Patrick O'Heran

PRINTED: 08/11/2023 FORM APPROVED OMB NO. 0938-039

07/29/2023

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STATEMEN	IT OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	r í	(X2) MULTIPLE CONSTRUCTION (X3) DATE SUR	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BUILDING 00 COMPLETED		
		15G811	B. WING		06/21/2023
		1	STREET	T ADDRESS, CITY, STATE, ZIP COD	
NAME OF P	ROVIDER OR SUPPLIE	R		S BLOOMINGTON STREET	
RES-CAF	RE INC			:NCASTLE, IN 46135	
INLO-OAI	VE IIVO		_   GINEE		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE	ID	PROVIDER'S PLAN OF CORRECTION	(X5)
PREFIX	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI	COMPLETION
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION	TAG	DEFICIENCY)	DATE
W 0000					
Bldg. 00					
		ne PCR (Post Certification	W 0000		
	Revisit) to the inve	stigation of complaint			
	#IN00402349 comp	pleted on 3/28/23.			
		in conjunction with the			
	•	recertification and state			
		d the investigation of			
	complaint #IN0040	5103.			
	Complaint #IN0040	02349: Not corrected.			
	_	12/23, 6/13/23, 6/14/23, 6/15/23,			
	6/16/23, 6/19/23, 6/	/20/23 and 6/21/23.			
	Facility Number: 0				
	Provider Number:				
	AIMS Number: 20	1267570			
		also reflect state findings in			
	accordance with 41				
		this report completed by #15068			
	on 7/13/23.				
W 0404	400 440( )(4)				
W 0104	483.410(a)(1)	DV			
Dida 00	GOVERNING BO				
Bldg. 00		dy must exercise general			
		d operating direction over			
	the facility.	on and interview for 5 of 5	337.0104	To comment the deficient innest	00/12/2022
			W 0104	To correct the deficient practi staff have been re-trained to	ce all 08/12/2023
	_	#2, #3, #4, and #5), plus 15			4
	· ·	#6, #7, #8, #9, #10, #11, #12, #17, #18, #10, and #20), #1 a		ensure the facility is kept clea	in to
		#17, #18, #19, and #20), the		an acceptable standard, and	
		led to exercise general policy,		reporting maintenance issues	
		ng direction over the facility to		immediately. The maintenance	
		common bathroom had a		supervisor has been trained t	
	_	nts #10 and #15's shared		ensure all reported issues are	
	pathroom had a wo	rking sink, and common		completed as soon as possib	ie.
			1	1	ı
LABORATOR	Y DIRECTOR'S OR PRO	VIDER/SUPPLIER REPRESENTATIVE'S SI	GNATURE	TITLE	(X6) DATE

Any defiency statement ending with an asterisk (\*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclo days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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QAM

CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-039							
STATEMENT OF DEFICIENCIES XI) PROVIDER/SUPPLIER/CI AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G811			(X2) MUL' A. BUIL B. WINC	DING	NSTRUCTION 00	(X3) DATE COMPL 06/21	ETED
NAME OF I	PROVIDER OR SUPPLIER	2		1306 S	ADDRESS, CITY, STATE, ZIP COD BLOOMINGTON STREET CASTLE, IN 46135		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	PR	ID EFIX ΓAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	ATE	(X5) COMPLETION DATE
	clients #1, #2, #3, # #12, #13, #14, #15, were clean.  Findings include:  Observations were 6/12/23 from 1:40 pto 6:00 pm and on 6 and from 11:30 am #4, #5, #6, #7, #8, # #16, #17, #18, #19, facility throughout through the facility Coordinator (QAC) 1. In clients #3 and was no toilet paper  2. In clients #2 and was a puddle of lique There was a strong into the bathroom a smells like urine."  3. In clients #4 and was a puddle of lique The seat of the toile substance. The brofloor in a trail leading 6/12/23 at 2:00 pm, went into the bathroom It's a behavior for [4] 4. In the community	#17's shared bathroom, there			The broken drainpipe and dra has been repaired. The facilit been deep cleaned, and will maintained by a daily cleanin for staff and Rm's. Additional oversight will be completed b QAC, PM, QIDP, or RM completing walk throughs five times a day and documenting the facility cleaning list. Any discrepancies found during the walk through will be addresse immediately. Ongoing monitor will be achieved by the QAC completing twice daily walk throughs of the facility to ens the standard of cleanliness is achieved.	y has pe g list y the e g on ne ed pring	

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In one of the showers, there was a white cream on

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NAME OF P	ROVIDER OR SUPPLIEF	· · · · · · · · · · · · · · · · · · ·	1306 S	ADDRESS, CITY, STATE, ZIP COD B BLOOMINGTON STREET NCASTLE, IN 46135	
(X4) ID PREFIX TAG	(EACH DEFICIEN REGULATORY OF	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL & LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	
	of the tiles in the sh	f the shower. The grout lines owers were black where the . There were missing tiles on			
	bedrooms, the garba paper towels were o	poetween clients #1 and #19's age was overflowing, and on the floor. The toilet had abstance built up on the seat et.			
	6. In clients #7, #12 there was a strong of	, and #16's shared bathroom, odor.			
	#12 and #16's bedro	y shower room between clients oom and client #7's bedroom, d, a deodorant lid, and 4 wet floor. There was one wet athtub.			
		d #14's shared bathroom, there ne on the floor by the toilet			
		#18's shared bathroom, the bowl was splattered with feces. othpaste on the sink.			
	was no drain pipe in had been pulled awa of the toilet bowl w was a white cream s was no toilet paper	and #15's shared bathroom, there in the sink, and the sink cabinet ay from the door. The inside as splattered with feces. There is smeared on the floor. There in the bathroom. Paper towels the garbage can and were on the			
		rviewed on 6/12/23 at 2:20 pm we to ask for toilet paper when			

