side: trap the individual's hand close to body with open hand, tighten clothing near the individual's hand, pull the clothing free, step back and pull clothing out of grasp, resume prepared stance. Back: secure clothing as tight as possible in front, quickly spin, resume prepared stance.</p> <p>-Bites: don't pull away, anchor the individual's head and press the body part being bitten into the person's mouth, press down while rolling out away from the person, resume prepared stance.</p> <p>-Choke Release: Front or Back Choke: tuck chin, quickly raise arms straight up, quickly turn away and turn back to regain visual contact, resume prepared stance. Full Choke (headlock): tuck chin towards individual's elbow, step behind individual, grasp individual's wrist with one hand and push on individual's elbow with the other while stepping down, pull out and away from individual, resume prepared stance</p> <p>-Upper Bear Hug Release: with open palms, place thumbs under individual's forearms/wrists, have one foot forward, turn head to side, bend at knees while pushing the person's hands over your head, step away and resume prepared stance</p> <p>-Lower Bear Hug Release: move one leg forward and bend at waist, grasp fatty part of the individual's thumbs and roll in an outward motion, release, step away and face individual and resume prepared stance.</p> <p>Advanced Moves</p> <p>-One Person Standing Restraint/Escort: approach from rear, slide one arm across the back to grasp the person's furthest forearm in an overhand grip,</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G811	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/21/2023
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NAME OF PROVIDER OR SUPPLIER RES-CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135
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(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
	<p>lock hips, reach across your own body to grasp the person's forearm in an underhand grip; can escort the person to safety or away from a reinforcing situation.</p> <p>-Two Person Standing Restraint/Escort: one staff approach from each side with one taking the leading role, reach across the individual's back to grasp the individual's outside forearm using an overhand grip, reach across your own body to grasp the individual's wrist closest to you with an underhand grip. (Staff may instead grab the individual's forearm with outside hand and grab their own forearm with their inside hand). Hips should be snug for stability. Draw the person's elbow backward and secure snugly over your hip; can escort the person to safety or away from a reinforcing situation. If the person attempts to fall, go down on the closer knee while maintaining arm position.</p> <p>-Two Person Seated Restraint: one staff approach from each side with one taking the leading role, reach across the individual's back to grasp the individual's outside forearm using an overhand grip, reach across your own body to grasp the individual's wrist closest to you with an underhand grip. Hips should be snug for stability. Draw the person's elbow backward and secure snugly over your hip. Keep head tucked or away to avoid bites/head-butts.</p> <p>-Two Person Lift: use a lifting belt if possible, use the same hold as the two person standing/seated restraint, keep inside knee down and outside knee up, count to 3 and lift together at a 45 degree angle.</p> <p>-Two Person Standing to Supine Restraint: One staff approach on each side with one assuming the lead, grasp the individual's wrist with your outside arm, place inside legs and hips behind the person with their heels behind the individual's heels, use inside hand to support under the</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G811	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/21/2023
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NAME OF PROVIDER OR SUPPLIER RES-CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>individual's shoulders, take a step forward with outside leg and lower the individual to the floor on inside leg while keeping hips close. Slide arms out from under the individual's shoulders once they are on the floor and place hand on their shoulder. Hold their wrist and should to the floor while keeping hips close. Optional: a staff to secure the legs by wrapping their arms around the individual's thighs just above the knees, a staff to secure the individual's head."</p> <p>-"[Client #14] and his peer, [client #19] do not get along and staff should make an effort to program them away from one another when possible."</p> <p>3. Client #19's record was reviewed on 6/20/23 at 3:49 PM. Client #19's BSP dated 6/8/23 indicated the following:</p> <p>-"Target behavior for [client #19] include verbal and physical aggression, property destruction, bolting, non-compliance, self injury, allegations of abuse and neglect, false reports to 911, and sexually inappropriate behaviors. The target behavior of intimidation was also added as a target behavior to differentiate this behavior from actual physical aggression."</p> <p>-"[Client #19] has demonstrated a pattern of targeting peer [client #14] and efforts should be made to program the two away from one another when possible to prevent peer to peer aggression."</p> <p>-"For Physical Aggression/Property Destruction: Immediately ensure the health and safety of everybody in the immediate environment. Redirect him and/or others to a different area of the environment. Tell him to stop the behavior. If he stops the behavior, redirect him to a safe location</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G811	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 06/21/2023
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NAME OF PROVIDER OR SUPPLIER RES-CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>and problem solve with him and praise him for doing this with us. If the behavior continues' block all attempts of aggression and attempt to redirect, if the behavior continues and he is placing himself or others in danger, implement YOU'RE SAFE I'M SAFE (YSIS) beginning with the least restrictive measures.</p> <ul style="list-style-type: none"> o One person YSIS o Two person YSIS o Two person supine restraint." <p>- "YOU'RE SAFE, I'M SAFE (YSIS) SUMMARY OF TECHNIQUES Listed in order of least restrictive to most restrictive. Basic Moves -Personal Space/Prepared Stance: maintain visual, 1 ½ arm's length away, feet shoulder width apart and body at 45 degree angle, hands in non-threatening position, non-threatening tone of voice. -Blocking aggression or swinging objects: from prepared stance, raise both arms parallel to each other and sweep in the direction of the blow with your outside forearms, resume prepared stance. -Physical Redirection: from behind the individual, pin individual's arms between elbow and shoulder with your forearms, tuck head or lean back to avoid head butts, lock hips, move the person to a safe area, release hold, resume prepared stance. -Kicks: move away from the individual, keep only one side to the person, assume "The Heisman" position, step back on upraised foot and move away from the individual, resume prepared stance. -Wrist Release: Wrist Roll (one handed): close hand, quickly roll out arm toward the individual's thumb, resume prepared stance. Two-Handed Wrist Release: close hand, quickly roll out arm toward the individual's thumbs (use your other</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G811	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 06/21/2023
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NAME OF PROVIDER OR SUPPLIER RES-CARE INC	STREET ADDRESS, CITY, STATE, ZIP COD 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135
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	<p>hand on your closed fist for leverage if necessary), resume prepared stance.</p> <p>Hair Pull Release: Front Hair Pull: raise shoulders to protect your neck, press the individual's hands to your head to loosen grip, apply downward pressure while bending and stepping back, block with other hand, resume prepared stance. Back Hair Pull: raise shoulders to protect your neck, press the individual's hands to your head to loosen grip, bend, pivot, step back and block with other hand, resume prepared stance.</p> <p>Long/Wrapped Hair Pull: raise shoulders to protect your neck, secure hair and individual's hand toward your head, flatten hand against your head, call for assistance, step away while bending at the waist, assistant peels the individual's hand beginning with pinky finger with their thumb, resume prepared stance.</p> <p>-Clothing Release: Front or Side: trap the individual's hand close to body with open hand, tighten clothing near the individual's hand, pull the clothing free, step back and pull clothing out of grasp, resume prepared stance. Back: secure clothing as tight as possible in front, quickly spin, resume prepared stance.</p> <p>-Bites: don't pull away, anchor the individual's head and press the body part being bitten into the person's mouth, press down while rolling out away from the person, resume prepared stance.</p> <p>-Choke Release: Front or Back Choke: tuck chin, quickly raise arms straight up, quickly turn away and turn back to regain visual contact, resume prepared stance. Full Choke (headlock): tuck chin towards individual's elbow, step behind individual, grasp individual's wrist with one hand and push on individual's elbow with the other while stepping down, pull out and away from individual, resume prepared stance</p> <p>-Upper Bear Hug Release: with open palms, place thumbs under individual's forearms/wrists, have</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G811	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/21/2023
--	---	--	---

NAME OF PROVIDER OR SUPPLIER RES-CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135
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	<p>one foot forward, turn head to side, bend at knees while pushing the person's hands over your head, step away and resume prepared stance</p> <p>-Lower Bear Hug Release: move one leg forward and bend at waist, grasp fatty part of the individual's thumbs and roll in an outward motion, release, step away and face individual and resume prepared stance.</p> <p>Advanced Moves</p> <p>-One Person Standing Restraint/Escort: approach from rear, slide one arm across the back to grasp the person's furthest forearm in an overhand grip, lock hips, reach across your own body to grasp the person's forearm in an underhand grip; can escort the person to safety or away from a reinforcing situation.</p> <p>-Two Person Standing Restraint/Escort: one staff approach from each side with one taking the leading role, reach across the individual's back to grasp the individual's outside forearm using an overhand grip, reach across your own body to grasp the individual's wrist closest to you with an underhand grip. (Staff may instead grab the individual's forearm with outside hand and grab their own forearm with their inside hand). Hips should be snug for stability. Draw the person's elbow backward and secure snugly over your hip; can escort the person to safety or away from a reinforcing situation. If the person attempts to fall, go down on the closer knee while maintaining arm position.</p> <p>-Two Person Seated Restraint: one staff approach from each side with one taking the leading role, reach across the individual's back to grasp the individual's outside forearm using an overhand grip, reach across your own body to grasp the individual's wrist closest to you with an underhand grip. Hips should be snug for stability. Draw the person's elbow backward and</p>			

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NAME OF PROVIDER OR SUPPLIER RES-CARE INC	STREET ADDRESS, CITY, STATE, ZIP COD 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135
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(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 0207 Bldg. 00	<p>secure snugly over your hip. Keep head tucked or away to avoid bites/head-butts.</p> <p>-Two Person Lift: use a lifting belt if possible, use the same hold as the two person standing/seated restraint, keep inside knee down and outside knee up, count to 3 and lift together at a 45 degree angle.</p> <p>-Two Person Standing to Supine Restraint: One staff approach on each side with one assuming the lead, grasp the individual's wrist with your outside arm, place inside legs and hips behind the person with their heels behind the individual's heels, use inside hand to support under the individual's shoulders, take a step forward with outside leg and lower the individual to the floor on inside leg while keeping hips close. Slide arms out from under the individual's shoulders once they are on the floor and place hand on their shoulder. Hold their wrist and should to the floor while keeping hips close. Optional: a staff to secure the legs by wrapping their arms around the individual's thighs just above the knees, a staff to secure the individual's head."</p> <p>5-1.4(b)</p> <p>483.440(c)(2) INDIVIDUAL PROGRAM PLAN Appropriate facility staff must participate in interdisciplinary team meetings. Based on record review and interview for 1 additional client (#14), the facility failed to ensure direct care staff were invited to and participated in client #14's interdisciplinary team (IDT) meetings.</p> <p>Findings include: On 6/14/23 at 12:05 PM, client #14's record was reviewed and indicated the following:</p>	W 0207	To correct the deficient practice, QIDP has been trained to ensure DSP's are given the opportunity to attend IDT meetings and voice any opinions pertinent to the IDT being held. An IDT procedure has been created to include all appropriate parties and reasonings for IDTs. A staff suggestion form has been created to gather staff comments	08/12/2023

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G811	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/21/2023
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NAME OF PROVIDER OR SUPPLIER RES-CARE INC	STREET ADDRESS, CITY, STATE, ZIP COD 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135
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	<p>Client #14 had IDT meetings on 6/2/23, 6/3/23, 6/4/23, 6/5/23, 6/7/23, 6/8/23, 6/9/23, 6/10/23 and 6/14/23. The record indicated client #14 had 17 IDT meetings in May 2023. A member of the direct care staff was not invited to and did not attend the meetings.</p> <p>Client #14's 4/28/23 Individual Support Plan (ISP) indicated the Interdisciplinary Team Members included client #14, client #14's guardian, Behavior Consultant, QIDP/Qualified Intellectual Disabilities Professional, Executive Director, Nursing Manager, QAC (Quality Assurance Coordinator), BDDS (Bureau of Developmental Disabilities Services) and the Program Manager. A member of the direct care staff was not listed as part of the IDT.</p> <p>On 6/13/23 at 9:08 AM, Residential Manager (RM) #2 was interviewed. The Quality Assurance Manager (QAM) was present for the interview. RM #2 was asked if she participated in IDT meetings. RM #2 stated, "I'm not sure what it is". The QAM explained what the IDT meeting was. RM #2 indicated she participated in an IDT meeting for a client 3-4 years ago, but she hasn't participated in any in the last year.</p> <p>On 6/13/23 at 10:35 AM, the Behavioral Technician (BT) was interviewed. The BT indicated she hasn't participated in an IDT meeting.</p> <p>On 6/13/23 at 11:25 AM, Direct Support Professional (DSP) #11 was interviewed. DSP #11 indicated they discuss IDTs at the monthly staff meetings. DSP #11 indicated she reports her concerns to management as they happen. DSP #11 indicated the management staff were receptive to communication and they follow up on her</p>		<p>when they are unavailable to attend the IDT. All staff have been made aware of the suggestion forms. The QIDP will be responsible for inviting the appropriate staff members and reviewing any recommendations stated by staff. Ongoing monitoring will be achieved by the QIDP reviewing all IDTs monthly to ensure all appropriate parties have had a chance to state their input.</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G811	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/21/2023
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NAME OF PROVIDER OR SUPPLIER RES-CARE INC	STREET ADDRESS, CITY, STATE, ZIP COD 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135
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W 0209 Bldg. 00	<p>concerns.</p> <p>On 6/13/23 at 2:28 PM, Qualified Intellectual Disabilities Professional (QIDP) #1 was interviewed. QIDP #1 indicated he participates in IDT meetings, but the direct care staff do not attend. QIDP #1 indicated direct care staff should be given the opportunity to participate.</p> <p>483.440(c)(2) INDIVIDUAL PROGRAM PLAN Participation by the client, his or her parent (if the client is a minor), or the client's legal guardian is required unless the participation is unobtainable or inappropriate. Based on record review and interview for 1 additional client (#14), the facility failed to ensure client #14 and/or his guardian were invited to and participated in client #14's interdisciplinary team (IDT) meetings.</p> <p>Findings include:</p> <p>On 6/14/23 at 12:05 PM, client #14's record was reviewed and indicated the following:</p> <p>Client #14's 4/28/23 Individual Support Plan (ISP) indicated he had a guardian and the Interdisciplinary Team Members included client #14, client #14's guardian, Behavior Consultant, QIDP/Qualified Intellectual Disabilities Professional, Executive Director, Nursing Manager, QAC (Quality Assurance Coordinator), BDDS (Bureau of Developmental Disabilities Services) and the Program Manager.</p> <p>The record indicated client #14 had IDT meetings on 6/2/23, 6/3/23, 6/4/23, 6/5/23, 6/7/23, 6/8/23, 6/9/23, 6/10/23 and 6/14/23. The record indicated client #14 had 17 IDT meetings in May 2023. The</p>	W 0209	<p>To correct the deficient practice, the QIDP has been trained to ensure Guardians can attend IDT meetings and voice any opinions pertinent to the IDT being held. An IDT procedure has been created to include all appropriate parties and reasonings for IDTs. The QIDP will be responsible for inviting the guardians and obtaining any information given from them if they choose not to attend the IDT. Ongoing monitoring will be achieved by the QIDP reviewing all IDTs monthly to ensure all appropriate parties have had a chance to provide their input.</p>	08/12/2023