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) M	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU				ETED
		15G811	B. WING 06/21/2023			/2023	
				STREET A	ADDRESS, CITY, STATE, ZIP COD		
NAME OF I	PROVIDER OR SUPPLIE	₹			BLOOMINGTON STREET		
RES-CA	RE INC				ICASTLE, IN 46135		
INLO-OA	TAL IIVO			OILLIN			
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
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TAG		R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
		ion was conducted in clients					
		ed bathroom on 6/14/23 at 3:15					
		not been fixed, and the					
	bathroom had not b	een cleaned.					
		bathroom between clients #10					
		had the drain pipe under the					
	sink removed.						
	Direct Summer Duct	fessional (DSP) #13 was					
		4/23 at 12:43 pm and stated,					
		eleaning the day room. We try					
		g as clean as possible." DSP					
		writes up a list of what rooms					
		y to get the guys to clean up					
		#13 stated, "There is no					
	cleaning schedule t						
	cleaning senedule t	nat I iii aware or.					
	RM #3 was intervie	ewed on 6/14/23 at 11:50 am and					
		ning, we come in, and the					
		ursing Assistants) will make the					
		rooms. Sometimes staff need					
		throoms. They forget about					
		ed, "The staff are responsible					
		throoms to make sure they're					
	clean."	j					
	Program Manager (	(PM) was interviewed on					
	6/14/23 at 1:55 pm	and stated, "The staff do have a					
	checklist that they s	should be cleaning and					
	prompting the clien	its to clean. They should be					
		ift changes to make sure					
		from the shift before."					
		Manager (QAM) was					
		4/23 at 4:10 pm and stated,					
		with the clients to keep their					
		f notice a dirty bathroom it					
	should be addressed	d immediately."12.					
	Observations were	conducted at the facility on					

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STATEMENT OF DEFICIENCIES XI) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G811		(X2) MULTIPLE CO A. BUILDING B. WING	ONSTRUCTION  00	(X3) DATE SURVEY COMPLETED 06/21/2023	
NAME OF P	PROVIDER OR SUPPLIER		1306 S	ADDRESS, CITY, STATE, ZIP COD BLOOMINGTON STREET ICASTLE, IN 46135	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE
	6/12/23 from 1:37 FPM to 6:09 PM, 6/1 6/13/23 from 11:38 from 4:03 PM to 4:00 observations, client bowl was covered in and on the toilet sear client #10's and clie covered in feces in a toilet seat.  On 6/12/23 at 2:28 if toilet was dirty and	PM to 3:25 PM, 6/12/23 from 4:54 3/23 from 8:51 AM to 9:54 AM, AM to 12:35 PM, and 6/13/23 33 PM. During the #3's and client #17's toilet in feces in and around the rim it. During the observations, int #15's toilet bowl was and around the rim and on the  PM, client #17 indicated his he did not want to use it in the			
	toilet. Client #17 st Client #17 indicated he shares a restroon This deficiency was	cited on 3/28/23. The facility a systemic plan of correction			
		ates to complaint #IN00402349.			
W 0149 Bldg. 00	written policies an mistreatment, neg Based on observation interview for 5 of 5 and #5) and 15 addi #10, #11, #12, #13, #20), the facility fair policy and proceduration to client aggregation.	evelop and implement d procedures that prohibit lect or abuse of the client. on, record review and sampled clients (#1, #2, #3, #4 tional clients (#6, #7, #8, #9, #14, #15, #16, #17, #18, #19 and led to implement its written res to prevent a pattern of ession where client #14 was a develop and implement	W 0149	To correct the deficient practic site staff have been trained in ResCare ANEM policy/proced and all client BSP's. All supervisory staff and investigate have been trained on ensuring IDT meets the needs of the client to prevent patterns of client to	lure ators g the ients

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

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	ENT OF DEFICIENCIES  N OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G811	r í	UILDING	onstruction 00	(X3) DATE COMPL <b>06/21</b> /	ETED
	FPROVIDER OR SUPPLIEI	R		1306 S	ADDRESS, CITY, STATE, ZIP COD BLOOMINGTON STREET ICASTLE, IN 46135		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION DATE
	effective corrective incidents; to prever regarding clients # complete the recon regarding the incidents and #16; to prevent abuse towards client incidents of client the clients #2, #4, #5, # allegation of staff's of Developmental I within 24 hours and investigations regard client aggression at of client #8.  Findings include:  1. An observation on 6/13/23 from 4: Intellectual Disabil was supervising client yard. QIDP #1 was Client #19 was sitting QIDP #1 and client the yard interacting On 6/12/23 at 2:30 a review of the faci reports was conducted following:  1a) A 5/20/23 BDE 05/19/2023 at 3:10 reason and without engaged in physica (client #10). He hit walking through the	e measures to prevent further at an incident of neglect 13, #14, #15 and #17 and to amended corrective action ent; to prevent two incidents of the items regarding clients #8 at substantiated staff physical at #4; to prevent additional to client aggression regarding #13, #17, #20; to report an alleping on duty to the Bureau Disabilities Services (BDDS) at to conduct thorough arding incidents of client to and an allegation of staff abuse was conducted at the facility 03 PM to 4:33 PM. Qualified ities Professional (QIDP) #1 ents #10, #14 and #19 in the staff and #14 walked around			client, completing investigation recommendations, reporting allegations to BDDS within 24 hours, and investigating all episodes of client to client. Cli #14 IDT will meet to discuss current patterns and further sa measures. The QA departme will track all incoming incident reports to ensure BDDS repor are completed within 24hrs. TQAM will assign all investigati and track on the IR spread sh for timely completion. Addition monitoring will be achieved by administrative staff completing times a week facility observati for one month. To ensure no others were affected the QAM review the last six months of incidents and investigations to ensure BDDS reports were completed timely and investigations were completed to Ongoing monitoring will be achieved by the QAC, PM, an QIDP completing routine observations of the facility as as monthly site reviews to be completed by ResCare administration.	ent  Ifety Its Ine Ine Ifety Its Ine Ifety Its Its Ifety Its	

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY	(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING <u>00</u> COMPLETED		
15G811 B. WING 06/21/2023		
STREET ADDRESS, CITY, STATE, ZIP COD		
NAME OF PROVIDER OR SUPPLIER  1306 S BLOOMINGTON STREET		
RES-CARE INC GREENCASTLE, IN 46135		
PROVIDER'S PLAN OF CORRECTION	(X5)	
CROSS-REFERENCED TO THE APPROPRIATE	LETION	
	ATE	
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".		
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 programing to		
keep peers safe".		
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		

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	IT OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G811	(X2) MULTIPLE C A. BUILDING B. WING	onstruction <u>00</u>	(X3) DATE SURVEY COMPLETED 06/21/2023
NAME OF P	ROVIDER OR SUPPLIEF		1306 S	ADDRESS, CITY, STATE, ZIP COD B BLOOMINGTON STREET NCASTLE, IN 46135	
(X4) ID PREFIX TAG	(EACH DEFICIEN REGULATORY OF will continue to foll	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION ow [client #14's] guardian and	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	OBE COMPLETION
	physical aggression and coping skills. S [client #14] on usin becomes upset".	P and ISP regarding verbal and threats (sic) PRN protocol taff will continue to educate g his coping skills when he			
	recommendations: '[client #9] for any fi continue to educate coping skills when respecting his peers to follow current B	cluded the following 'Staff will continue to monitor further injuries. Staff will [client #14] on using his the becomes upset and personal space. Will continue SP's (sic) and offer alternative Il follow up with [Psychiatrist]			
	on 5/30/23 on camp PRN of Haldol 5mg recommendation. S as an assigned staff demonstrating precomber responsible for responsibl	ous to discuss the ineffective			
	1c) A 5/22/23 BDI 21, 2023 at 12:46 p were standing in the began to instigate [a and pretending the at [client #14]. [Client #14]. [Client #14] in the left side attempted to chase	g to keep peers safe".  OS report indicated, "On May m [client #14] and [client #19] e front yard when [client #19] client #14] by taking his ball (sic) he was going to throw it ent #14] became agitated and lient #19]. [Client #19] his right fist to punch [client of his face. [Client #14] then [client #19] due to being			
	[client #19] back in Staff educated both peers personal spac education and return	ounching him. Staff redirected side the residential building. clients on respecting their e. [Client #14] agreed with this ned to normal programming.			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA  AND PLAN OF CORRECTION IDENTIFICATION NUMBER  15G811		(X2) MULTIPLE CC A. BUILDING B. WING	onstruction  00	(X3) DATE SURVEY  COMPLETED  06/21/2023
NAME OF I	PROVIDER OR SUPPLIER	1306 S	ADDRESS, CITY, STATE, ZIP COD BLOOMINGTON STREET ICASTLE, IN 46135	
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	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 [client #19] and [client #14] to talk with staff and use coping skills when he is upset".  There was no documentation indicating the facility conducted an investigation regarding the client to client aggression.  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)".  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.			

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G811		(X2) MULTIPLE A. BUILDING B. WING	CONSTRUCTION  00	(X3) DATE SURVEY COMPLETED 06/21/2023	
NAME OF F	PROVIDER OR SUPPLIER		1306	T ADDRESS, CITY, STATE, ZIP COD S BLOOMINGTON STREET ENCASTLE, IN 46135	
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	[client #14's] guardiand ISP regarding work (sic) threats, YSIS (Safe/behavioral interprotocol and coping they feel safe and magrievance. Staff will #14] on personal span when he is upset".  There was no docur facility conducted a client to client aggression towards and ind have been complete not done. It was asshed in the did not complete the protocomplete at 1e) A 5/24/23 BDD 2023 at 7:21 am [client #10] by engatowards him by insthim. Staff educated words but [client #10] in physical aggression in the part of the educated [client #10] did not retaliate and redirected [client #10] aggression towards	ervention) intervention, PRN skills. Both clients report either wished to file a l continue to educate [client ace and using his coping skills mentation indicating the n investigation regarding the			

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	T OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G811	 JILDING	instruction 00	(X3) DATE : COMPL 06/21/	ETED
NAME OF I	PROVIDER OR SUPPLIER		1306 S	NDDRESS, CITY, STATE, ZIP COD BLOOMINGTON STREET CASTLE, IN 46135		
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	person] is not a real walking around the issues. Nurse assess injuries. Plan to Refollow [client #14's] BSP and ISP regard aggression, threats, protocol and coping they feel safe and nugrievance. Staff will #14] on personal sp when he becomes uteam) will meet to coccurrences involvion. There was no docur facility conducted a client to client aggrey on 6/14/23 at 10:00 interviewed and ind have been complete not done. It was assent he did not complete and independent of the dayroom. For without precursors, aggressioin (sic) to threatening to hit hit to [client #11] and a him. Staff prompted [Client #14] ignored engaged in physical #11] by using his le right arm and begar into [client #11's] riretaliate. Staff was a sta	person)'. He then returned to dayroom without further sed both clients and noted no solve: Staff will continue to guardian and HRC approved ling verbal and physical YSIS intervention, PRN skills. Both clients report either wished to file a l continue to educate [client ace and using his coping skills pset. IDT (interdisciplinary liscuss recent peer to peer ng [client #14]".	AAG			

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	MENT OF DEFICIENCIES AN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G811	f /	ILDING	nstruction <u>00</u>	(X3) DATE ( COMPL 06/21/	ETED
	OF PROVIDER OR SUPPLIED	₹		1306 S	DDRESS, CITY, STATE, ZIP COD BLOOMINGTON STREET CASTLE, IN 46135		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION DATE
	another area of the respecting his peers hurting them. He the Nurse assessed both on [client #14]. Nu [client #11's] right the day was scratch bleeding. Nurse cleed There were no other Both clients returned without further issue continue to follow approved BSP and physical aggression PRN protocol and or report they feel safefile a grievance. Sta [client #14] on persoping skills when recent peer to peer #14] and have put I psychiatrist on May a staff to keep an ende-escalate when her as a staff to educate coping skills when continue to educate coping skills when continue to follow alternative activities [Psychiatrist] to dis Haldol 5mg and a pwill be trained on swhen [client #14] if The assigned staff remaining between	dayroom and educated him on a personal space and not then walked to his bedroom. In clients and noted no injuries are noted that the scab on the arm from a blood draw earlier in the doff by [client #14] and the area and bandaged it. In injuries noted on [client #11]. The dot normal programming these. Plan to Resolve: Staff will [client #14's] guardian and HRC ISP regarding verbal and the programming the search of the wished to the area and using his the is upset. IDT met to discuss occurrences involving [client the programming the search of the programming the p					

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Event ID:

KJ6712

Facility ID: 013405

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

PRINTED: 08/11/2023 FORM APPROVED OMB NO. 0938-039

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G811		ì í	UILDING	instruction 00	(X3) DATE COMPL <b>06/21</b> /	ETED		
		PROVIDER OR SUPPLIEI	3		1306 S	NDDRESS, CITY, STATE, ZIP COD BLOOMINGTON STREET CASTLE, IN 46135		
PREF	ΊX	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION DATE
		2023 at 3:29 pm [cl following around h apparent reason he aggression towards threatening them. So walk with him to him programming per head began to walk with past his peer [client the dayroom, he entowards [client #11] then spit on [client retaliate. Staff educh his peers personal so with him towards head in physical spitting on [client #14] and the then engaged in physical spitting on [client #3] in retaliated by using [client #14] and the then engaged in physical walked with staff be the dayroom, [client aggression towards playing on his phore [client #1] in his left where they were abdown. He returned issues. Nurse assessinjuries. Plan to Rediction was supported by the dayroor request and walked where they were abdown. He returned issues. Nurse assessinjuries. Plan to Rediction was supported by the dayroor request and walked where they were abdown. He returned issues. Nurse assessinjuries. Plan to Rediction was supported by the supported	OS report indicated, "On May 25, lient #14] was in Pacer's hallway is QIDP (QIDP #1) when for no began to engage in verbal staff and his peers by taff prompted [client #14] to is bedroom for separate is plan. He was compliant and staff. As [client #14] walked #11], who was walking around gaged in physical aggression [] by using his left elbow to in his left elbow. [Client #14] #11's] face. [Client #11] did not sated [client #14] on respecting space and continued walking is bedroom in Colt's hallway. Dassed his peer [client #5], he had aggression towards him by 15] and then using his right leg in his left leg. [Client #5] both of his hands to shove in ran to his room. [Client #14] sysical aggression towards hands to hit them and grab staff  educated him on not all aggression, [client #14] ack to the dayroom. Once in the #14] engaged in physical his peer [client #1], who was nee, by using his left foot to kick fit shin. Staff redirected [client in. He was compliant with staff with them to his bedroom the dayroom without further sed all clients and noted no esolve: Staff will continue to [] guardian and HRC approved					

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STATEMENT OF DEFICIENCIES XI) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G811		(X2) MULTIPLE ( A. BUILDING B. WING	CONSTRUCTION  00	(X3) DATE SURVEY COMPLETED 06/21/2023					
NAME OF F	PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP COD 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135						
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPE DEFICIENCY)					
	aggression, threats, protocol and coping feel safe and none of grievance. Staff will #14] on personal sp when he is upset. If to peer occurrences have put him on a li May 30, 2023 as we an eye on [client #1 when he gets agitated A 6/2/23 CCAI inclined recommendations: [client #11], [client further injuries. State [client #14] on using becomes upset and space. Will continuous and offer alternative up with [Psychiatris PRN of Haldol 5mg recommendation 6/6 serving as an assign demonstrating precommendation for serving as an assign demonstration for se	uded the following 'Staff will continue to monitor #5] and [client #1] for any  ff will continue to educate g his coping skills when he respecting his peers personal e to follow current BSP's (sic) e activities. Team will follow tt] to discuss the ineffective							

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STATEMENT OF DEFICIENCIES		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		NSTRUCTION	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BUILI	DING	00	COMPL	
		15G811	B. WING			06/21/	2023
NAME OF P	DOMDED OF CURPUSE		S	TREET A	DDRESS, CITY, STATE, ZIP COD	-	
NAME OF P	PROVIDER OR SUPPLIER	<b>C</b>			BLOOMINGTON STREET		
RES-CAF	RE INC		C	GREEN	CASTLE, IN 46135		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE	1	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	·	CY MUST BE PRECEDED BY FULL		EFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG		LSC IDENTIFYING INFORMATION	T	AG	DEFICIENCY)		DATE
		is right hand to pinch [client					
		ent #11] did not retaliate. Staff					
	_	[4] to his bedroom where they te program him per his plan					
	_	using his coping skills (sic).					
		ssessed by nursing and no					
		Both clients returned to					
		ng without further issues. Plan					
		ill continue to follow [client					
		HRC approved BSP and ISP					
		aggression and coping skills.					
	Both clients report t	they feel safe and neither					
	wished to file a grie	evance. Staff will continue to					
	educate [client #14]	on personal space and using					
	his coping skills wh	nen he becomes upset".					
	A 6/6/23 CCAI incl	uded the following					
		'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					
		personal space. Will continue					
		SP's (sic) and offer alternative					
		ll follow up with [Psychiatrist]					
		ective PRN of Haldol 5mg and					
	-	endation 6/6/23. Staff will be					
	_	s an assigned staff when					
	-	onstrating precursors as of					
	_	ed staff will be responsible for					
	-	[client #14] and peers when					
	keep peers safe".	raging separate programing to					
	keep peers sare.						
	   1i) A 6/6/23 RDDS	report indicated, "On June 5,					
		ient #19] and [client #14] were					
	_	dayroom. [Client #14] walked					
	-	nd go (sic) into his personal					
		retaliated by using his right					
		[14] in his mouth. [Client #14]					
	_	aff was able to intervene and					

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	IT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G811	l í	JILDING	nstruction <u>00</u>	(X3) DATE ( COMPL 06/21/	ETED
NAME OF F	PROVIDER OR SUPPLIER			1306 S	DDRESS, CITY, STATE, ZIP COD BLOOMINGTON STREET CASTLE, IN 46135		
(X4) ID PREFIX TAG	(EACH DEFICIEN REGULATORY OF separated both clier	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL A LSC IDENTIFYING INFORMATION atts from each other. Staff  9] to leave his peers alone and		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION DATE
	educated him on no aggression towards agitates him, and to seemed to agree with away. Both clients and noted no injuries. Be programming without Resolve: Staff will HRC approved BSI physical aggression PRN protocol and coreport they feel safe grievance. Staff will #19] to talk with state is upset. IDT me #19] will see [Psyclestics]	them, walking away if a peer let a staff know. [Client #19] th this education and walked were assessed by nursing who toth clients returned to normal but further issues. Plan to continue to follow [client #19's] and ISP regarding verbal and threats, YSIS intervention, soping skills. Both clients and neither wished to file a l continue to educate [client aff and use coping skills when that and determined that [client chartest] on June 6, 2023 and (medication) change to					
	[client #14] for any continue to educate coping skills when continue to educate peers bopundaries (current BSP's (sic). implemented [clien when he is out of hi increase in his PRN was approved by hi On 6/14/23 at 12:05 reviewed.  Client #14's 6/1/23 be very aggressive signs when the increase in his PRN was approved by his continuous continuous at 12:05 reviewed.	uded the following  'Staff will continue to monitor further injuries. Staff will [client #19] on using his he becomes upset. Staff will [client #14] on respecting his sic). Will continue to follow The team met 6-8-23 and t #14] having an assigned staff is room combined with an [(Haldol, 10mg currently) that is [Psychiatrist] on 6-8-23".  5 PM, client #14's record was  BSP indicated, "[Client #14] can with peers and staff and some near to take place without					