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G811	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/21/2023
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NAME OF PROVIDER OR SUPPLIER RES-CARE INC	STREET ADDRESS, CITY, STATE, ZIP COD 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135
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W 0227 Bldg. 00	<p>IDT meeting notes did not include documentation of client #14 or his guardian being invited to or attending the meetings. There was no documentation indicating the recommendations from the meetings were reviewed with client #14 and/or his guardian.</p> <p>On 6/13/23 at 2:28 PM, Qualified Intellectual Disabilities Professional (QIDP) #1 was interviewed. The Quality Assurance Manager (QAM) was present for the interview. QIDP #1 indicated it would be important for them (clients and guardians) to participate because they are part of the team and they should be given the opportunity to voice their opinions. QIDP #1 indicated the clients and guardians do not participate in the meetings. The QAM indicated staff review the details of incidents/behaviors with the clients after the incidents/behaviors occur, but recommendations are not reviewed with them. The QAM indicated changes made to plans during the meetings are not implemented until the guardian approves the changes.</p> <p>483.440(c)(4) INDIVIDUAL PROGRAM PLAN The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. Based on observation, record review, and interview for 3 additional clients (#8, #16 and #20), the facility failed to ensure clients #8, #16 and #20's identified communication needs were formally addressed in their Individual Support Plan's (ISP). Findings include:</p>	W 0227	To correct the deficient practice the QIDP has been trained to ensure plans are in place to meet the needs of the individuals. The QIDP will review the CFA for clients #8, #16 and #20's to determine at what level the communication needs are. The QIDP will develop a	08/12/2023

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G811	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/21/2023
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NAME OF PROVIDER OR SUPPLIER RES-CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135
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	<p>1. Observations were conducted in the facility on 6/12/23 from 1:40 pm to 3:30 pm and from 5:00 pm to 6:00 pm and on 6/13/23 from 8:00 am to 10:00 am and from 11:30 am to 12:30 pm. Client #8 was present in the facility throughout the observation period.</p> <p>Throughout the observation period, client #8 paced and jumped throughout the facility. Client #8 did not engage in meaningful interactions with his staff or peers. Client #8 responded to verbal and physical redirection but did not attend to activities. Throughout the observation periods, client #8 went into his peers' bedrooms to look for food and drinks. On 6/13/23 at 9:30 am, client #8 walked into the day room with a pink cup with a peer's name on it. Client #8 drank the contents of the cup and left it on the dining table. On 6/13/23 at 12:29 pm, client #8 walked into the day room, and Residential Manager (RM) #2 stated, "Where did you get that shirt?" Activities Coordinator (AC) stated, "That's [client #6's] shirt." RM #2 stated, "He's going through [client #6's] clothes." RM #2 assisted client #8 to his bedroom to change his shirt.</p> <p>Client #8's record was reviewed on 6/14/23 at 10:40 am.</p> <p>Client #8's Comprehensive Functional Assessment (CFA) dated 6/17/22 indicated the following communication abilities: "Language Development: Expression: Cannot write or print any words Nods head/smiles to express happiness: No. Indicates hunger: No. Indicates wants by pointing or vocal noises: No. Indicates sounds of objects or animals: No. Expresses pleasure/anger by vocal noises: No. Speech: Does not speak.</p>		communication goal based on the information gathered from the CFA. To ensure no others are affected the QIDP will review all client CFAs and ISPs to ensure individuals current needs are being met. Ongoing monitoring will be achieved by quarterly reviews of the ISPs with the IDT to determine the client needs are being met.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G811	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 06/21/2023
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	<p>Speaks in primitive phrases only or is nonverbal. Is nonverbal or nearly nonverbal.</p> <p>Verbal Comprehension: Recognizes fewer than ten (written) words. Is unable to understand even very simple verbal communication.</p> <p>Social Language Development: Uses phrases such as 'please' and 'thank you': No. Is sociable and talks during meals: No. Talks to others about sports, family, activities, etc: No. Can be reasoned with: No. Responds when talked to: No. Talks sensibly: No. Reads books/newspapers/magazines for enjoyment: No. Repeats a story with little or no difficulty: No. Fills in the main items on an application form reasonably well: No."</p> <p>Client #8's ISP dated 10/20/22 indicated the following communication goal: "Priority Objectives: Communication Skills." "Area: Reporting Abuse/Neglect/Exploitation/Mistreatment. Goal: To improve ability to report Abuse/Neglect/Exploitation/Mistreatment thus increasing safety skills. Objective: Eric will sign to staff when he needs to report an issue including Abuse/Neglect/Exploitation/Mistreatment, with 2 verbal prompts or less 70% of the opportunities per month across 12 consecutive months by 10/20/23. Methodology: - During second shift, staff will ask [client #8] what he should do if he suspects Abuse/Neglect/Exploitation/Mistreatment.</p>			

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NAME OF PROVIDER OR SUPPLIER RES-CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135
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	<p>- [Client #8] will respond with an appropriate sign. - A successful trial will be recorded when [client #8] signs a response to report Abuse/Neglect/Exploitation/Mistreatment with 2 verbal prompts or less. - Verbal praise and recognition will be given for each attempt."</p> <p>- Client #8's ISP did not include a goal to address his basic communication needs.</p> <p>Direct Support Professional (DSP) #13 was interviewed on 6/14/23 at 12:43 pm and stated, "[Client #8] can use sign language. He knows 'thank you,' 'mom,' 'dad,' 'you're welcome,' 'love,' and 'swing.' Sometimes, when we take him to the park, he'll sign 'swing.' DSP #13 stated, "I know what his signs mean. I've been teaching myself sign language. I don't know if the other staff know." DSP #13 stated, "We have communication cards. He uses them when he goes on his outings. He will point to a sign for a specific restaurant and will choose from the menu with pictures." DSP #13 stated, "[Client #8] knows the sign for restroom. He uses it with me. He doesn't use it for everyone. He does not use the toileting communication card. He will tell me when he needs to go to the toilet. I'll catch him like this." DSP #13 held his right hand up with his first and second fingers crossed. DSP #13 stated, "That means restroom." DSP #13 stated, "I don't know if he is capable of understanding abuse and neglect."</p> <p>Residential Manager (RM) #3 was interviewed on 6/14/23 at 11:50 am and stated, "[Client #8] is non-verbal. We attempt to use communication cards. He points to his mouth to communicate he wants to eat." RM #3 stated, "We keep the communication cards in the day room." RM #3</p>			

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NAME OF PROVIDER OR SUPPLIER RES-CARE INC	STREET ADDRESS, CITY, STATE, ZIP COD 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135
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	<p>stated, "The cards aren't specific to him. We use the same cards for all of the clients. They are about wants, needs, and emotions." RM #3 stated, "I don't know if [client #8] has a goal to learn to use the cards." RM #3 stated, "[Client #8] does not understand abuse and neglect. The only thing he can sign for at the moment is food." RM #3 stated, "He doesn't have a goal to learn to sign for drinks, bathroom, or needing help. He goes to the bathroom before we can attempt to teach him to sign for that."</p> <p>Program Manager was interviewed on 6/14/23 at 1:55 pm and stated, "[Client #8] likes to pull you to where you're going. If he has options, he'll point to what he wants." PM stated, "He has limited sign language. Staff have not been trained to recognize it. He has a goal to learn to use sign language, I'm not aware of what he's working on right now." PM stated, "[Client #8] could not understand abuse and neglect."</p> <p>Qualified Intellectual Disabilities Professional (QIDP) #1 was interviewed on 6/14/23 at 2:28 pm and stated, "[Client #8's] communication abilities are a bit limited. I'm trying to figure out his communication with him being non-verbal." QIDP #1 indicated he has spoken to residential managers and the behavior clinician regarding client #8 but had not spoken to any DSPs. When asked if client #8 used any sign language to communicate, QIDP #1 stated, "Not that I can tell." QIDP #1 stated, "He does not indicate he needs to go to the bathroom or is hungry." QIDP #1 stated, "We haven't put in place a formal communication program."</p> <p>Quality Assurance Manager (QAM) was interviewed on 6/14/23 at 4:10 pm and stated, "[Client #8] is non-verbal. He uses gestures and</p>			

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NAME OF PROVIDER OR SUPPLIER RES-CARE INC	STREET ADDRESS, CITY, STATE, ZIP COD 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135
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	<p>pulls people to what he wants or to get what he needs." QAM stated, "[Client #8] does not have a formal communication goal. If his assessments deem he needs it, he should have a formal communication goal."</p> <p>2. Observations were conducted at the facility on 6/12/23 from 1:37 PM to 3:25 PM, 6/12/23 from 4:54 PM to 6:09 PM, 6/13/23 from 8:51 AM to 9:54 AM, 6/13/23 from 11:38 AM to 12:35 PM, and 6/13/23 from 4:03 PM to 4:33 PM. During the observations, client #16 did not communicate verbally, use sign language, or use a Picture Exchange Communication System.</p> <p>On 6/13/23 at 10:19 AM, a focused review of client #16's record was conducted. Client #16's 7/1/22 Individualized Support Plan (ISP) indicated, "...He communicates by taking a listener to what he wants. He may use sign to communicate, but it is rare. He may bang on his chest to respond 'yes' to an inquiry if he wants something. It is reported that picture communication has been used with support as well...." The Needs section of his ISP indicated he needed to increase his communication skills. Client #16's ISP indicated his communication goal was, "To improve ability to TRUTHFULLY report Abuse/Neglect/Exploitation/Mistreatment thus increasing safety skills. OBJECTIVE: [Client #16] will sign what to do if he suspects Abuse/Neglect/Exploitation/Mistreatment with 3 verbal prompts 70% of the opportunities across 12 consecutive months by 6/30/2023. METHODOLOGY: 1. During second shift, staff will ask [client #16] what he should do if he HONESTLY suspects Abuse/Neglect/Exploitation/Mistreatment. 2. Staff should discuss with [client #16] the importance of truthfully discussing allegations of Abuse/Neglect/Exploitation/Mistreatment. 3.</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G811	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/21/2023
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NAME OF PROVIDER OR SUPPLIER RES-CARE INC	STREET ADDRESS, CITY, STATE, ZIP COD 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135
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	<p>Answers to be signed from [client #16] can include "Notify your staff member...."</p> <p>Client #16's ISP did not include any additional goals to increase his communication skills.</p> <p>Client #16's 6/8/23 Behavior Support Plan (BSP) indicated, "...He is non-verbal and struggles to appropriately tell staff what he wants and needs. He does know some sign language but he will often choose not to communicate this way...."</p> <p>On 6/14/23 at 2:29 PM, the Qualified Intellectual Disabilities Professional (QIDP) #1 indicated client #16 needed a communication goal to address his communication deficits.</p> <p>3. Observations were conducted at the facility on 6/12/23 from 1:37 PM to 3:25 PM, 6/12/23 from 4:54 PM to 6:09 PM, 6/13/23 from 8:51 AM to 9:54 AM, 6/13/23 from 11:38 AM to 12:35 PM, and 6/13/23 from 4:03 PM to 4:33 PM. During the observations, client #20 did not communicate verbally, use sign language, or use a Picture Exchange Communication System.</p> <p>On 6/13/23 at 10:27 AM, a focused review of client #20's record was conducted. Client #20's 4/11/23 ISP indicated, "...He is non-verbal and does not use ASL (American Sign Language) or communication devices. He will point or use gestures, make loud noises, or flap his hands to be vocal or get what he wants. [Client #20] will plop down on the floor to communicate his unhappiness." The ISP indicated client #20 needed to improve his communication skills however a communication goal was not included in his prioritized objectives. The ISP did include a goal "To improve ability to TRUTHFULLY report Abuse/Neglect/Exploitation/Mistreatment thus</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G811	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/21/2023
--	---	--	---

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

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	<p>increasing safety skills. OBJECTIVE: [Client #20] will sign what to do if he suspects Abuse/Neglect/Exploitation/Mistreatment with 3 verbal prompts 70% of the opportunities across 12 consecutive months by 6/30/2023.</p> <p>METHODOLOGY: 1. During second shift, staff will ask [client #20] what he should do if he HONESTLY suspects Abuse/Neglect/Exploitation/Mistreatment. 2. Staff should discuss with [client #20] the importance of truthfully discussing allegations of Abuse/Neglect/Exploitation/Mistreatment. 3. Answers to be signed from [client #20] can include: Notify your staff member...."</p> <p>Client #20's ISP did not include any additional goals to increase his communication skills.</p> <p>Client #20's 6/8/23 BSP indicated, "...He is non-verbal and does not utilize sign language, communication boards, or other forms of communication. That said, communication cards have been purchased for him so that he can try to use them to communicate such things as 'I am thirsty' or 'I am hurt'. He has not willingly used these cards but they continue to be available and encouraged. When not in use, these cards should hang inside [client #20's] bedroom door so they are available. [Client #20] will make noises at times to communicate, he will also sometimes make loud vocalizations that sound like he is yelling. He may do this even when he is not upset...."</p> <p>On 6/14/23 at 12:43 PM, Direct Support Professional (DSP) #13 indicated he did not believe client #20 understood the meaning of abuse, neglect and exploitation. DSP #13 indicated client #20 needed a goal to increase his communication.</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G811	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/21/2023
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NAME OF PROVIDER OR SUPPLIER RES-CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135
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W 0249 Bldg. 00	<p>On 6/14/23 at 11:52 AM, Residential Manager (RM) #3 indicated client #20 did not communicate in any way. RM #3 stated, "He doesn't at all. Completely non-verbal." RM #3 indicated client #20's goal to report abuse and neglect was ineffective. RM #3 stated he "has the ANE (abuse, neglect and exploitation) training goal that he doesn't understand." RM #3 indicated client #20 needed to have a communication goal.</p> <p>On 6/14/23 at 9:57 AM, the Quality Assurance Manager (QAM) indicated client #20's behaviors were a form of communication. The QAM indicated client #20's ISP said communication was not a main priority however client #20 needed to have a communication goal.</p> <p>On 6/14/23 at 10:11 AM, the Program Manager indicated client #20 needed to have a prioritized communication goal.</p> <p>On 6/14/23 at 2:29 PM, QIDP #1 indicated if client #20 did not have a communication goal, he should have one.</p> <p>483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. Based on observation, record review, and interview for 2 of 5 sample clients (#3 and #4), plus 8 additional clients (#8, #9, #12, #13, #14, #15, #16 and #20), the facility failed to ensure clients</p>	W 0249	To correct the deficient practice all site staff have been trained in each individual ISP/BSP/HRP, facility activity schedule and to implement	08/12/2023