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

PRINTED: 08/11/2023 FORM APPROVED OMB NO. 0938-039

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G811		A. BU	(X2) MULTIPLE CONSTRUCTION (X A. BUILDING 00 B. WING		COMPL	X3) DATE SURVEY COMPLETED 06/21/2023	
NAME OF I	PROVIDER OR SUPPLIER			1306 S	ADDRESS, CITY, STATE, ZIP COD BLOOMINGTON STREET ICASTLE, IN 46135		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	λΤΕ	(X5) COMPLETION DATE
	he may engage in the knowing why he is acts of physical agg an assigned staff where procursors [Client and friendly to three without clear envirous be observed to be yhaving 'arguments' present, punching at to himself in different beneficial for [client campus such as the etc. in order to take hall and [client #14 programming outsice continuous aggressis [client #14] include aggression, property non-compliance (reprogramming), self and neglect, sexuall boundary violations instigation"  "Physical Aggressicattempts at hitting pkicking or scratching weapons, pulling haproduce or have the to others. Spitting of frequency at previous he has been physically aggressive towalso grabbed the drivery aggressive to	no others when he is upset and his behavior without others upset. Due to his numerous pression toward peers, he has men he is demonstrating at #14] can switch from pleasant atening and aggressive commental triggers. He can often elling at no one in particular, with people who are not and fighting the air, or talking ent accents. It has shown to be at #14] to utilize other areas of gym, courtyard, front porch, a break from the residential cocasionally requires de of the residential hall due to soon. Target behaviors for verbal and physical y destruction, bolting, fusing to engage in injury, allegations of abuse by inappropriate behaviors, solumwelcome touch, and  on: Any occurrence or beople, spitting on them, ag at others, using objects as air, pinching, or behaviors that a potential to produce an injury on others occurred at a high us placements. Historically, ally aggressive to those who ged' him. He can also be we when he is not getting what are, the has a history of being ward his mother and he has aver during vehicle transports. Bed, he may attempt to engage					

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA  AND PLAN OF CORRECTION IDENTIFICATION NUMBER  15G811		 JILDING	instruction 00	(X3) DATE COMPL 06/21/	ETED	
NAME OF I	PROVIDER OR SUPPLIER		1306 S	NDDRESS, CITY, STATE, ZIP COD BLOOMINGTON STREET CASTLE, IN 46135		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI, DEFICIENCY)	ATE	(X5) COMPLETION DATE
	in several acts of ag Replacement Behav staff for help: Any t staff to help him ge desires or any time instead of engaging  "Restrictions: [Clie community outings driver. He will sit tl in the vehicle and w him during outings/ exhibiting agitation physical aggression will be put in place clients. The assigne prevent [client #14] at other clients. The between [client #14] hit. The assigned st: #14] to go to the lif where he would be safety"  "Precursors: Verbal could be identified the behavioral issues. W behavior staff will: implementing an as Remain calm i with emotion or irri verbal abuse. Do no power struggle. If h toward a peer, rema him how you can he down if he feels sup Remind him that we can reach his goals he continues to yell	gression toward peers viors: Asking/approaching time he asks appropriately for t the items or attention that he he uses his coping skills in the target behavior"  Int #14] will have 1:1 staff for all and the 1:1 staff cannot be the ne furthest away from the driver vill have staff seated next to transports. If [client #14] is n, precursors, or has engaged in to peers, an assigned staff for the protection of other d staff's responsibility is to from being able to hit/kick/spit assigned staff should stay and any peers that he may aff can also encourage [client te skills building for activity away from his peers for their  aggression and instigation as precursors to other When he engages in this See above restriction about signed staff for [client #14]. In tone and volume, do not react tation. Ignore threats and of get into a back-and-forth the is engaging in instigation tim between the two peers. Ask telp. He is more likely to calm poported and liked by his staff. the are here to help him so that he of being more independent. If the with as little reaction that that you want to help him but	AAU			

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

PRINTED: 08/11/2023 FORM APPROVED OMB NO. 0938-039

STATEMENT OF DEFICIENCIES		X1) PROVIDER/SUPPLIER/CLIA	(X2) M	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	JILDING	00	COMPL	ETED	
		15G811	B. W	NG	_	06/21	/2023	
			-	STREET A	ADDRESS, CITY, STATE, ZIP COD	<u> </u>		
NAME OF F	PROVIDER OR SUPPLIEF	₹			BLOOMINGTON STREET			
RES-CAI	RE INC				ICASTLE, IN 46135			
(X4) ID		STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX		ICY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION	
TAG		R LSC IDENTIFYING INFORMATION	+	TAG	DEFICIENCY)		DATE	
	1	o so if he is talking calmly.						
	_	to resolve the problem or come						
		n as to how the problem can be						
		n for his input and compliance						
		d (i.e.: 'I know you're upset but you for calming down so we						
		etc. If the verbal aggression						
		and neutral voice, suggest a						
		e that he can use to calm down						
		eep breaths together, then if						
	•	talk'. A staff will encourage						
	1 *	n (in the opposite direction of						
	_	k. If he does not begin to go to						
		continues being verbally						
		ll redirect peers away from the						
		tempt to find out what is						
		attempt to resolve the problem						
	as best you can with	h his input. If [client #14] is						
	creating an unsafe	environment due to his verbal						
	aggression or instig	ation 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 b	be physically redirected to a						
	1	U'RE SAFE I'M SAFE (YSIS)						
	always beginning v	vith the least restrictive						
	measures"							
		edures: If [client #14] is						
		g verbal aggression or						
	1	een helpful to offer to take him						
		lding where he can yell or be						
		upting his peers. See above						
		c [client #14] having an						
		showing precursors. [Client						
		pportunities throughout the						
	day to leave the residential hall and go to the							
		[client #14] choices whenever						
	_	est when he feels like he has						
		nis situation [Client #14]						
	enjoys listening to	music and a tablet has been						