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G811	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____		X3) DATE SURVEY COMPLETED 06/21/2023
NAME OF PROVIDER OR SUPPLIER RES-CARE INC			STREET ADDRESS, CITY, STATE, ZIP COD 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135		
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	<p>#3, #4, #8, #9, #12, #13, #14, #15, #16 and #20's Individual Support Plans (ISPs) and Behavior Support Plans (BSPs) were implemented at all opportunities.</p> <p>Findings include:</p> <p>1. The facility's BDDS (Bureau of Developmental Disabilities Services) and Investigations were reviewed on 6/12/23 at 2:35 PM. The review indicated the following:</p> <p>a. BDDS report dated 6/5/23 indicated, "On June 4, 2023 at 8:45 pm, [client #16] was in the dayroom when one of his peers began to shout at staff. [Client #16] became over stimulated by the noise and engaged in SIB (Self-Injurious Behavior) by biting his wrists and using his left hand to slap the left side of his head. Then his peer [client #8] walked by him and [client #16] engaged in physical aggression towards his peer by using both hands to shove [client #8] in his chest, knocking him against the wall with his back."</p> <p>And,</p> <p>"Staff will continue to follow [client #16's] guardian and HRC (Human Rights Committee) approved BSP (Behavior Support Plan) and ISP (Individual Support Plan) regarding verbal and physical aggression, threats, YSIS (You're Safe, I'm Safe) (physical restraint) intervention, PRN (as needed) protocol and coping skills. Staff will continue to assist [client #16] with his coping skills when he becomes upset or agitated."</p> <p>b. BDDS report dated 5/30/23 indicated, "On May 29, 2023 at 8:15 pm, [client #16] was walking around the dayroom when he became over stimulated due to the noise and engaged in self</p>		<p>plans as written. The QIDP has been trained to ensure staff are following plans as written. All adaptive equipment and programming tools have been inventoried and distributed to the facility for staff to appropriately implement plans. The administrative team and activities director will review the current activities schedule to ensure it is appropriate. Additional monitoring will be achieved by the administrative staff completing five times a week facility observation for one month to ensure the activity schedules and ISPs are being implemented. Ongoing monitoring will be achieved by the QAC, PM, and QIDP completing routine observations of the facility as well as monthly site reviews to be completed by ResCare administration.</p> <p>Addendum:</p> <p>After the one-month period of observations the administrative team will assess the current needs of staff and clients to determine the frequency of the observations. Ongoing monitoring will be achieved by the QAC, PM, and QIDP being in the facility at least five times a week to provide administrative oversight. In addition, monthly site reviews will be completed by ResCare administration.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G811	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/21/2023
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	<p>injurious behaviors by using both hands to hit himself in his head. Staff attempted to assist [client #16] in using his coping skills to calm down as well as took him for a walk around the property but [client #16] continued to be agitated. [Client #16] then engaged in self injurious behavior by hitting himself in the nose causing it to bleed. Nurse assessed [client #16] and cleaned his nose (there is currently no bruising or swelling) and administered a behavioral PO (by mouth) PRN (as needed). [Client #16] was able to use his coping skills and calmed himself down. He laid down in bed and appeared to fall asleep. There were no further issues."</p> <p>And,</p> <p>"Staff will continue to follow [client #16's] guardian and HRC approved BSP and ISP regarding verbal and physical aggression, threats, YSIS (You're Safe, I'm Safe) intervention, PRN protocol and coping skills. Staff will continue to assist [client #16] with his coping skills when he becomes upset or agitated."</p> <p>c. BDDS report dated 5/28/23 indicated, "On May 27, 2023 at 5:35 pm, [client #16] had finished eating dinner when one of his peers began to shout at staff and other peers. [Client #16] became agitated and began to engage in self injurious behaviors by biting both wrists. Staff attempted to assist [client #16] in using his coping skills to calm down but [client #16] continued to be agitated. [Client #16] then began to use both hands to hit both sides of his head and engaged in physical aggression towards staff by grabbing their arms and digging his nails into them. At this time, trained staff initiated a guardian and HRC approved 3 person supine (physical restraint). Despite staff offering emotional support, [client</p>			

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NAME OF PROVIDER OR SUPPLIER RES-CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135
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	<p>#16] continued to be agitated while in the hold. Nurse assessed [client #16] and administered a behavioral IM (injection) PRN. [Client #16] was able to use his coping skills and calmed himself down. He was released from the hold. The hold lasted 18 minutes. Nurse assessed [client #16] and noted no injuries. [Client #16] returned to normal programming without further issues."</p> <p>And,</p> <p>"Staff will continue to follow [client #16's] guardian and HRC approved BSP and ISP regarding verbal and physical aggression, threats, YSIS intervention, PRN protocol and coping skills. Staff will continue to assist [client #16] with his coping skills when he becomes upset or agitated."</p> <p>d. BDDS report dated 5/18/23 indicated, "On May 17, 2023 at 6:30 pm while in the dayroom [client #16] became agitated due to the noise in the dayroom and engaged in self injurious behaviors by using his right hand to hit the right side of his head. Staff attempted to assist [client #16] in using his coping skills to calm down but [client #16] continued to be agitated and engaged in physical aggression towards staff by using both hands to grab and scratch staff. At this time, trained staff initiated a guardian and HRC approved 2 person escort to his room so that they could assist in calming him down in a quiet environment. He was released once inside his room. The hold lasted 1 minute. Staff was able to assist [client #16] in seemingly calming down when [client #16] left his room, entered the kitchen, and urinated in the sink. Staff redirected him back to the dayroom and cleaned up the urine. Staff continued to monitor [client #16]. Nurse assessed [client #16] and noted no injuries. There were no further issues."</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G811	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/21/2023
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NAME OF PROVIDER OR SUPPLIER RES-CARE INC	STREET ADDRESS, CITY, STATE, ZIP COD 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135
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	<p>And,</p> <p>"Staff will continue to follow [client #16's] guardian and HRC approved BSP and ISP regarding verbal and physical aggression, threats, YSIS intervention, PRN protocol and coping skills. Staff will continue to assist [client #16] with his coping skills when he becomes upset or agitated."</p> <p>e. BDDS report dated 5/13/23 indicated, "On May 13, 2023 at 8:49 am staff woke [client #16] up to take his morning meds. After taking his morning meds, he entered the dayroom. While in the dayroom [client #16] became over stimulated by the noise and began to engage in self-injurious behavior by biting his left wrist and using his left hand to hit the left side of his head. When staff attempted to assist [client #16] in calming down, he engaged in physical aggression towards staff by using both hands to hit them. Nurse assessed [client #16] and administered a behavioral PO PRN. With staff assistance, [client #16] was able to use his coping skills to calm himself down. Nurse assessed [client #16] and noted a red mark on his left wrist (skin still intact, did not cause bruising) and a red mark on the left side of his head (skin still intact, did not cause bruising). [Client #16] returned to normal programming without further issues."</p> <p>And,</p> <p>"Staff will continue to follow [client #16's] guardian and HRC approved BSP and ISP regarding verbal and physical aggression, threats, YSIS intervention, PRN protocol and coping skills. Staff will continue to assist [client #16] with his coping skills when he becomes upset or agitated. IDT will meet to discuss recent behaviors</p>			

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	<p>regarding [client #16]."</p> <p>PM (Program Manager) was interviewed on 6/13/23 at 3:40 PM. PM indicated clients should be encouraged to be out of their bedrooms and doing group activities and active treatment.</p> <p>ED (Executive Director) was interviewed on 6/14/23 at 1:25 PM. ED indicated staff should be encouraging clients to participate in activities or go outside.</p> <p>Observations were conducted at the facility on 6/12/23 from 1:37 PM to 3:25 PM, 6/12/23 from 4:54 PM to 6:09 PM, 6/13/23 from 8:51 AM to 9:54 AM, 6/13/23 from 11:38 AM to 12:35 PM, and 6/13/23 from 4:03 PM to 4:33 PM. Throughout the observations on 6/12/23, client #16 was agitated as evidenced by engaging in self injurious behavior of biting his hand and wrist. During the observations, client #16 did not use and was not provided a PECS (Picture Exchange Communication System) communication book, wrist guards, sensory chew items and noise canceling headphones.</p> <p>On 6/13/23 at 1:39 PM, a focused review of client #16's record was conducted. Client #16's 6/8/23 Behavior Support Plan (BSP) indicated the following, "...He does know some sign language but he will often choose not to communicate this way. A PECS communication book has been provided for [client #16] to help him communicate his wants and needs with staff... [Client #16] has an extensive history of biting his hands and this has resulted in scarring. Initially, a separate target behavior of 'sucking/chewing wrists or hands' was initially added to this plan as a target behavior; however, it was observed that this behavior was more of a self soothing and constant behavior for [client #16] and it was removed as a target</p>			

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	<p>behavior and instead, an ISP (Individualized Support Plan) goal for skin integrity was put in place to encourage the use of wrist guards. Additionally, numerous sensory sensory chew items have been bought for [client #16] to try to prevent [client #16] from sucking/biting himself. He will sometimes use these chews but mostly prefers to use his hand/wrist to suck on... Wrist/hand guards will be provided for [client #16] due to his extensive history of chewing and sucking on his hands... Noise canceling headphones have been provided for [client #16] but he may need staff to remind him or retrieve them for him to use... sensory sensory chews have been made available to [client #16] to deter him from sucking on his wrists, he should be encouraged to use these chews... A communication book has been provided for [client #16] along with an ISP goal of utilizing the book in order to communicate with staff... If [client #16] is trying to communicate with staff, ask him to show you what he wants, his communication book or communication cards can be used for this...."</p> <p>On 6/14/23 at 12:43 PM, Direct Support Professional (DSP) #13 indicated client #16's BSP should have been implemented as written for the use of wrist guards, PECS, noise canceling headphones and sensory chew items. DSP #13 indicated the staff should have provided client #16 with his adaptive equipment.</p> <p>On 6/14/23 at 2:29 PM, Qualified Intellectual Disabilities Professional (QIDP) #1 indicated client #16's BSP should have been implemented as written for the use of wrist guards, PECS, noise canceling headphones and sensory chew items. The QIDP indicated the staff should have provided client #16 with his adaptive equipment.</p>			

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	<p>On 6/14/23 at 11:52 AM, Residential Manager (RM) #3 indicated client #16's BSP should have been implemented as written for the use of wrist guards, PECS, noise canceling headphones and sensory chew items. RM #3 indicated the staff should have provided client #16 with his adaptive equipment.</p> <p>On 6/14/23 at 8:55 AM, the Executive Director (ED) indicated client #16's BSP should have been implemented as written for the use of wrist guards, PECS, noise canceling headphones and sensory chew items. The ED stated these were part of his BSP and he "should be using all the time." The staff should have provided client #16 with his adaptive equipment. The ED stated, "even during a behavior they didn't use the adaptive equipment."</p> <p>On 6/14/23 at 8:56 AM, the Quality Assurance Manager (QAM) indicated client #16's BSP should have been implemented as written for the use of wrist guards, PECS, noise canceling headphones and sensory chew items. The QAM indicated the staff should have provided client #16 with his adaptive equipment.</p> <p>On 6/14/23 at 10:11 AM, the Program Manager indicated staff should have implemented client #16's plan as written by providing him with his adaptive equipment.</p> <p>2) Observations were conducted at the facility on 6/12/23 from 4:54 PM to 6:09 PM and 6/13/23 from 8:51 AM to 9:54 AM. On 6/12/23 at 5:57 PM, client #12 walked past the surveyor carrying his rolling walker in the air. Staff did not prompt him to put his walker on the ground. On 6/13/23 at 9:21 AM, client #12 walked from a couch to a table in the day room carrying his rolling walker in the</p>			

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

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FORM APPROVED

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	<p>air. Staff did not prompt him to put his walker on the ground.</p> <p>On 6/13/23 at 1:30 PM, a focused review of client #12's record was conducted. Client #12's 12/14/22 ISP indicated, "[Client #12] will discuss with staff his safety protocol to prevent falls twice daily...." The ISP indicated, "...1. During first & second shifts, staff will remind [client #12] that he has a safety plan for falls. 2. Staff will read through the reminders and ask [client #12] to explain two of them. -Sit safely and stand up safely. -Be alert to potential tripping hazards. -Use handrails for stability. -Sit in a chair, NOT your bed, when changing clothes, putting on shoes. -Increase core strength by participating in daily life skill exercise group when on campus. -Utilize walker appropriately with VC (verbal cues). -Walk slowly and pick up feet when walking...." Client #12's 6/2/23 Behavior Support Plan indicated, "...He has also recently begun using a walker and this seems to have helped lessen his falls even though he will sometimes use in (sic) inappropriately... [Client #12] is also non-compliant with using his walker properly as he will sometimes carry it or will tap it on the ground as he walks. This can be the case even if staff are walking with him and explaining that he needs to put the walker down and step into it...." The BSP indicated in the Fall Prevention Restrictions section, "...[Client #12] will have a walker to prevent falls, he should place it 12-18 inches in front of him and should walk into the walker before picking it up and moving it forward again...."</p> <p>On 6/14/23 at 8:55 AM, the Executive Director (ED) indicated staff should prompt him to put his walker on the floor. The ED stated, "Staff need to be doing it (implementing his plan). Staff should be prompting every time. (He) never uses it</p>			

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	<p>appropriately."</p> <p>On 6/14/23 at 10:11 AM, the Program Manager (PM) stated client #12 carrying his walker was an "on-going issue. Staff need to implement his plan."</p> <p>3) Observations were conducted at the facility on 6/12/23 from 1:37 PM to 3:25 PM, 6/12/23 from 4:54 PM to 6:09 PM, 6/13/23 from 8:51 AM to 9:54 AM, 6/13/23 from 11:38 AM to 12:35 PM, and 6/13/23 from 4:03 PM to 4:33 PM.</p> <p>On 6/12/23 at 5:30 PM, client #20's one on one staff (#11) poured client #5's drink. When staff #11 looked up, client #20 was in the kitchen. Staff #11 ran into the kitchen to escort client #20 from the kitchen.</p> <p>On 6/13/23 at 9:07 AM, client #20 was standing in the dining room. Client #18 was eating alone in the dining room. Client #20 grabbed client #18's toast from his plate. Staff #11 ran over to client #20 and attempted to get him to spit out the toast. Staff #11 tried numerous times to remove the toast from his mouth with no success.</p> <p>On 6/13/23 at 10:27 AM, a focused review of client #20's record was conducted. Client #20's 6/8/23 Behavior Support Plan indicated, "...He will also take food or personal items from his peers if he sees an opportunity. [Client #20] requires his food to be cut up very small (1/4 inch) and his meals and snacks must be closely supervised because he will over fill his mouth with any food items that he can get his hands on. He is a choking risk and requires honey-thickened liquids...." Client #20 had a targeted behavior of inappropriate access to food as defined as, "any time he takes items from others including their personal items or their food.</p>			

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	<p>He will attempt to grab any food items that are within arm's reach. [Client #20] has taken food off of peer's plates during meals and snacks. He seems to prefer 'stealing' food from peers as opposed to eating his own food from his plate even though they are the same foods...." The plan indicated, "...[Client #20] will have a 1:1 approximately arm's reach staff during all waking hours. When sleeping, he will have 5 minute checks. Staff should be switched out as frequently as necessary. Responsibilities of the 1:1 staff include: Assisting [client #20] with all daily living tasks including toileting and bathing (including assisting with keeping his feet clean) and providing active treatment options. Supervising all meals/snacks and making sure all food is cut up appropriately (see below). Due to stealing food from peer's plates, [client #20] will sit with his 1:1 staff at a table or couch/chair away from his peers during meals and snacks... The 1:1 staff will block [client #20] from taking food items from peers... Monitoring [client #20] for any items that he may potentially try to eat/drink, including making sure that he does not drink from the toilet. Monitoring [client #20] so that he does not take items from others...."</p> <p>On 6/14/23 at 12:43 PM, Direct Support Professional (DSP) #13 indicated staff should implement client #20's plan as written.</p> <p>On 6/14/23 at 11:52 AM, Residential Manager #3 indicated staff should implement client #20's plan as written.</p> <p>On 6/14/23 at 2:29 PM, QIDP #1 indicated staff should implement client #20's plan for food stealing as written.</p> <p>4. An observation was conducted at the facility</p>			

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NAME OF PROVIDER OR SUPPLIER RES-CARE INC	STREET ADDRESS, CITY, STATE, ZIP COD 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135
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	<p>on on 6/13/23 from 4:03 PM to 4:33 PM. Qualified Intellectual Disabilities Professional (QIDP) #1 was supervising clients #10, #14 and #19 in the yard. QIDP #1 was the only staff present outside. Client #19 was sitting at the picnic table while QIDP #1 and clients #10 and #14 walked around the yard interacting with each other.</p> <p>On 6/14/23 at 12:05 PM, client #14's record was reviewed. Client #14's 6/1/23 BSP indicated, "[Client #14] and his peer, [client #19] do not get along and staff should make an effort to program them away from one another when possible."</p> <p>On 6/14/23 at 2:28 PM, QIDP #1 was interviewed. QIDP #1 indicated clients #14 and #19 do not get along very well. QIDP #1 was asked about client #14's BSP addressing client #14 and client #19 not being in programming together. QIDP #1 stated, "I would have to double check. There have been c2c (client to client) incidents. Based on past reports I did get that impression. When I first got here that was something I was concerned about. I haven't seen [client #19] targeting [client #14]. I haven't seen [client #14] target [client #19] any more than the other guys". QIDP #1 indicated plans should be implemented as written.</p> <p>5. Observations were conducted in the facility on 6/12/23 from 1:40 pm to 3:30 pm and from 5:00 pm to 6:00 pm and on 6/13/23 from 8:00 am to 10:00 am and from 11:30 am to 12:30 pm. Clients #3, #4, #8, #9, #13, and #15 were in the facility throughout the observation periods.</p> <p>On 6/12/23 at 1:45 pm, Residential Manager (RM) #2 indicated clients #9 and #20 had dedicated 1:1 staff.</p> <p>At 2:30 pm, clients #1, #12, #20, #2, #15, #8, and #19 were in the day room. RM #2 was the only</p>			

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--	--

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	<p>staff in the day room. Clients #1, #12, #20, #2, #15, #8, and #19 were not engaged in meaningful activities and were not encouraged to do so.</p> <p>Client #1 sat at the dining table with a board game set up. Client #1 asked RM #2 to play the game with him, and RM #2 stated, "I can't leave [client #20]." Client #19 approached the surveyor and asked to use the phone. Client #19 stated, "I can call my dad once a day. Staff get the phone from the nurses station." The surveyor encouraged client #19 to ask his staff for assistance. Client #19 asked RM #2 if he could use the phone, and RM #2 stated, "I can't leave my one on one." At 2:35 pm, Quality Assurance Coordinator was following client #8 down the hallway and was prompting him to keep his clothing on. Client #8 went into the kitchen and knocked over a rack of fruit on the counter. At 2:45 pm, Direct Support Professional (DSP) #11 was following client #8 up and down the hallways.</p> <p>At 2:45 pm, RM #2 assisted client #3 with his pureed snack at a dining table. Client #15 was wandering through the day room and in and out of the kitchen. Client #2 was sitting on a sofa in the day room. Client #19 jumped up and down on the staff chair then perched on the arm of the chair. RM #2 prompted client #19 to get off of the chair. Client #19 stood on the arm of the chair then jumped off. Client #8 walked through the day room, reached into his pants, and ripped off his adult brief. DSP #11 prompted client #8 to his bedroom to put on a new brief. At 2:52 pm, client #3 went into his bedroom and laid down in his bed. At 2:54 pm, RM #2 called client #19 to the day room, so he could make a phone call. At 2:55 pm, client #2 wandered in and out of the kitchen. Client #15 followed the surveyor around the facility repeating his mother was coming to see him. Staff did not provide meaningful activities. At 3:00 pm, Program Manager was in the Qualified</p>			

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NAME OF PROVIDER OR SUPPLIER RES-CARE INC	STREET ADDRESS, CITY, STATE, ZIP COD 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135
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	<p>Intellectual Disabilities Professionals (QIDPS) office with client #16. The gym, consumer room, and music rooms were empty. Client #14 was in a staff office with Activities Coordinator (AC). Client #14 was talking to himself and others not visibly present in the room. AC stated, "[Client #14] is being separately programmed, so he can't target people. He's being aggressive today." Clients #13 and #17 were in the art room playing bingo with Behavior Technician (BT). Client #18 was in the movie room with Quality Assurance Coordinator (QAC).</p> <p>On 6/12/23 at 5:00 pm, client #14 and AC were in the recreation building kitchen. From 5:00 pm to 6:00 pm, client #4 paced through the day room. Client #4 indicated he was going on an outing and would eat in the community. Client #4 indicated he was waiting for a staff member to be available to take him on his outing. Client #4 was not provided with an activity while he was waiting. There were no other clients participating in activities in the recreation building. At 4:57 pm, clients #3, #7, #1, #16, #8, #20, and #4 were in the dayroom with client #20's one to one staff. Clients #19, #9, #17, and #2 were in the kitchen. At 5:07 pm, RM #2 indicated DSP #13 was assigned as client #9's one to one staff and DSP #10 was assigned as client #20's one to one staff. At 5:13 pm, DSP #11 stated, "I think [client #5] is in his room." DSP #10 asked DSP #13 to prompt client #5 for dinner. DSP #13 left client #9 in the day room and went to prompt client #5 for dinner. At 5:15 pm, DSP #13 and client #5 returned to the day room. DSP #13 served client #5 his meal. Client #16 was walking through the day room with a pudding cup. Client #16 did not have a spoon and was scooping the pudding into his mouth with his fingers. At 5:18 pm, client #16 was walking through the day room with a bowl of</p>			

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	<p>green beans. Client #16 gave his spoon to QAC and poured the green beans into his mouth from the bowl. At 5:23 pm, client #16 was biting his hands and was pacing around the day room. Client #16 went into the kitchen. RM #2 prompted client #16 to leave the kitchen. Client #16 bit his hand, and RM #2 grabbed client #16's hand. Client #16 bit down on his hand again, and RM #2 stated, "He bit me!" DSP #13 walked with client #16 to the end of the hallway by the main entrance to the facility. RM #2 followed client #9 to his bedroom and sat in a chair outside of his room. RM #2 sat on the chair and was typing on her cell phone. DSP #10 was talking to another staff, and client #20 went into the kitchen and attempted to take something from the garbage can. DSP #10 physically blocked client #20 and prompted him to sit on the sofa in the day room. Client #3 went to his bedroom and laid down in his bed with the lights off. Client #8 was pacing up and down the hallways with his hand inside the front of pants.</p> <p>On 6/13/23 at 8:00 am, client #3 was in his bed with the lights off. RM #2 indicated client #3 had finished his breakfast at 6:30 am and had been in bed since then. Client #4 was in his bedroom with the door shut. DSP #13 stated, "[Client #4] is still in bed. I have no clue if he's eaten breakfast." Client #1 was seated at the dining table with his tablet. Client #5 was seated at a dining table with DSP #13. Client #5 had a full pizza and milkshake. BT asked client #1 if he would like to go to the gym or to watch a movie. Client #1 indicated he wanted to play a video game. BT left the residential building with client #1. At 8:15 am, client #4 went into the day room. Client #2 was seated at the dining table and indicated he was not aware of any activities planned for the day. At 8:30 am, clients #2, #3, #4, and #5 were in their bedrooms. At 8:36 am, client #8 was walking</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G811	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 06/21/2023
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NAME OF PROVIDER OR SUPPLIER RES-CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135
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	<p>down the hallway wearing one white sock and one black sock on his feet. Client #8 had a black sock on his hand, pulled up to his elbow. Client #10 grabbed the sock and pulled it off of client #8's arm and gave it to AC. AC stated, "It's ok." DSP #13 prompted client #10 to assist with putting the dining chairs away. Client #10 complied. At 8:45 am, client #2 was seated in a chair in the day room. Clients #3, #4, and #5 were in their bedrooms. Client #8 was pacing up and down the halls, and RM #2 was following him. RM #2 stated, "We need to get some sensory toys for him." At 9:00 am, clients #3 and #4 were in their bedrooms. Client #2 was standing in the hallway, and client #5 was standing in the day room. At 9:06 am, client #20 grabbed a piece of toast from client #18's plate and took a bite. DSP #11 grabbed the toast from client #20's hand and threw it into the garbage. Client #20 ran to the sofa and put the toast left in his hand into his mouth. DSP #11 stood over client #20, leaning over his shoulder, and attempted to take the toast from his hand and mouth. DSP #11 stated, "Spit it out. Spit it out." At 9:06 am, client #3 went into the day room. Client #2 was lying in his bed with the lights off. At 9:30 am, client #8 went into the day room with a pink cup in his hand. Client #8 drank the contents of the cup, coughed, then put the cup on the table. Client #7 went into the day room, took the cup, and stated, "That's mine! Stay out of my room!" Clients #3 and #5 were in their bedrooms. Client #2 was sitting in a chair in the day room. Client #4 was engaging in verbal aggression with his peers. At 9:45 am, client #3 was sitting in his wheelchair in the day room and was yelling for tea. Client #11 walked through the dayroom and stated, "It's so loud!" Client #4 was engaging in verbal aggression with his peers. Clients #11, #9, #12, #18, #13, and #4 were in the day room and were not engaged in meaningful activity. At 9:48</p>			

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	<p>am, client #4 was pacing through the day room saying, "F***," repeatedly. Client #8 went into clients #12 and #16's bedroom. Client #8 went into the kitchen and got a banana. Client #7 got a banana. Client #12 asked for a banana, and AC stated, "Hold on. Give me a minute." Client #4 asked AC to play a card game with him. AC stated, "Hold on. [Client #12] wants a banana. I can't leave the day room to get it for him, and he's on a special diet." Client #9 walked down the hallway to the dayroom without his one to one staff. Client #8 went into client #15's bedroom. AC directed him out. Client #9 went into the kitchen without his one to one staff. At 9:56 am, the surveyor asked who was assigned to client #9. AC stated, "Me." AC was the only staff in the day room. Clients #15, #7, #6, #12, #8, and #9 were in the day room. When asked if there were other staff in the building, AC stated, "Not to my knowledge." At 10:00 am, there were no clients in the gym, recreation building kitchen, sensory room, consumer room, library, music room, or art room. Clients #14, #19, #1, and #20 were in the movie room with BT, DSP #11, and a staff in training.</p> <p>On 6/13/23 at 11:30 am, there were no clients in the gym, recreation building kitchen, sensory room, movie room, consumer room, library, or music room. Clients #13, #17, #19, #7, #1, #10, #12, and #18 were in the art room with QAC. PM was outside the building smoking. When PM saw the surveyor enter the art room, she went into the art room to assist QAC. Clients #11, #8, #3, #15, #20, and #14 were in the day room. AC was the only staff in the day room. RM #2 was in the kitchen preparing lunch. QIDP #1 was client #9's assigned one to one staff. Clients #2, #4, and #5 were in their bedrooms with their doors closed. At 11:51 am, AC took client #20 to the restroom.</p>			

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	<p>Clients #3 and #15 were in the day room with no staff. Client #8 went into the day room and sat on the sofa. At 11:54 am, client #9 went into the day room without his one to one staff. Client #9 stated, "We need to get this stuff off the table for lunch. This can't be here." Client #9 removed a pile of art supplies from the table and put them on top of a cabinet. Client #8 walked down the hallway, and RM #2 followed him. RM #2 directed client #8 back to the day room. Client #8 screamed and pushed a chair over. RM #2 stated, "We can't have you doing this." RM #2 did not redirect client #8 to an activity. Client #9 was alone in the dining room. When asked who is assigned staff was, client #9 stated, "I have no idea." At 11:58 am, client #8 was biting his hands, stomping his feet, and yelling. RM #2 stated, "We can't act this way. You need to find another way to deal with it." RM #2 did not direct client #8 to another activity. At 12:00 pm, clients #2, #4, and #5 were in their bedrooms with their doors closed. At 12:05 pm, client #2 went to the day room. At 12:11 pm, client #4 went to the day room and laid down on the sofa. RM #2 stated, "[Client #4], I would really appreciate it if you would sit up." Client #4 did not move. At 12:17 pm, lunch was served. Client #5 was in his bedroom and was not prompted for lunch. Clients #3 and #20 were sitting at the same table. AC indicated she was monitoring both of them. At 12:21 pm, AC asked BT to sit with client #3, and she did. Client #20 pushed his food onto the table with his spoon then picked it up and ate it with his hands. AC did not redirect client #20 to use his spoon or provide him with a napkin or assistance to clean up the spilled food or his hands. DSP #13 was walking down the hallway while eating a burrito from its wrapper. At 12:29 pm, client #3 finished eating, went to this bedroom, and got into bed. At 12:30 pm, RM #2 stated, "[Client #8], where did</p>			

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	<p>you get that shirt?" AC stated, "That's [client #6's] shirt." RM #2 stated, "He's going through [client #6's] clothes." At 12:35 pm, AC stated, "Everyone is done eating." When asked if client #5 had been prompted to eat, AC stated, "Did [client #5] have his outing at breakfast?" RM #2 stated, "We tried to get [client #5] to go to the other building for lunch, but he refused." AC went to client #5's room and asked him if he would like to eat in the day room. Client #5 stated, "I guess," and followed AC to the day room. At 12:36 pm, client #4 asked RM #2 to take him outside, so he could smoke. RM #2 stated, "Not now. I'm watching [client #20]." Client #4 went into his bedroom and shut the door.</p> <p>PM was interviewed on 6/14/23 at 1:55 pm and stated, "Staff should be prompting for activity every 15 minutes."</p> <p>Quality Assurance Manager (QAM) was interviewed on 6/14/23 at 4:10 pm and stated, "Plans and schedules should be followed as written. Staff should be providing choices and activities."</p> <p>5a. On 6/13/23 at 9:48 am, DSP #13 took client #3 on a community van ride with 4 other clients. DSP #13 indicated he and a staff in training were the only staff going on the outing.</p> <p>Client #3's record was reviewed on 6/13/23 at 2:18 pm. Client #3's Individual Support Plan (ISP) dated 8/17/22 indicated the following goals: Identify medications, oral hygiene, laundry, positioning in bed, participation in fire drills, bathing, pedestrian safety, use of a small spoon when dining, using sign language to communicate when he needs help, and participating in sensory activities.</p>			

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NAME OF PROVIDER OR SUPPLIER RES-CARE INC	STREET ADDRESS, CITY, STATE, ZIP COD 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135
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	<p>- Throughout the observation periods, client #3 was not encouraged to participate in his formal goals and objectives.</p> <p>Client #3's Behavior Support Plan (BSP) dated 6/1/23 indicated client #3 required a one to one staff when in the community.</p> <p>- Client #3 was not provided a one to one staff when he participated in a community outing.</p> <p>DSP #13 was interviewed on 6/14/23 at 12:43 pm and stated, "Due to the fact [client #3] has a wheelchair now, he might be one to one when he goes on outings." DSP #13 indicated he was only the staff with 5 clients on a community outing on 6/13/23. DSP #13 indicated he was not aware of client #3's supervision level when in the community. RM #2 was interviewed on 6/14/23 at 11:50 am and stated, "[Client #3] has 2 staff assigned to him when he's in the community." PM was interviewed on 6/14/23 at 1:55 pm and stated, "[Client #3] has a one to one staff when he's on outings. The one to one staff should be implemented." 5b. Client #4's record was reviewed on 6/13/23 at 1:30 pm. Client #4's ISP dated 8/1/22 indicated the following goals: Medication administration, oral hygiene, cleaning his room, bathing, emotional regulation, social interactions, money management, preparing a side dish, and refraining from false allegations.- Throughout the observation periods, client #4 was not encouraged to participate in his formal goals and</p>			

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	<p>objectives.5c. Client #8's record was reviewed on 6/14/23 at 10:40 am. Client #8's ISP dated 10/20/22 indicated the following goals: Medication self-administration, oral hygiene, use of eating utensils, personal hygiene, emotional regulation, social interaction, communication, reporting abuse, neglect, exploitation, and mistreatment, laundry room access.- Throughout the observation periods, client #8 was not encouraged to participate in his formal goals and objectives. Client #8's BSP dated 6/6/23 indicated the following: "[Client #8] will have an assigned staff across all checks. He will have 10 minute checks while he is in his bedroom. The assigned staff is responsible for the following: Assisting [client #8] with his hourly toileting and hygiene. Making sure he is not entering peer bedrooms/kitchen. Assisting with possible communication barriers. Meal/snack supervision. Providing/offering walks around campus (twice on first and 2nd shift). At the end of the assigned time, staff will check [client #8's] room for fall hazards and will assist with cleaning up any messes that were made." "Wrist guards can be used (as tolerated) if [client #8] is chewing/sucking on his wrists/hands." "[Client #8] recently (7/22) began chewing/sucking on his wrists after observing a new peer engage in this behavior. Wrist guards and</p>			