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STATEMENT OF DEFICIENCIES XI) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER  15G811		A. BU	JILDING	instruction 00	(X3) DATE : COMPL 06/21/	ETED
OVIDER OR SUPPLIER E INC			1306 S	BLOOMINGTON STREET		
(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	ΓE	(X5) COMPLETION DATE
provided for him".						
along and staff show	ld make an effort to program					
procedures outlined plan. For Physical A Destruction/Self Inj ensure the health an immediate environm others to a different him to stop the behardirect him to a saf with him and praise the behavior continuaggression and atter continues and he is danger, implement	in 'precursor' section of this Aggression/Property urious Behaviors: Immediately d safety of everybody in the ment. Redirect him and/or area of the environment. Tell avior. If he stops the behavior, we location and problem solve him for doing this with us. If mes, block all attempts of mpt to redirect, if the behavior placing himself or others in YOU'RE SAFE I'M SAFE					
#2 and the QAM we indicated client #14 client to client aggremany updates. RM assigned staff when aggression. RM #2 staff is with him to a we can. He program in place recently". I had many issues with (client #19) feeds in should step in betwee aggression) and vertwas asked if and whe RM #2 stated, "Who	has engaged in a pattern of ession and his BSP has had #2 indicated client #14 had he engaged in physical stated, "We always make sure avoid as many peer to peers as ans separately a lot. It was put RM #2 stated client #14 has the client #19 because "he to it". RM #2 stated, "Staff een to prevent (physical bally redirect him". RM #2 nen client #14 had 1:1 staffing. Een he is becoming aggressive.					
	SUMMARY S (EACH DEFICIEN REGULATORY OR provided for him".  "[Client #14] and hi along and staff show them away from one "Reactive Procedure procedures outlined plan. For Physical A Destruction/Self Inj ensure the health an immediate environm others to a different him to stop the beha redirect him to a saf with him and praise the behavior continu aggression and atter continues and he is danger, implement (YSIS) beginning w measures"  On 6/13/23 at 9:08 A #2 and the QAM we indicated client #14 client to client aggre many updates. RM assigned staff when aggression. RM #2 staff is with him to a we can. He prograr in place recently". I had many issues wit (client #19) feeds in should step in betwe aggression) and ver was asked if and wh RM #2 stated, "Whe	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION provided for him".  "[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."  "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	TOURIER OF SUPPLIER  EINC  SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION provided for him".  "[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."  "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"  On 6/13/23 at 9:08 AM, Residential Manager (RM) #2 and the QAM were interviewed. RM #2 indicated client #14 had assigned staff when he 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.	OVIDER OR SUPPLIER  EINC  SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION  provided for him".  "[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."  "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"  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, "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, "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.	OVIDER OR SUPPLIER  E INC  SUMMARY STATEMENT OF DEFICIENCIE  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION provided for him".  "[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."  "Reactive Procedures: For Verbal Aggression: See procedures outlined in precursor' section of this plan. For Physical Aggression 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"  On 6/13/23 at 9:08 AM, Residential Manager (RM) #2 and the QAM were interviewed. RM #2 indicated client #14 had assigned staff when he engaged in a pattern of client to client aggression and his BSP has had many updates. 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, "Staff should step in between to prevent (physical aggression) and verbally redirect him?. RM #2 stated, "When he is becoming aggressive.	DOUDER OR SUPPLIER  EINC  SUMMARY STATEMENT OF DEFICIENCIE  (BACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION provided for him".  "[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."  "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"  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 client #14 has had many issues with client #12 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.

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Event ID:

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G811		A. BUILDING <u>00</u> COM			(X3) DATE COMPL <b>06/21</b> /	ETED	
NAME OF I	PROVIDER OR SUPPLIER			1306 S	ADDRESS, CITY, STATE, ZIP COD BLOOMINGTON STREET ICASTLE, IN 46135		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION DATE
	he gets assigned sta with him every sing Personally the continuous pulling things out of dangerous environment things. We might be instances. I was exhave him on 1 on 1 have someone with out of the building. He was on 1:1 then possibly towards the RM #2 indicated clique to his plan not I "When I see him so sure staff is right be prevent abuse and reguys. He (client #1 will be walking with out of nowhere. [Costomach earlier. I'm intervene until he destated, "Trying to go see him agitated. To many proactive meadown here (gym are some input. She is he responds better the discussed 1:1 (for company and trying to come #14]. It's not usually is getting hurt. The him and [Psychiatrical about the heavy hith indicated when plan written on a dry era indicating what plan responsible for revi	as aggression towards peers  ff. If I could have someone the second honestly I would. Inuous destroying his room, if his dresser, creating a ment in his room, urinating on the able to prevent some of the cited when we didn't have to the Each day passes he has to him. Multiple acts of bolting That is becoming an issue. The transitioned off of it. It was the end of summer last year". The transitioned off of it. It was the end of summer last year". The transitioned off of it. It was the end of summer last year. The transitioned off of it. It was the end of summer last year. The transitioned off of it. It was the end of summer last year. The transitioned off of it. It was the end of summer last year. The transitioned off of it. It was the end of summer last year. The transitioned off of it. It was the end of summer last year. The transitioned off of it. It was the end of summer last year. The transitioned off of it. It was the end of summer last year. The transitioned off of it. It was the end of summer last year. The transitioned off of it. It was the transitioned off of it. I					