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

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	<p>adult sensory chews are available for use should this behavior continue to occur."- Throughout the observation periods, client #8 did not have an assigned staff to prevent him from going into his peers' rooms and the kitchen.- When client #8 bit his wrists and hands, he was not offered wrist guards or sensory chews.DSP #13 was interviewed on 6/14/23 at 12:43 pm and stated, "[Client #8] is line of sight supervision at all times. Once we notice him going down a specific hall, we verbally prompt him to go back toward the day room. We remind him he can't go into his peers' rooms. If he does not listen to the verbal prompt, staff hastily get next to [client #8] and try to deter him away from whatever room he is trying to enter." DSP #13 stated, "He doesn't participate in activities. He does have a puzzle book that has activities. He will do that from time to time. He enjoys if we turn the T. V. on in the day room. He will watch certain shows. If he comes to the recreation building, he bounces around the gym. He doesn't do activities with a group."RM #2 was interviewed on 6/14/23 at 11:50 am and stated, "[Client #8] is line of sight supervision when he is out of his room. He doesn't have anyone assigned to him, he's always in the day room and common areas, and there are always staff there to redirect him." RM #2 stated, "He likes to go to [client #5's] room.</p>			

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

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	<p>He goes into the room and eats crumbs off the floor. we have to direct him out."PM was interviewed on 6/14/23 at 1:55 pm and stated, "[Client #8] is 15 minute checks in his bedroom and assigned staff when out of it. When he's out of his room, we have to assign someone to keep an eye on him and watch him. He's constantly being (sic) in and out of people's rooms, attempting to get into things. He has a history of eating non-edibles." PM stated, "[Client #8] likes his tablet, but he's constantly breaking them. He likes his walks. He loves water." PM stated, "He has had wrist guards available. He's not a fan of them, and he's thrown them away. He should have one available."QAM was interviewed on 6/14/23 at 4:10 pm and stated, "[Client #8] is to have an assigned staff with 10 minute checks. An assigned staff is a staff dedicated to monitoring him. We need to discuss what assigned staff means. The RM should say, 'You are responsible for [client #8] at this time.'" QAM stated, "If a person is one to one with someone else, they cannot be an assigned staff for [client #8]."6. Client #9's record was reviewed on 6/14/23 at 11:00 am. Client #9's BSP dated 6/6/23 indicated the following, "[Client #9] has a history of sexually inappropriate behaviors and he has been charged with rape on more than one occasion in the past. Sexual aggression has</p>			

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NAME OF PROVIDER OR SUPPLIER RES-CARE INC	STREET ADDRESS, CITY, STATE, ZIP COD 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135
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	<p>taken place with both male and female clients at previous placements and [client #9] is capable of careful and thorough planning in order to sexually assault another person. He engages in 'grooming' behaviors where he will try to win over the trust of others. These grooming behaviors serve the specific purpose of setting up circumstances so that [client #9] can sexually act out or victimize others. He may be overly nice to others, flirt with them, or give them items in an effort to have the peer feel that they 'owe' [client #9] sexual favors. Other specific grooming examples can be found in the target behavior definition for grooming. [Client #9] has historically engaged in sexual activity with peers in his bedroom without the knowledge of staff. It is imperative that [client #9] never be left unsupervised with any client or while in the community as there is a risk for others to be victimized. [Client #9] must have 1:1 staff supervision due to his opportunist nature and due to the risk of reoffence. [Client #9] has admitted to previous providers that the only reason that he has not sexually acted out with other clients is because he is deterred by his 1:1 staff and by the cameras that were in place."- At times during the observation periods, client #9 did not have a one to one staff assigned to him, and his one to one staff left him to assist other clients.DSP #13 was</p>			

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	<p>interviewed on 6/14/23 at 12:43 pm and indicated client #9 required a one to one staff at all times. PM was interviewed on 6/14/23 at 1:55 pm and indicated client #9 required a one to one staff at all times. QAM was interviewed on 6/14/23 at 4:10 pm and indicated client #9 required a one to one staff at all times. 7. Throughout the observation periods, client #13 was not wearing his prescribed eye glasses. Staff did not prompt client #13 to wear his glasses. Throughout the observation periods, client #13 was not wearing socks, and the tongues of his shoes were pushed into the toes of his shoes. Staff did not prompt client #13 to put on socks or to fix his shoes. Throughout the observation periods on 6/12/23, client #13 was not wearing a singlet under his clothing. Client #13's record was reviewed on 6/14/23 at 9:30 am. Client #13's ISP dated 10/10/22 indicated goals for client #13 to wear his singlet daily, to clean and wear his glasses, daily, to wear socks daily, and to wear his shoes correctly daily. DSP #13 was interviewed on 6/14/23 at 12:43 pm and indicated staff should prompt client #13 to wear his glasses, singlet, and socks and to wear his shoes correctly. RM #2 was interviewed on 6/14/23 at 11:50 am and indicated staff should prompt client #13 to wear his glasses, singlet, and socks, and to wear his shoes correctly. PM was</p>			

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NAME OF PROVIDER OR SUPPLIER RES-CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135
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	interviewed on 6/14/23 at 1:55 pm and indicated staff should prompt client #13 to wear his glasses, singlet, and socks and to wear his shoes correctly.8. On 6/13/23 at 8:36 am, client #15 was in the bathtub in the community shower room. The bathroom door was open, and there were no staff in the area. Clients #10, #13, and #17 stood in the bathroom doorway and pointed at client #15. At 8:43 pm, QIDP #1 looked into the bathroom and stated, "I was just checking on you." QIDP #1 did not close the door or address client #15's lack of privacy. At 8:45 am, AC was standing outside the bathroom door, and the door was closed.Client #15's record was reviewed on 6/14/23 at 10:36 am. Client #15's BSP dated 6/1/23 indicated client #15 should have stand by assistance while showering and bathing due to a history of seizures and overflowing the bathtub.DSP #13 was interviewed on 6/14/23 at 12:43 pm and stated, "I don't think [client #15] requires any supervision while he's in the bathtub."RM #2 was interviewed on 6/14/23 at 11:50 am and stated, "There should be a staff outside the bathroom while [client #15] is in the bath or shower. The door is closed, but we check on him. He likes to flood the bathtub. We have to be right there to make sure he doesn't overflow it. He also has a history of seizures."PM			

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W 0250 Bldg. 00	<p>was interviewed on 6/14/23 at 1:55 pm and stated, "[Client #15] does have supervision in the bath due to a history of seizures. Staff should close the door and be in there with him." QIDP #1 was interviewed on 6/14/23 at 2:28 pm and stated, "[Client #15] should be monitored when he's in the bathtub due to seizures." QAM was interviewed on 6/14/23 at 4:10 pm and stated, "Staff should implement the plan as written." 5-7.1(a) 483.440(d)(2)</p> <p>PROGRAM IMPLEMENTATION</p> <p>The facility must develop an active treatment schedule that outlines the current active treatment program and that is readily available for review by relevant staff. Based on observation, record review, and interview for 3 additional clients (#8, #16 and #20), the facility failed to ensure clients #8, #16 and #20's active treatment schedules were individualized to their personal needs.</p> <p>Findings include:</p> <p>1) On 6/14/23 at 12:43 PM, Direct Support Professional (DSP) #13 indicated client #16 did not need and did not receive one on one (1:1) staffing at any time during his day.</p> <p>On 6/14/23 at 11:52 AM, Residential Manager (RM) #3 initially indicated client #16 did not need and did not receive 1:1 staffing. When specifically asked about client #16's 1:1 time one hour before and one hour after meals, RM #3 indicated client #16 did need 1:1 staffing. The RM indicated client #16 did not have an individualized active treatment schedule for his day to instruct staff on what to do with him during his 1:1 times.</p>	W 0250	To correct the deficient practice, the QIDP has been trained to ensure appropriate activity schedules are in place to meet the needs of the individuals. The QIDP will review the CFA for clients #8, #16 and #20 to determine what skills and activities they are able to complete or need improvement. The QIDP will develop an individualized activity schedule based on the information gathered from the CFA. To ensure no others are affected the QIDP will review all client activity schedules to ensure the individuals current needs are being met. Ongoing monitoring will be achieved by quarterly reviews of the ISP/activity schedules with the IDT to determine the client's needs are being met.	08/12/2023

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G811	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/21/2023
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NAME OF PROVIDER OR SUPPLIER RES-CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135
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	<p>On 6/14/23 at 2:29 PM, Qualified Intellectual Disabilities Professional (QIDP) #1 indicated client #16 did not receive 1:1 staffing at any point during the day. When informed client #16 received one on one staffing one hour before and after meals, the QIDP indicated his active treatment schedule should reflect the individualized activities he should be involved in during that time.</p> <p>On 6/14/23 at 2:29 PM, the Quality Assurance Manager indicated client #16 received 1:1 staffing at mealtimes.</p> <p>On 6/13/23 at 10:19 AM, a focused review of client #16's record was conducted. Client #16 did not have an individualized active treatment schedule indicating he received one on one staffing one hour before and one hour after meals. Client #16 had the same active treatment schedule as 9 of his peers. Client #16's 6/8/23 Behavior Support Plan (BSP) indicated, "...At this time, [client #16] has 1:1 approximately arms-reach supervision during all meals and snacks since these are the times when he struggles the most. During mealtimes, his 1:1 will be with him for the hour before and the hour after the meal. For example, lunch is at 12:00pm so [client #16] would have a 1:1 staff from 11:00am - 1:00pm. During the 1:1 time, the 1:1 is responsible for taking [client #16] on walks around campus in addition to making sure that [client #16] doesn't steal food from his peer's plates or eat food from the floor...."</p> <p>2) Observations were conducted at the facility on 6/12/23 from 1:37 PM to 3:25 PM, 6/12/23 from 4:54 PM to 6:09 PM, 6/13/23 from 8:51 AM to 9:54 AM, 6/13/23 from 11:38 AM to 12:35 PM, and 6/13/23 from 4:03 PM to 4:33 PM. During the observations client #20 was not engaged in</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G811	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 06/21/2023
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	<p>meaningful activities. Client #20 received one on one staffing (1:1) throughout the observations. There were no discernible structured activities provided or offered to client #20 throughout the observations.</p> <p>On 6/13/23 at 10:27 AM, a focused review of client #20's record was conducted. Client #20's 6/8/23 Behavior Support Plan (BSP) indicated, "...[Client #20] will have a 1:1 approximately arm's reach staff during all waking hours. When sleeping, he will have 5 minute checks. Staff should be switched out as frequently as necessary. Responsibilities of the 1:1 staff include: Assisting [client #20] with all daily living tasks including toileting and bathing (including assisting with keeping his feet clean) and providing active treatment options. Supervising all meals/snacks and making sure all food is cut up appropriately (see below). Due to stealing food from peer's plates, [client #2-] will sit with his 1:1 staff at a table or couch/chair away from his peers during meals and snacks. He will be provided with a TV tray for his meal. Alternate utensils can be used to help [client #20] eat independently. The 1:1 staff will block [client #20] from taking food items from peers. Monitoring [client #20] for any items that he may potentially try to eat/drink, including making sure that he does not drink from the toilet. Monitoring [client #20] so that he does not take items from others...."</p> <p>Client #20's undated Active Treatment schedule was not individualized. Client #20's Group B active treatment schedule was the same as 9 of his peers.</p> <p>On 6/13/23 at 12:43 PM, Direct Support Professional (DSP) #13 indicated client #20 received one on one staffing (one staff working with client #20). DSP #13 indicated client #20 did</p>			

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NAME OF PROVIDER OR SUPPLIER RES-CARE INC	STREET ADDRESS, CITY, STATE, ZIP COD 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135
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	<p>not have an individualized schedule for his one on one staffing to implement. DSP #13 indicated client #20's active treatment schedule was the same as everyone else's schedule.</p> <p>On 6/14/23 at 11:52 AM, Residential Manager (RM) #3 indicated client #20 received one on one staffing. RM #3 indicated client #20 did not have a specific schedule for his one on one staffing. RM #3 indicated although client #20 had an Active Treatment (AT) schedule, it was not individualized for his needs. RM #3 indicated client #20's AT schedule was the same as everyone else's schedule. RM #3 stated "it would benefit him" regarding client #20 having an individualized schedule for staff to implement during the day.</p> <p>On 6/14/23 at 2:29 PM, QIDP #1 indicated client #20 received one on one staffing. The QIDP indicated client #20 did not have an individualized active treatment schedule indicating the types of activities and programs the staff should be engaging him in throughout the day.</p> <p>3. Observations were conducted in the facility on 6/12/23 from 1:40 pm to 3:30 pm and from 5:00 pm to 6:00 pm and on 6/13/23 from 8:00 am to 10:00 am and from 11:30 am to 12:30 pm. Client #8 was present in the facility throughout the observation period.</p> <p>Throughout the observation period, client #8 paced and jumped throughout the facility. Client #8 did not engage in meaningful interactions with his staff or peers. Client #8 responded to verbal and physical redirection but did not attend to activities. Throughout the observation periods, client #8 went into his peers' bedrooms to look for food and drinks. On 6/13/23 at 9:30 am, client #8 walked into the day room with a pink cup with a</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G811	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/21/2023
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	<p>peer's name on it. Client #8 drank the contents of the cup and left it on the dining table. On 6/13/23 at 12:29 pm, client #8 walked into the day room, and Residential Manager (RM) #2 stated, "Where did you get that shirt?" Activities Coordinator (AC) stated, "That's [client #6's] shirt." RM #2 stated, "He's going through [client #6's] clothes." RM #2 assisted client #8 to his bedroom to change his shirt.</p> <p>Client #8's record was reviewed on 6/14/23 at 10:40 am.</p> <p>Client #8's undated active treatment schedule indicated he was assigned to group A and indicated the following schedule:</p> <p>"Daily: 7:00 am - Wake up/Hygiene, 7:30 am - Breakfast Prep (preparation), 8:00 am - Breakfast Prep, 8:30 am - Clean/rooms, 9:00 am - Laundry. Sunday: 9:30 am - music, 10:00 am - music. Monday: 9:30 am - movie room, 10:00 am - movie room. Tuesday: 9:30 am - Bingo!, 10:00 am - Bingo!. Wednesday: 9:30 am - corn hole, 10:00 am - corn hole. Thursday: 9:30 am - chalk art, 10:00 am - chalk art. Friday: 9:30 am - Friday, 10:00 am - clean III. Saturday: 9:30 am - basketball, 10:00 am - basketball.</p> <p>Daily: 10:30 am - snack, 11:00 am - Choice/lunch prep/meds (medications), 12:00 pm - lunch, 12:30 pm - lunch, 1:00 pm - clean, 1:30 pm - rest/sensory/relaxing activities.</p> <p>Sunday: 2:30 pm - car wash, 3:00 pm - cook (sic) skills. Monday: 2:30 pm - volleyball, 3:30 pm - art room. Tuesday: 2:30 pm - science project, 3:30 pm - basketball. Wednesday: 2:30 pm - gobble run, 3:30 pm - spit take. Thursday: 2:30 pm - Who's that?, 3:30 pm - resume building. Friday: 2:30 pm - campus pick up, 3:00 pm - drums, 4:00 pm - karaoke. Saturday: 2:30 pm - video games, 3:30 pm - geocaching.</p> <p>Daily: 4:30 pm - dinner prep, 5:00 pm - dinner, 5:30</p>			