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

KJ6712

Facility ID: 013405

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STATEMENT OF DEFICIENCIES XI) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G811		(X2) MULTIPLE A. BUILDING B. WING	e construction 6 <u>00</u>	COM	(X3) DATE SURVEY COMPLETED 06/21/2023				
NAME OF F	PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP COD 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135						
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION S.	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE API DEFICIENCY)	ULD BE	(X5) COMPLETION DATE			
	On 6/13/23 at 10:35 (BT) was interview an incident this mor trying to bolt from the library. The BT staff with client #14 BT indicated she had the door to prevent the room. The BT in wasn't a restriction at The BT indicated she targeting client #14 should not be in proindicated client #14 as written.  On 6/13/23 at 11:25 Professional (DSP) was asked if client #15 DSP #11 stated, "It could really be any one of the main one staff should respond DSP #11 stated, "In something else beform the c2cs (client to client to client incident to client incident to client incident to client incident aggression)".  On 6/14/23 at 8:52 The QAM indicated the c2ch incident aggression.	AM, the Behavior Technician ed. The BT indicated there was ming where client #14 was the group when they were in indicated she was the only to client #19 and client #1. The dot to close the door and sit by client #14 from bolting from andicated closing the door addressed in client #14's BSP. The wasn't aware of client #19 and she wasn't aware they are gramming together. The BT the BSP should be implemented to SAM, Direct Support #11 was interviewed. DSP #11 the should be implemented to the clients. [Client #19] is self. DSP #11 was asked how the to client #14's behaviors. It is shown to prevent the shown to prevent the shown to prevent the shown to prevent the shown to stay in shown to client #14 displays precursors mined by himself to prevent the shown to prevent (client to prevent (client to client aggression accility should prevent abuse)							

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G811		l í	JILDING	onstruction 00	(X3) DATE COMPL <b>06/21</b> /	ETED	
	OF PROVIDER OR SUPPLIED	₹		1306 S	ADDRESS, CITY, STATE, ZIP COD BLOOMINGTON STREET ICASTLE, IN 46135		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION DATE
	QIDP #1 indicated meetings, Psychiatr client #14 and the cat preventing incide aggression. QIDP concerning target be aggression. QIDP precursors were had imaginary people, saggressively. QIDE (client to client) is been effective. Quand #19 do not get asked about client #19 not be QIDP #1 stated, "I There have been careports I did get that here that was some haven't seen [client haven't seen [client more than the other plans should be imported by the plans in getting his reason and with engaged in physical by using both has shouting and custick out his next pick out his next process.	PM, QIDP #1 was interviewed. there have been many IDT rist visits and BSP changes for changes haven't been effective ents of client to client #1 indicated client #14's most ehavior was physical #1 indicated client #14's flucinations, speaking to staring off and talking P #1 stated, "I recognize his c2c off the chart. Plans have not IDP #1 indicated clients #14 along very well. QIDP #1 was #14's BSP addressing client #14 being in programming together. would have to double check. It impression. When I first got thing I was concerned about. I #19] targeting [client #14]. I #14] target [client #19] any reguys". QIDP #1 indicated plemented as written.  So report indicated, "On May 30, client #14] was on an outing at the of peers and staff. Staff was see ships when for no apparent out precursors, [client #14] ical aggression towards staff ands to hit them as well as sesing at them. Staff prompted see his coping skills and to the item when he engaged in the item when he engaged in item towards his peer [client #14].					

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

PRINTED: 08/11/2023 FORM APPROVED OMB NO. 0938-039

		IDENTIFICATION NUMBER  15G811	ì í	UILDING	00	COMPL 06/21	ETED
NAME OF I	PROVIDER OR SUPPLIEF	<b>\</b>			ADDRESS, CITY, STATE, ZIP COD		
RES-CA	RE INC				BLOOMINGTON STREET CASTLE, IN 46135		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION DATE
	#17] by using bo	th hands to grab [client					
	#17's] left hand and squeezed and twisted it.						
	Staff was able to intervene and separated						
	both clients. [Cli	ent #17] did not retaliate.					
	Staff and [client	#14] and his peers moved					
	on to get the nex	t item when [client #14]					
	attempted to take	e a baby from their (sic)					
	moms (sic) arms	when he passed them. Staff					
	redirected [clien	t #14] away immediately					
	and finished picl	king up their items. At the					
	check out, [clien	t #14] engaged in physical					
	aggression towar	rds his peer [client #13] by					
	using his left har	nd to hit [client #13's] left					
	arm. After staff	separated both clients,					
	[client #14] enga	aged in physical aggression					
	towards staff by	using both hands to attempt					
	to hit them. Whe	en staff and clients got to the					
	van, [client #14]	spit in [client #13's] face.					
	Staff educated [c	elient #14] on respecting his					
	peers personal sp	pace. [Client #14] and his					
	peers made it ba	ck to residential without any					
	issues while on t	he van ride back. All clients					
	were assessed by	nursing and no injuries					
	were noted. All	clients returned to normal					
	programming wi	thout further issues. Plan to					
	Resolve: Staff w	ill continue to follow [client					
	#14's] guardian a	and HRC approved BSP					
	and ISP regarding	g physical aggression and					
		l clients report they feel safe					
		to file a grievance. Staff					
		educate [client #14] on					
	personal space a	nd using his coping skills					

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Event ID:

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CENTERS FO	R MEDICARE & MEDIC					OMB NO. 0938-039	
	NT OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CO A. BUILDING		r í	(X3) DATE SURVEY  COMPLETED  06/21/2023	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER  15G811	A. BUILDING B. WING	00	- 1		
			CTDEET	ADDRESS, CITY, STATE, ZIP CO	•		
NAME OF	PROVIDER OR SUPPLIE	R		BLOOMINGTON STREE			
RES-CA	RE INC			NCASTLE, IN 46135			
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE	ID	PROVIDER'S PLAN OF CORRE	ECTION	(X5)	
PREFIX	`	NCY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE AP	ULD BE	COMPLETION	
TAG	+	R LSC IDENTIFYING INFORMATION	TAG	DEFICIENCY)		DATE	
		es upset. IDT will meet to					
		dent".A 6/5/23 CCAI					
		owing recommendations:					
		nue to monitor [client #17] &					
	-	any further injuries. Staff will					
	continue to educ	eate [client #14] on using his					
	coping skills wh	en he becomes upset and					
	respecting his pe	eers personal space. Will					
	continue to follo	w current BSP's (sic) and					
	offer alternative	activities. IDT met to					
	discuss recent be	ehavioral occurrences					
	involving [client	t #14] and determined that he					
	will see [Psychia	atrist] on June 6, 2023					
	regarding possib	ole med changes. [Residential					
	Manager/RM #3	to receive a corrective					
	action for failing	g to follow [client #14's] ISP					
	& BSP. [DSP #1	1] to receive corrective					
	action for falling	g to follow [client #14's] ISP					
	1	T met last week and the BC					
	(behavior clinici	an) had no changes to the					
		etraining staff on [client					
		ere was no documentation					
	_	orrective action and retraining					
		On 6/13/23 at 11:25 AM,					
	•	e QAM were interviewed.					
		red she was the only staff					
		ne outing. DSP #11					
	1	ient #14, client #13 and					
		ported client #15 to a home					
	1	nily and after they dropped					
		e rest of them went to the					
	store. DSP #11	stated, "He (client #14)	- 1			I	