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	<p>pm - clean, 6:00 pm - alone time, 6:30 pm - nightly zumba class. Friday: 6:30 pm - movie night. Daily: 7:00 pm - board games/puzzles, 7:30 pm - snack, 8:30 pm - rest/bedtime prep, 9:00 pm - sleep."</p> <p>Direct Support Professional (DSP) #13 was interviewed on 6/14/23 at 1:55 pm and stated, "[Client #8] is line of sight at all times." When asked what activities client #8 engages in, DSP #13 stated, "None. He does have a puzzle book with activities. He'll do that from time to time. He enjoys if we turn the T.V. on in the day room. There are things he will sit and watch. He broke his tablet." DSP #13 stated, "If he comes to the rec. (recreation) building, he bounces around the gym. He doesn't ever go there to do activities as a group."</p> <p>Residential Manager (RM) #3 was interviewed on 6/14/23 at 11:50 am and stated, "[Client #8] has to be line of sight when he's inside and within arms reach when he's outside. He likes to go into [client #5's] room, and we have to direct him out. He eats crumbs off the floor. He goes into the kitchen and takes fruit." RM #3 stated, "[Client #8] is non-verbal. We attempt to use communication cards with him." RM #3 stated, "I take [client #8] on walks outside. He runs, but if you can keep up with him, he likes to go outside. I've taken him to the sensory room, but he doesn't have much interest. He just likes to run. Sometimes he'll go to the gym, and he'll play with the big yellow ball. He sits on the yellow ball in the gym, and I remind him of his coping skills, but it's not really effective."</p> <p>Program Manager (PM) was interviewed on 6/14/23 at 1:55 pm and stated, "[Client #8] has 15 minute checks in his bedroom and an assigned</p>			

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W 0268 Bldg. 00	<p>staff when he is out of his room. He's constantly being in and out of people's rooms, attempting to get into things. He has a history of eating non-edible items." PM stated, "He likes his tablet, but he's constantly breaking them. He likes walks. He loves water."</p> <p>5-7.1(a)</p> <p>483.450(a)(1)(i) CONDUCT TOWARD CLIENT</p> <p>These policies and procedures must promote the growth, development and independence of the client.</p> <p>Based on observation and interview for 4 of 5 sample clients (#1, #2, #3 and #5) and 6 additional clients (#7, #8, #15, #17, #19, and #20), the facility failed to promote clients #1, #2, #3, #5, #7, #8, #15, #17, #19, and #20's dignity in regards to their appearance.</p> <p>Findings include:</p> <p>1. Observations were conducted at the facility on 6/12/23 from 1:37 PM to 3:25 PM, 6/12/23 from 4:54 PM to 6:09 PM, 6/13/23 from 8:51 AM to 9:54 AM, 6/13/23 from 11:38 AM to 12:35 PM, and 6/13/23 from 4:03 PM to 4:33 PM. During the observations, client #17 had food stuck in between his teeth. Client #17 had food stuck on his teeth. On 6/13/23 after eating birthday cake, client #17 had blue icing on and in between his teeth from 4:03 PM to 4:33 PM. Staff did not prompt client #17 to brush his teeth or clean his teeth. Staff did not assist client #17 to clean his teeth. Observations were conducted in the facility on 6/12/23 from 1:40 pm to 3:30 pm and from 5:00 pm to 6:00 pm and on 6/13/23 from 8:00 am to 10:00 am and from 11:30 am to 12:30 pm. Clients #3, #5, #8, #15, #19, and #20 were present in the facility</p>	W 0268	To correct the deficient practice, all site staff have been re-trained in ensuring client appearance is dignified and clothing is always in good repair. The PM's and RMs will inspect all individuals' current supply of clothing. Any ripped or stained items will be removed from the facility and inventory list. Additional monitoring will be achieved by the administrative staff completing five times a week facility observation for one month. Ongoing monitoring will be achieved by the QAC, PM, and QIDP completing routine observations of the facility as well as monthly site reviews to be completed by ResCare administration.	08/12/2023

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G811	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 06/21/2023
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	<p>throughout the observation periods.</p> <p>2. On 6/12/23 at 1:40 pm, client #2 greeted the surveyor in the hallway outside his bedroom. Client #2's sweatshirt had a white substance smeared across the front of it. Client #2 continued to wear the sweatshirt for the remainder of the observation period and from 5:00 pm to 6:00 pm. Staff working in the facility did not encourage client #2 to change his shirt.</p> <p>3. On 6/12/23 at 1:40 pm, client #5 was in his bedroom mopping his floor. Client #5's clothing was stained and had food remnants on the front of his shirt and pants. Client #5 continued to wear his soiled clothing for the remainder of the observation period and from 5:00 to 6:00 pm. Staff working in the facility did not encourage client #5 to change his shirt.</p> <p>4. On 6/12/23 from 5:00 pm to 6:00 pm, clients #1, #7, and #19's shirts were soiled with food remnants and the front of their shirts were wet with drool. Staff working in the facility did not encourage clients #1, #7, and #19 to change their shirts.</p> <p>5. On 6/12/23 at 5:10 pm, client #3 ate his pureed meal with 1:1 staff supervision. Client #3 was not provided a shirt protector or a napkin while he ate. Client #3 spilled food onto his shirt and pants while he ate. Direct Support Professional (DSP) #11 prompted client #3 to his bedroom to change his clothing. Client #3 returned to the dayroom, and his clothing was soiled with a white substance on the shirt and pants.</p> <p>6. On 6/12/23 at 5:23 pm, client #8 was pacing through the facility. Client #8 had eaten ravioli for dinner and had a wet, red substance on the back</p>			

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	<p>of his shirt. Staff working in the facility did not encourage client #8 to change his shirt. At 6:00 pm, client #8 was walking through the dayroom with his right hand inside the front of his adult brief. Client #8's hand was moving up and down. Staff working in the facility did not redirect client #8 or encourage him to go to his bedroom.</p> <p>7. On 6/12/23 at 5:52 pm, client #15's shirt was backwards. Staff working in the facility did not encourage client #15 to turn his shirt around.</p> <p>8. On 6/13/23 at 8:18 am, clients #8 and #15's pants were soiled with an unknown substance. Clients #8 and #15 continued to wear the same pants throughout the observation period and were not encouraged by staff to change their clothing.</p> <p>9. On 6/13/23 at 8:20 am, client #5 was seated at the dining table with a large breakfast pizza in a box and a milkshake. Client #5 took a bite of pizza and sat with his mouth open. Client #5's food fell out of his mouth and onto his shirt. Client #5 took a drink from his milkshake and sat with his mouth open. The milkshake ran out of client #5's mouth and onto his shirt. Client #5's 1:1 staff did not provide him with a napkin and did not encourage him to wipe his mouth or shirt.</p> <p>10. On 6/13/23 at 9:00 am, client #20 had a hole in the back of his sweat pants in the upper right thigh. Staff working in the facility did not prompt client #20 to change his pants, and he continued to wear them throughout the observation period.</p> <p>Direct Support Professional (DSP) #13 was interviewed on 6/14/23 at 12:43 pm and stated, "We try to not keep clothes with holes or stains, so when we take them out into public, they're not dressed with what appears to be not pleasing to</p>			

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	<p>the eye." DSP #13 stated, "When their clothes are dirty, we try to change them." DSP #13 stated, "For the ones who drool, we try to keep them with a towel around their shoulders or a handkerchief around their wrist or in their pockets. Staff should prompt them to wipe their faces."</p> <p>Residential Manager (RM) #2 was interviewed on 6/14/23 at 11:50 am and stated, "If clothing is dirty, we prompt them to change and wash the clothes. Clothing with holes should be gotten rid of." RM #2 stated, "If they are drooling on their clothes, we have bibs and rags available." RM #2 stated, "Staff should recognize when the clients' faces are dirty and should prompt them to wash their faces."</p> <p>Program Manager (PM) was interviewed on 6/14/23 at 1:55 pm and stated, "Clothing that has holes or stains should be thrown away. Dirty clothing should be prompted to change. Staff should prompt them to wipe faces and clean their hands." PM stated, "It's a dignity thing."</p> <p>Qualified Intellectual Disabilities Professional (QIDP) #1 was interviewed on 6/14/23 at 2:28 pm and stated, "Staff should be prompting and assisting the clients to get clean clothes. They should get them new clothing items if needed." QIDP #1 stated, "Staff should prompt the clients to assist themselves in cleaning themselves up. If they need additional assistance, staff should provide it."</p> <p>Quality Assurance Manager (QAM) was interviewed on 6/14/23 at 4:10 pm and stated, "Staff should prompt the clients to change their clothing." QAM stated, "If clothing is stained or has holes, it should be removed from the inventory. If clothing is soiled, staff should</p>			

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W 0288 Bldg. 00	<p>prompt the clients to change their clothes. Staff should prompt the clients to wipe their faces as needed."</p> <p>5-1.2(d)</p> <p>483.450(b)(3)</p> <p>MGMT OF INAPPROPRIATE CLIENT BEHAVIOR</p> <p>Techniques to manage inappropriate client behavior must never be used as a substitute for an active treatment program.</p> <p>Based on observation, interview and record review for 2 additional clients (#10 and #19), the facility failed to ensure staff did not restrict the clients' access to the phone in order to prevent maladaptive behaviors.</p> <p>Findings include:</p> <p>On 6/12/23 from 1:37 PM to 3:25 PM, an observation was conducted at the facility. At 2:30 PM, client #10 asked staff if he could use the phone. Client #10 indicated the phone was locked up in the nurse's station and he did not have access to it. Client #10 stated his access to the phone was "restricted" and the phone used to be kept out for the clients to use. Client #10 stated, "I can't make calls when I want." At 2:39 PM, client #10 asked for the phone. Client #10 stated, "I am getting mad." The staff present told client #10 they were busy and could not get the phone for him. At 2:44 PM, the Program Manager told client #10 she could not get the phone for him. At 2:46 PM, Residential Manager (RM) #2 told client #10 she could not get the phone for him due to not having enough staff on the unit due to the clients receiving one on one staffing. At 2:54 PM, RM #2 attempted to give client #10 the phone however he was outside. RM #2 gave the phone</p>	W 0288	To correct the deficient practice all site staff have been re-trained on not restricting client rights for anything without guardian and HRC approval. The phone has been removed from the nurse station for individuals to have full access. The BC will review all individuals plans to indicate what individuals have disruptive behavior regarding the community phone. The QIDP will then develop an appropriate ISP goal for individuals with disruptive behavior regarding the phone. Additional monitoring will be achieved by the administrative staff completing five times a week facility observation for one month. Ongoing monitoring will be achieved by the QAC, PM, and QIDP completing routine observations of the facility as well as monthly site reviews to be completed by ResCare administration.	08/12/2023

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G811	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/21/2023
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NAME OF PROVIDER OR SUPPLIER RES-CARE INC	STREET ADDRESS, CITY, STATE, ZIP COD 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135
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	<p>to client #19. At 2:58 PM, client #10 used the phone.</p> <p>On 6/13/23 at 10:08 AM, a focused review of client #10's record was conducted. Client #10's 4/11/23 Behavior Support Plan (BSP) indicated, "...[Client #10] maintains sporadic phone contact with family members including his father and mother but he tends to have behavioral difficulties following contact with them. [Client #10] tends to get his hopes up about his family calling or visiting him and this can lead to behaviors when he feels let down. His father will sometimes promise to obtain guardianship over [client #10] and will sometimes tell [client #10] that he is coming to get him. This has historically caused [client #10] to have increased stress and behaviors as he gets his hopes up that his dad will follow through. The guardian has asked that [client #10] have no contact with his father, but this has been difficult to enforce as [client #10] will call him or contact him via the computer/tablet. [Client #10's] family frustrations are especially common around birthdays and holidays as [client #10] has high expectations about visits and gifts around this time... [Client #10] has numerous acts of non-compliance related to phone use as he obsessively calls his family members. A phone/tablet plan is in place due to the problems that this type of calling has caused for his mother at her work place... Staff will dial the phone for him when he wants to call his guardian/advocate and will stay in the vicinity to make sure that he is not making other calls. This is due to obsessive phone calls to his parents which have affected their employment...."</p> <p>Client #10's BSP did not indicate the intervention of the phone being restricted/locked up.</p>			

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W 0331 Bldg. 00	<p>On 6/14/23 at 12:43 PM, Direct Support Professional (DSP) #13 stated the facility's phone was "typically locked in the nurse's station. Clients fight over the phone. More control with it locked up. Once (it's) out, everybody wants to use it." DSP #13 stated, "Used to keep it on the fire extinguisher box (in the day room)." DSP #13 indicated client #2 had a plan to restrict his access to the phone.</p> <p>On 6/14/23 at 11:52 AM, Residential Manager (RM) #3 stated, regarding the facility's phone, "Usually out on top of the fire box. Should be available at all times. Shouldn't be restricted."</p> <p>On 6/14/23 at 2:29 PM, Qualified Intellectual Disabilities Professional (QIDP) #1 indicated he was not sure why the phone was locked in the nurse's station. QIDP #1 indicated there were a couple of clients who needed to be monitored while on the phone however no one required the phone to be locked.</p> <p>On 6/14/23 at 10:11 AM, the Program Manager (PM) indicated she was not sure why the phone was locked. The PM indicated the phone should not be restricted without being a part of the clients' plans with written informed and Human Rights Committee consent.</p> <p>483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. Based on record review and interview for 1 of 5 sampled clients (client #5), the facility's nursing staff failed to ensure documentation was completed when administering intramuscular injections for client #5.</p>	W 0331	To correct the deficient practice the nurses have been trained on documenting the injection site after each injection. The Quick Mar was updated to ensure nurses document the injection site before	08/12/2023

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	<p>Findings include:</p> <p>Client #5's record was reviewed on 6/13/23 at 4:00 pm. A review of client #5's Physician's Orders indicated client #5 had an order for "olanzapine (antipsychotic) injection 10mg (milligrams) intramuscularly every 6 hours as needed for increased aggression," dated 1/26/2021.</p> <p>A review of client #5's Medication Administration Record (MAR) for March 2023 indicated he had a physician's order for "olanzapine (antipsychotic) injection 10mg, mix vial with 2.1 ML (milliliters) sterile water and inject 1 ML intramuscularly every 6 hours as needed for increased aggression." The review indicated client #5 received this medication on 3/2/23, 3/3/23, 3/5/23, 3/15/23, 3/19/23, 3/23/23 and 3/25/23.</p> <p>A review of client #5's MAR for April 2023 indicated there was a physician's order for "olanzapine injection 10mg, mix vial with 2.1 ML sterile water and inject 1 ML intramuscularly every 6 hours as needed for increased aggression." The review indicated client #5 received this medication on 4/6/23 and 4/21/23.</p> <p>A review of client #5's MAR for May 2023 indicated there was a physician's order for "olanzapine injection 10mg, mix vial with 2.1 ML sterile water and inject 1 ML intramuscularly every 6 hours as needed for increased aggression." The review indicated client #5 received this medication on 5/21/23, 5/22/23, 5/25/23 and 5/28/23.</p> <p>The review indicated the facility's nursing staff did not document the site where client #5 received the intramuscular injection.</p> <p>Licensed Practical Nurse (LPN) #3 was</p>		<p>documenting for the medication. Additional monitoring will be achieved by the nurse manager reviewing the Quick Mar daily to ensure the injection site has been documented for one month. Ongoing monitoring will be achieved by the nurse manager reviewing Quick Mar weekly.</p>	

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W 0436 Bldg. 00	<p>interviewed on 6/13/23 at 4:30 pm. LPN #3 stated "the nurses give patients shots." LPN #3 indicated the site on the client's body is not documented when completing an injection. The LPN stated "it should be."</p> <p>The Nursing Manager (NM) was interviewed on 6/14/23 at 11:00 am. The NM indicated the injection site was not documented on client #5's MAR. The NM stated "injection sites should always be documented."</p> <p>5-4(e) 483.470(g)(2) SPACE AND EQUIPMENT</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>Based on observation, record review and interview for 1 of 5 clients in the sample (#1) and 2 additional clients (#8 and #16), the facility failed to ensure clients #1 and #8's glasses remained in good repair and were available for him to wear and client #16's PECS (Picture Exchange Communication System) communication book, wrist guards, sensory chew items and noise canceling headphones were available and provided to him to use.</p> <p>Findings include:</p> <p>1) Observations were conducted at the facility on 6/12/23 from 1:37 PM to 3:25 PM, 6/12/23 from 4:54 PM to 6:09 PM, 6/13/23 from 8:51 AM to 9:54 AM, 6/13/23 from 11:38 AM to 12:35 PM, and 6/13/23</p>	W 0436	To correct the deficient practice, all site staff have been trained in ensuring adaptive equipment is in good repair and utilized and reporting to the administration team when supplies are not available or in good repair. Client #1s glasses have been repaired and provided to him. Additional monitoring will be achieved by the administrative staff completing five times a week facility observation for one month. Ongoing monitoring will be achieved by the QAC, PM, and QIDP completing routine observations of the facility as well as monthly site reviews to be	08/12/2023

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G811	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/21/2023
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	<p>from 4:03 PM to 4:33 PM. Throughout the observations on 6/12/23, client #16 was agitated as evidenced by engaging in self injurious behavior of biting his hand and wrist. During the observations, client #16 did not use and was not provided a PECS (Picture Exchange Communication System) communication book, wrist guards, sensory chew items and noise canceling headphones.</p> <p>On 6/13/23 at 1:39 PM, a focused review of client #16's record was conducted. Client #16's 6/8/23 Behavior Support Plan (BSP) indicated the following, "...He does know some sign language but he will often choose not to communicate this way. A PECS communication book has been provided for [client #16] to help him communicate his wants and needs with staff... [Client #16] has an extensive history of biting his hands and this has resulted in scarring. Initially, a separate target behavior of 'sucking/chewing wrists or hands' was initially added to this plan as a target behavior; however, it was observed that this behavior was more of a self soothing and constant behavior for [client #16] and it was removed as a target behavior and instead, an ISP (Individualized Support Plan) goal for skin integrity was put in place to encourage the use of wrist guards. Additionally, numerous sensory sensory chew items have been bought for [client #16] to try to prevent [client #16] from sucking/biting himself. He will sometimes use these chews but mostly prefers to use his hand/wrist to suck on... Wrist/hand guards will be provided for [client #16] due to his extensive history of chewing and sucking on his hands... Noise canceling headphones have been provided for [client #16] but he may need staff to remind him or retrieve them for him to use... sensory sensory chews have been made available to [client #16] to deter</p>		completed by ResCare administration.	

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	<p>him from sucking on his wrists, he should be encouraged to use these chews... A communication book has been provided for [client #16] along with an ISP goal of utilizing the book in order to communicate with staff... If [client #16] is trying to communicate with staff, ask him to show you what he wants, his communication book or communication cards can be used for this...."</p> <p>On 6/14/23 at 12:43 PM, Direct Support Professional (DSP) #13 indicated client #16's BSP should have been implemented as written for the use of wrist guards, PECS, noise canceling headphones and sensory chew items. DSP #13 indicated the staff should have provided client #16 with his adaptive equipment.</p> <p>On 6/14/23 at 2:29 PM, Qualified Intellectual Disabilities Professional (QIDP) #1 indicated client #16's BSP should have been implemented as written for the use of wrist guards, PECS, noise canceling headphones and sensory chew items. QIDP #1 indicated the staff should have provided client #16 with his adaptive equipment.</p> <p>On 6/14/23 at 11:52 AM, Residential Manager (RM) #3 indicated client #16's BSP should have been implemented as written for the use of wrist guards, PECS, noise canceling headphones and sensory chew items. RM #3 indicated the staff should have provided client #16 with his adaptive equipment.</p> <p>On 6/14/23 at 8:55 AM, the Executive Director (ED) indicated client #16's BSP should have been implemented as written for the use of wrist guards, PECS, noise canceling headphones and sensory chew items. The ED stated these were part of his BSP and he "should be using all the time." the staff should have provided client #16 with his</p>			

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	<p>adaptive equipment. The ED stated, "even during a behavior they didn't use the adaptive equipment."</p> <p>On 6/14/23 at 8:56 AM, the Quality Assurance Manager (QAM) indicated client #16's BSP should have been implemented as written for the use of wrist guards, PECS, noise canceling headphones and sensory chew items. The QAM indicated the staff should have provided client #16 with his adaptive equipment.</p> <p>On 6/14/23 at 10:11 AM, the Program Manager indicated staff should have implemented client #16's plan as written by providing him with his adaptive equipment.</p> <p>2) Observations were conducted at the facility on 6/12/23 from 1:37 PM to 3:25 PM, 6/12/23 from 4:54 PM to 6:09 PM, 6/13/23 from 8:51 AM to 9:54 AM, 6/13/23 from 11:38 AM to 12:35 PM, and 6/13/23 from 4:03 PM to 4:33 PM. During the observations, client #1 did not wear glasses, was not prompted to wear glasses and was not provided glasses.</p> <p>On 6/13/23 at 1:49 PM, a review of client #1's record was conducted. Client #1's 10/20/22 Individualized Support Plan indicated, "...[Client #1] will wear his glass independently 100% of opportunities across 12 consecutive months by 10/20/2023. 1. During 8AM and 8PM medication pass staff and the nurse will note if [client #1] is wearing his glasses. 2. If not, then staff will verbally prompt [client #1] to wear his glasses. 3. Staff may explain that wearing his glasses allows him to see better, improving his health and safety. 4. A successful trial will be documented when [client #1] wears his glass independently. 5. Give verbal praise and recognition for all efforts...."</p>			

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	<p>On 6/14/23 at 11:52 AM, Residential Manager (RM) #3 indicated client #1 should have glasses however his glasses are currently broken. The RM stated his glasses have been broken for "a couple of weeks." The RM indicated when client #1's glasses weren't broken, he refused to wear them. The RM indicated client #1 had a goal to try to get him to wear his glasses.</p> <p>3. Observations were conducted in the facility on 6/12/23 from 1:40 pm to 3:30 pm and from 5:00 pm to 6:00 pm and on 6/13/23 from 8:00 am to 10:00 am and from 11:30 am to 12:30 pm. Client #8 was present throughout the observation periods and did not have access to sensory chews or wrist guards. On 6/13/23 at 8:50 am, Residential Manager (RM) #2 was following client #8 through the facility and stated, "We need to get some sensory toys for him."</p> <p>Client #8's record was reviewed on 6/14/23 at 10:40 am.</p> <p>Client #8's Behavior Support Plan (BSP) dated 6/6/23 indicated the following: "For Hand/Wrist Chewing: ...If he continues to chew/suck, prompt him to use one of his sensory chews and assist him with putting on his wrist guards (if tolerated)."</p> <p>Activities Coordinator (AC) was interviewed on 6/14/23 at 11:45 am and stated, "[Client #8] does not have bite guards or chews."</p> <p>Direct Support Professional (DSP) #13 was interviewed on 6/14/23 at 12:43 pm and stated, "I'm not aware of a bite guard or chews for [client #8]. I only noticed him biting in the last couple of weeks. He will laugh and bite himself. I don't know if he has access to those."</p>			

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W 0440 Bldg. 00	<p>Program Manager (PM) was interviewed on 6/14/23 at 1:55 pm and stated, "[Client #8] has had bite guards and chews available. He's not a fan of them, and he throws them away. He should have them available."</p> <p>Qualified Intellectual Disabilities Professional (QIDP) #1 was interviewed on 6/14/23 at 2:28 pm and indicated client #8's adaptive equipment should be available to him in his home.</p> <p>483.470(i)(1) EVACUATION DRILLS at least quarterly for each shift of personnel. Based on record review and interview for 20 of 20 clients living in the facility (#1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, and #20), the facility failed to conduct quarterly evacuation drills for each shift of personnel.</p> <p>Findings include:</p> <p>On 6/13/23 at 10:52 AM, a review of the facility's evacuation drills was conducted and indicated the following affecting clients #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, and #20:</p> <p>-During the day shift (8:00 AM to 4:00 PM), there were no evacuation drills conducted from 1/17/23 to 6/13/23.</p> <p>-During the evening shift (4:00 PM to 12:00 AM), there were no evacuation drills conducted from 6/18/22 to 12/16/22.</p> <p>On 6/13/23 at 11:05 AM, the Quality Assurance Manager indicated the facility should conduct quarterly evacuation drills for each shift.</p>	W 0440	To correct the deficient practice all site staff have been re-trained in completing one drill per shift per quarter and the drill calendar. All scheduled drills have been updated into TMP, the electronic documentation system. Staff will be aware of each scheduled drill by reviewing the daily documentation on TMP. Additional monitoring will be achieved by the PM reviewing the documentation of a drill after each scheduled occurrence. Ongoing monitoring will be achieved by the quality and safety committee reviewing drills each quarter.	08/12/2023

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W 9999 Bldg. 00	<p>On 6/14/23 at 8:53 AM, the Executive Director stated the facility should conduct evacuation drills "one per shift per quarter."</p> <p>On 6/14/23 at 10:11 AM, the Program Manager indicated the facility should conduct quarterly evacuation drills for each shift.</p> <p>State Findings:</p> <p>1. The following Community Residential Care Facilities for Persons with Developmental Disabilities rules were not met.</p> <p>410 IAC 16.2-5-11.1 Mental health screening for individuals who are recipients of Medicaid or federal Supplemental Security Income Authority: IC 16-28-1-7; IC 16-28-1-12 Affected: IC 12-10-6; IC 16-28-5-1 Sec. 11.1. (a) As used in this section, "mental health service provider" means the community mental health center local to the residential care facility. (b) If the individual is a recipient of Medicaid or federal Supplemental Security Income (SSI), the individual needs evaluation provided in section 2(a) of this rule shall include, but not be limited to, the following:</p> <p>(1) Screening of the individual for major mental illness, such as a diagnosed major mental illness, is limited to the following disorders: (A) Schizophrenia. (B) Schizoaffective disorder. (C) Mood (bipolar and major depressive type)</p>	W 9999	To correct the inadequate practice, all staff responsible for admissions have been trained to ensure that a person admitted from a mental health hospital receives a comprehensive care plan within 30 days of admission. The nursing manager will obtain an appointment to receive mental health screening. The facility will develop an appropriate food services program that meets all of the requirements. The program will be supervised by the nurse manager and include trained dining aids. Ongoing monitoring will be achieved by the ED reviewing all CRMNF referral packets and ensuring mental health needs are met if coming from a mental health institution. The nurse manager will supervise and monitor the food services program by completing routine observations at meal prep and mealtimes.	08/12/2023

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	<p>disorder.</p> <p>(D) Paranoid or delusional disorder.</p> <p>(E) Panic or other severe anxiety disorder.</p> <p>(F) Somatoform or paranoid disorder.</p> <p>(G) Personality disorder.</p> <p>(H) Atypical psychosis or other psychotic disorder (not otherwise specified).</p> <p>(2) Obtaining a history of treatment received by the individual for a major mental illness within the last two (2) years.</p> <p>(3) Obtaining a history of individual behavior within the last two (2) years that would be considered dangerous to facility residents, the staff, or the individual.</p> <p>(c) If a person is a recipient of Medicaid or federal SSI and has a major mental illness as defined by the individual needs assessment, the person will be referred to the mental health service provider for a consultation on needed treatment services. All residents who participate in Medicaid or SSI admitted after April 1, 1997, shall have a completed individual needs assessment in their clinical record. All persons admitted after April 1, 1997, shall have the assessment completed prior to the admission, and, if a mental health center consultation is needed, the consultation shall be completed prior to the admission and a copy maintained in the clinical record.</p> <p>(d) When a state hospital refers a person with a major mental illness, the residential care facility shall request that a copy of the psychosocial and treatment recommendations collaboratively developed between the state hospital and the mental health center be forwarded to the residential care facility so that the residential care facility can determine the degree to which it can provide or arrange for the provision of such service.</p> <p>(e) The residential care facility shall not admit</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G811	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/21/2023
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NAME OF PROVIDER OR SUPPLIER RES-CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135
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	<p>residents with a major mental illness if:</p> <p>(1) the mental health service provider determines that the resident's needs cannot be met; and</p> <p>(2) the residential care facility does not have a means to access needed services to carry out the comprehensive care plan.</p> <p>(f) Each resident with a major mental illness must have a comprehensive care plan that is developed within thirty (30) days after admission to the residential care facility.</p> <p>(g) The residential care facility, in cooperation with the mental health service providers, shall develop the comprehensive care plan for the resident that includes the following:</p> <p>(1) Psychosocial rehabilitation services that are to be provided within the community.</p> <p>(2) A comprehensive range of activities to meet multiple levels of need, including the following:</p> <p>(A) Recreational and socialization activities.</p> <p>(B) Social skills.</p> <p>(C) Training, occupational, and work programs.</p> <p>(D) Opportunities for progression into less restrictive and more independent living arrangements.</p> <p>(h) The residential care facility shall provide or arrange for services to carry out the resident's comprehensive care plan.</p> <p>(i) The residential care facility shall seek appropriate alternate placement in accordance with 410 IAC 16.2-2-3 if the resident's needs or comprehensive care plan, or both, cannot be met by the residential care facility.</p> <p>This state rule was not met as evidenced by the following:</p> <p>Based on record review and interview for 1 additional client (#9), the facility failed to ensure client #9 had a comprehensive care plan within 30 days of his admission to the facility from a state</p>			

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	<p>hospital.</p> <p>Findings include:</p> <p>Client #9's record was reviewed on 6/20/23 at 4:23 PM. Client #9's BSP (Behavior Support Plan) dated 6/6/23 indicated the following:</p> <p>-"[Client #9, age, race and gender] who is transitioning from [state hospital] to ResCare in Greencastle."</p> <p>-"[Client #9] has a history of sexually inappropriate behaviors and he has been charged with rape on more than one occasion in the past. Sexual aggression has taken place with both male and female clients at previous placements and [client #9] is capable of careful and thorough planning in order to sexually assault another person. He engages in 'grooming' behaviors where he will try to win over the trust of others. These grooming behaviors serve the specific purpose of setting up circumstances so that [client #9] can sexually act out or victimize others. He may be overly nice to others, flirt with them, or give them items in an effort to have the peer feel that they 'owe' [client #9] sexual favors. Other specific grooming examples can be found in the target behavior definition for grooming. [Client #9] has historically engaged in sexual activity with peers in his bedroom without the knowledge of staff. It is imperative that [client #9] never be left unsupervised with any client or while in the community as there is a risk for others to be victimized. [Client #9] must have 1:1 staff supervision due to his opportunist nature and due to the risk of re-offence. [Client #9] has admitted to previous providers that the only reason that he has not sexually acted out with other clients is because he is deterred by his 1:1 staff and by the</p>			

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	<p>cameras that were in place. [Client #9] is a high functioning individual but he will pretend to be incapable or lower functioning, specifically he will pretend that he doesn't understand rules (i.e.: may state that he was unaware that he could not go into peer's bedrooms alone, or that he didn't realize that he was grooming others, etc.) Target behaviors for [client #9] include physical aggression, property destruction, sexually inappropriate behaviors, theft, bolting, grooming, and non-compliance."</p> <p>-"DIAGNOSIS & MEDICATION: 450B: Mild Intellectual Disability, OCD (Obsessive Compulsive Disorder)..., Impulse Control Disorder, (and) Intermittent Explosive Disorder."</p> <p>Client #9's ISP (Individual Support Plan) dated 3/16/23 indicated the following:</p> <p>-"Date of admission: 2/2/23."</p> <p>Client #9's record did not include documentation of a comprehensive care plan or recommendations from a mental health center regarding client #9's psychosocial and treatment needs.</p> <p>ED (Executive Director) was interviewed on 6/14/23 at 1:25 PM. ED indicated client #9 had transferred to the facility from a state hospital. ED indicated client #9 did not have a comprehensive care plan or psychosocial evaluation for recommendations.</p> <p>PM (Program Manager) was interviewed on 6/13/23 at 3:40 PM. PM indicated a local community mental health agency had an office in the town the agency was located. PM indicated client #9 did not attend services at the community mental health agency. PM indicated client #9 had</p>			

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	<p>transferred to the facility in February 2023, had major mental illness and did not have psychosocial assessment or comprehensive care plan.</p> <p>NM (Nurse Manager) was interviewed on 6/14/23 at 1:10 PM. NM indicated client #9 transferred to the agency from a state hospital. NM indicated client #9 had seen his psychiatrist since his admission but had not received a psychosocial assessment or comprehensive care plan regarding his major mental illnesses.</p> <p>2. The following Community Residential Care Facilities for Persons with Developmental Disabilities rules were not met.</p> <p>410 IAC 16.2-5-13 Dining assistants Authority: IC 16-28-1-7; IC 16-28-1-12 Affected: IC 16-28-5-1; IC 16-28-13-3; IC 25-23-1-1 Sec. 13. (a) Each dining assistant shall successfully complete a sixteen (16) hour training program for dining assistants that has been approved by the department. (b) A dining assistant training program must obtain approval from the department prior to providing instruction to individuals. (c) The facility shall do the following: (1) Ensure that resident selection for dining assistance is based on the charge nurse's assessment and the resident's most recent assessment and plan of care. (2) Not allow the dining assistant to assist more than two (2) residents at any one (1) time. (3) Ensure the dining assistant is oriented to the following: (A) The resident's diet, likes, and dislikes. (B) Feeding techniques appropriate to the individual resident. (4) Document the use of a dining assistant on the</p>			

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	<p>resident's care plan and review at each care plan conference.</p> <p>(5) Check the nurse aide registry prior to training an individual as a dining assistant.</p> <p>(6) Use only individuals as dining assistants who have successfully completed a department-approved training program for dining assistants.</p> <p>(d) The scope of practice for dining assistants is as follows:</p> <p>(1) A dining assistant shall work under the supervision of a licensed nurse who is on the unit or floor where the dining assistance is furnished and is immediately available to provide assistance as needed.</p> <p>(2) In an emergency, a dining assistant shall call the supervising nurse using the resident call system or any other method available.</p> <p>(3) A dining assistant shall assist only residents who do not have complicated eating problems, which include, but are not limited to, the following:</p> <p>(A) Difficulty swallowing.</p> <p>(B) Recurrent lung aspirations.</p> <p>(C) Tube or parental/IV feedings.</p> <p>(e) The dining assistant training program shall consist of, but is not limited to, the following:</p> <p>(1) Eight (8) hours of classroom instruction prior to any direct contact with a resident that includes the following:</p> <p>(A) Feeding techniques.</p> <p>(B) Regular and special diets.</p> <p>(C) Reporting food and fluid intake.</p> <p>(D) Assistance with feeding and hydration.</p> <p>(E) Communication and interpersonal skills.</p> <p>(F) Infection control.</p> <p>(G) Safety/emergency procedures including the Heimlich maneuver.</p> <p>(H) Promoting residents' independence.</p> <p>(I) Abuse, neglect, and misappropriation of</p>			

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	<p>property.</p> <p>(J) Nutrition and hydration.</p> <p>(K) Recognizing changes in residents that are inconsistent with their normal behavior and the importance of reporting these changes to the supervising nurse.</p> <p>(L) Mental health and social service needs including how to respond to a resident's behavior.</p> <p>(M) Residents' rights including the following:</p> <p>(i) Privacy.</p> <p>(ii) Confidentiality.</p> <p>(iii) Promoting residents' right to make personal choices to accommodate their needs.</p> <p>(iv) Maintaining care and security of residents' personal possessions.</p> <p>(v) Dignity.</p> <p>(2) Eight (8) hours of clinical instruction that consists of, but is not limited to, the following:</p> <p>(A) Feeding techniques.</p> <p>(B) Assistance with eating and hydration.</p> <p>(f) The dining assistant training program and training facility, if applicable, must ensure that clinical instruction provides for the direct supervision of the dining assistant by a licensed nurse.</p> <p>(g) Each training program shall have a qualified instructor responsible for program oversight who at a minimum:</p> <p>(1) possesses a valid Indiana registered nurse license under IC 25-23-1-1;</p> <p>(2) possesses two (2) years of licensed nursing experience, of which at least one (1) year of experience is in the provision of long term care services; and</p> <p>(3) completed a department-approved training program.</p> <p>(h) An approved program director of a department nurse aide training program constitutes a qualified instructor under subsection (g) and may conduct dining assistant</p>			

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	<p>training without additional training.</p> <p>(i) Dining assistant training may only be provided by:</p> <p>(1) a registered nurse;</p> <p>(2) a licensed practical nurse;</p> <p>(3) a qualified dietician;</p> <p>(4) an occupational therapist; or</p> <p>(5) a speech-language pathologist.</p> <p>Certified nurse aide and qualified medication aide personnel shall not participate in or provide any dining assistant training.</p> <p>(j) In order to issue a certificate or letter of completion to the dining assistant, the dining assistant training program shall ensure that the dining assistant demonstrates competency in all areas of instruction using a checklist approved by the department.</p> <p>(k) Each approved program shall maintain a student file that:</p> <p>(1) is retained for a minimum of three (3) years; and</p> <p>(2) contains:</p> <p>(A) individualized documentation of the:</p> <p>(i) classroom training that includes dates of attendance and areas of instruction; and</p> <p>(ii) clinical instruction that includes dates of attendance and areas of instruction including procedures and activities completed during the clinical experience; and</p> <p>(B) a copy of the certificate or letter confirming successful completion of the dining assistant training program, which shall be signed and dated by the instructor and bear the name and address of the training program.</p> <p>This state rule was not met as evidenced by the following:</p> <p>Based on record review and interview for 20 of 20 clients (#1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11,</p>			

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	<p>#12, #13, #14, #15, #16, #17, #18, #19 and #20), the facility failed to ensure certified dining assistants were utilized regarding clients #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19 and #20's meals.</p> <p>Findings include:</p> <p>RM (Residential Manager) #2 and QAM (Quality Assurance Manager) were interviewed on 6/13/23 at 9:08 AM. RM #2 indicated her daily duties included but were not limited to observing staff and clients during mealtimes and completing meal preparation. RM #2 indicated the Kitchen Supervisor (KS) went over meal preparation, sanitation and food handling on an annual basis. RM #2 indicated she was not a certified dining assistant and had not received dining assistant training. RM #2 indicated the agency did not have dining assistants. RM #2 indicated direct support staff complete meal preparation on a daily basis.</p> <p>DSP (Direct Support Professional) #11 and QAM were interviewed on 6/13/23 at 11:25 AM. DSP #11 indicated she had been trained at previous jobs regarding dietary assistant duties. DSP #11 indicated she had not been training in her current role as a dietary assistant. DSP #11 indicated her daily role included but was not limited to assisting with meal preparation. DSP #11 indicated she was not aware of any dietary assistants being utilized at the agency. DSP #11 indicated the agency had a KS. DSP #11 indicated the KS completed training during initial hire orientation on food preparation. DSP #11 indicated KS's training was not dining assistant certification. DSP #11 indicated meal preparation was about 2 hours of her shift.</p> <p>QIDP (Qualified Intellectual Disabilities</p>			

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	<p>Professional) #1 was interviewed on 6/14/23 at 2:28 PM. QIDP #1 indicated he had been assisting at the facility since March of 2023. QIDP #1 indicated he had participated in client specific training but no specific meal preparation training. QIDP #1 indicated he had assisted with meal preparation at the facility. QIDP #1 indicated direct support staff prepared the meals with clients assisting.</p> <p>ED (Executive Director) was interviewed on 6/14/23 at 1:25 PM. ED indicated the agency did not have dietary assistants or a dietary assistant program.</p> <p>QAM was interviewed on 6/12/23 at 4:53 PM. QAM indicated the facility had a KS. QAM was not aware of the KS's education level, professional credentials or certifications. QAM indicated the KS completed shopping, food preparation and assisted with aspects of staff training on meal preparation. QAM provided the KS job description. QAM indicated the agency did not utilize an approved dining assistant training program. QAM indicated the agency used a Serve Safe food preparation guide.</p> <p>The facility's Serve Safe food preparation training guide and in-services were provided by QAM on 6/12/23 at 5:36 PM. The Serve Safe food preparation training was completed with staff by the KS who was not a qualified instructor of a dining assistant program. The Serve Safe food preparation training did not document the hours of classroom or clinical instructions. The Serve Safe food preparation training was not an agency approved comprehensive dining assistant program.</p> <p>NM (Nurse Manager) was interviewed on 6/14/23</p>			

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	<p>at 1:10 PM. NM indicated the agency did not have a dining assistant program and did not use dining assistants.</p> <p>KS was interviewed on 6/14/23 at 1:20 PM. KS indicated the agency did not have a formal dining assistant program and did not utilize dining assistants.</p> <p>3. The following Community Residential Care Facilities for Persons with Developmental Disabilities rules were not met.</p> <p>410 IAC 16.2-5-5.1 Food and nutritional services Authority: IC 16-28-1-7; IC 16-28-1-12 Affected: IC 16-28-5-1 Sec. 5.1.</p> <p>(g) There shall be an organized food service department directed by a supervisor competent in food service management and knowledgeable in sanitation standards, food handling, food preparation, and meal service.</p> <p>(1) The supervisor must be one (1) of the following:</p> <p>(A) A dietitian.</p> <p>(B) A graduate or student enrolled in and within one (1) year from completing a division approved, minimum ninety (90) hour classroom instruction course that provides classroom instruction in food service supervision who has a minimum of one (1) year of experience in some aspect of institutional food service management.</p> <p>(C) A graduate of a dietetic technician program approved by the American Dietetic Association.</p> <p>(D) A graduate of an accredited college or university or within one (1) year of graduating from an accredited college or university with a degree in foods and nutrition or food administration with a minimum of one (1) year of experience in some aspect of food service</p>			

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	<p>management.</p> <p>(E) An individual with training and experience in food service supervision and management.</p> <p>(3) Food service staff shall be on duty to ensure proper food preparation, serving, and sanitation.</p> <p>This state rule was not met as evidenced by the following:</p> <p>Based on record review and interview for 20 of 20 clients (#1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19 and #20), the facility failed to ensure the food service department was directed by a qualified supervisor regarding the management of meal services for clients #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19 and #20.</p> <p>Findings include:</p> <p>RM (Residential Manager) #2 and QAM (Quality Assurance Manager) were interviewed on 6/13/23 at 9:08 AM. RM #2 indicated her daily duties included but were not limited to observing staff and clients during mealtimes and completing meal preparation. RM #2 indicated the Kitchen Supervisor (KS) went over meal preparation, sanitation and food handling on an annual basis. RM #2 indicated she was not a certified dining assistant and had not received dining assistant training. RM #2 indicated the agency did not have dining assistants. RM #2 indicated direct support staff complete meal preparation on a daily basis.</p> <p>DSP (Direct Support Professional) #11 and QAM were interviewed on 6/13/23 at 11:25 AM. DSP #11 indicated she had been trained at previous jobs regarding dietary assistant duties. DSP #11 indicated she had not been training in</p>			

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	<p>her current role as a dietary assistant. DSP #11 indicated her daily role included but was not limited to assisting with meal preparation. DSP #11 indicated she was not aware of any dietary assistants being utilized at the agency. DSP #11 indicated the agency had a KS. DSP #11 indicated the KS completed training during initial hire orientation on food preparation. DSP #11 indicated KS's training was not dining assistant certification. DSP #11 indicated meal preparation was about 2 hours of her shift.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 6/14/23 at 2:28 PM. QIDP #1 indicated he had been assisting at the facility since March of 2023. QIDP #1 indicated he had participated in client specific training but no specific meal preparation training. QIDP #1 indicated he had assisted with meal preparation at the facility. QIDP #1 indicated direct support staff prepared the meals with clients assisting.</p> <p>ED (Executive Director) was interviewed on 6/14/23 at 1:25 PM. ED indicated the agency did not have dietary assistants or a dietary assistant program.</p> <p>QAM was interviewed on 6/12/23 at 4:53 PM. QAM indicated the facility had a KS. QAM was not aware of the KS's education level, professional credentials or certifications. QAM indicated the KS completed shopping, food preparation and assisted with aspects of staff training on meal preparation. QAM provided the KS job description. QAM indicated the agency did not utilize an approved dining assistant training program.</p> <p>QAM provided a copy of KS job description on</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G811	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/21/2023
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NAME OF PROVIDER OR SUPPLIER RES-CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135
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	<p>6/12/23 at 5:17 PM. The undated Dietary Supervisor job description was reviewed upon receipt on 6/12/23 at 5:17 PM. The job description indicated the following:</p> <p>-"General Summary Supervises workers engaged in preparing and serving food. Responsible for overall day-to-day management of the food services department."</p> <p>-"Essential Job Responsibilities -Ensures adaptive equipment necessary for food consumption is available. -Works closely with dietary consultants. -Established quality standards for planning, preparing and food yield. -Creates and submits menus that assure nutritional adequacy and variety, including modified diets and special diets. -Recommends and/or orders food and other supplies used by the dietary department and ensures adequate quantities are on hand. -Obtains in-service training at least annually. -Provides training to all new staff. -Holds in-service training on specific dietary programs as needed but not less than annually. -Trains dietary staff in the implementation of dietary procedures and health and safety standards. -Assists in training staff and individuals about good nutrition and dietary goals. -Confers with the administrator in the development of policies, procedures and other written documentation as appropriate. -Develops written policies and procedures defining the use of acceptable dietary programs. Serves as the team for completing assessments in accordance with the service plan schedules. -Functions as a consultant to staff and families. -Serves on health, safety, infection control and</p>			

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	<p>other assigned committees.</p> <ul style="list-style-type: none"> -Attends administrative meetings and communicates with staff to enhance the flow of information. -Serves on other committees as required. -Ensures positions are filled in a timely manner. -Provides dietary schedule to the timekeeper. -Ensures staff coverage. -Develops departmental work schedules. -Completes evaluations and disciplinary actions in a timely manner. -Other duties as assigned." <p>"Qualifications/Education Qualifications: One years (sic) of supervisory experience preferred; One year experience working in a cafeteria/institutional kitchen preferred. Education: High school diploma or GED. Some college coursework or vocational school preferred."</p> <p>KS was interviewed on 6/14/23 at 1:20 PM. KS indicated she had 16 years of food management experience. KS indicated she did not have formal eructation, training or certifications in food preparation or food management. KS indicated a registered dietician was routinely at the agency for consultation and review of client needs. On 6/13/23 at 8:38 AM, the Quality Assurance Manager (QAM) indicated the Dietary Manager (DM) was not educated in dietary services and did not have the required credentials per the regulations. The QAM indicated the DM trained staff on the dietary requirements however there was no ServSafe training (ServSafe Manager Certification verifies that a manager or person-in-charge has sufficient food safety knowledge to protect the public from foodborne illness) for the DM or the staff.</p>			