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G811		(X2) MULTIPLE CO A. BUILDING B. WING	onstruction 00	(X3) DATE SURVEY  COMPLETED  06/21/2023
NAME OF F	PROVIDER OR SUPPLIER	1306 S	ADDRESS, CITY, STATE, ZIP COD BLOOMINGTON STREET ICASTLE, IN 46135	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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 APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE
	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 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			

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

PRINTED: 08/11/2023 FORM APPROVED OMB NO. 0938-039

	IT OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G811	l í	JILDING	nstruction 00	(X3) DATE COMPL 06/21/	ETED
NAME OF I	PROVIDER OR SUPPLIER	· :	-		ADDRESS, CITY, STATE, ZIP COD		
RES-CAI	RE INC				BLOOMINGTON STREET ICASTLE, IN 46135		
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIE  (EACH DEFICIENCY MUST BE PRECEDED BY FULL  REGULATORY OR LSC IDENTIFYING INFORMATION			ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG				PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	EACH CORRECTIVE ACTION SHOULD BE OSS-REFERENCED TO THE APPROPRIATE	
TAG		ervision levels. We just		IAG			DATE
	_	heet so everyone knows					
		ls". On 6/14/23 at 8:52 AM,					
	_	terviewed. The QAM					
	indicated client t	to client aggression was					
	abuse and the fac	cility 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						
	shaving cream. It is unknown how much						
	shaving cream was ingested. Nursing						
	evaluated [client	#16] and called poison					
	control who info	ormed them to give [client					
	#16] plenty of fl	uids and to monitor him.					
	[Client #16's] vit	tals have been within normal					
	range and he is n	not displaying any side					
	effects. Plan to F	Resolve: Staff and nursing					
	will continue to	monitor [client #16] and					
	report any issues	s to his treatment team. IDT					
	met to discuss th	is incident and has put					
	[client #16] on li	ine of sight supervision when					
	he is outside of h	nis bedroom to help prevent					
	future similar inc	cidents". A 6/6/23					
	Investigative Sur	mmary included the following					
	conclusion: "It is	s unsubstantiated that					
	ResCare staff fai	iled to provide proper					
	supervision to in	dividual [client #16]. It is					
	unsubstantiated t	that ResCare staff failed to					
	follow policy pro	oper policy and procedures".					
	A 6/6/23 Investig	gation Peer Review included					
	the following red	commendations: "Encourage					
	all clients to keep	p their hygiene supplies in a					

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G811		(X2) MULTIPLE CO A. BUILDING B. WING	ONSTRUCTION  00	(X3) DATE SURVEY COMPLETED 06/21/2023	
NAME OF 1	PROVIDER OR SUPPLIEF	₹		ADDRESS, CITY, STATE, ZIP COD BLOOMINGTON STREET	
RES-CA	RE INC			NCASTLE, IN 46135	
(X4) ID		STATEMENT OF DEFICIENCIE	ID	PROVIDER'S PLAN OF CORRECTION	(X5)
PREFIX TAG	`	ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	
TAG	<del> </del>	container. All cleaning	TAG		DATE
	_	locked up. Chemical			
	* *	onducted six times a day			
	•	". On 6/14/23 at 1:00 PM,			
		of client #16's record was			
		nt #16's 5/18/23 BSP			
		lowing: "[Client #16] is			
		PICA which means that he			
		to eat non-food items that			
	1	nal value (paint, dirt, etc)			
	Target Behavior	s and Goals: "Eating			
	_	Any time [client #16]			
	attempts or succe	eeds at eating a non-food			
	substance such a	is but not limited to soap,			
	lotion, toothpast	e, deodorant, or any other			
	item that is not in	ntended to be an edible food			
	item. He has con	nsumed cleaning agents in			
	the past Right	s Restrictions [Client			
	#16] will not hav	ve any cleaning agents,			
	shampoo, condit	ioner, or other cleaning			
	substances which	h can be consumed by			
	[client #16]. The	ese items will be stored for			
	him and will be	provided as needed"On			
	6/14/23 at 8:52 A	AM, the QAM was			
	interviewed. Th	e QAM indicated client #16			
	did not have acc	ess to his hygiene items at			
		ncident, 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. DS	SP #13 indicated client #16			
	was restricted from	om having access to his			

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

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA			(X2) MULTIPLE CONSTRUCTION (X3) DATE S				
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER				COMPL	
		15G811	B. W	ING		06/21/	2023
NAME OF I	PROVIDER OR SUPPLIER	}			ADDRESS, CITY, STATE, ZIP COD		
DEC CAL	DE INC				BLOOMINGTON STREET		
RES-CAI	CARE INC		ī	GREEN	ICASTLE, IN 46135		
(X4) ID		SUMMARY STATEMENT OF DEFICIENCIE		ID PROVIDER'S PLAN OF CORRECT			(X5)
PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		TE	COMPLETION DATE			
1110	1	ut he went into another		1110			5.112
	bedroom and took shaving cream. DSP						
		giene items were stored in a					
	<u> </u>	prevent further incidents and					
	chemicals are lo						
	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						
	(emergency room) at [County] Hospital. At						
	the ER [client #8] was given Geodon and						
	_	him calm down. He was					
		) and food, they monitored					
	` '	of hours before sending him					
	_	ised staff to keep monitoring					
	_	up all chemicals. They					
		fluids, as of 6/3/23 he is					
	doing well both	eating and drinking. The ED					
	(Executive Direc	ctor) was notified, [QAC]					
		o the facility to immediately					
	put safety measu	res in place. They did a					
	walk through to	make sure all chemicals					
	were locked. Tra	nined staff that staff and RM					
	will do walk thro	oughs four times a day, 8a,					
	2p, 8p, and 2a. 1	Plan to Resolve: IDT met					
	on 6/3/23 on safe	ety measures. There will be					
	a sign in/out she	et for all chemicals, this will					
	-	he RM. Added additional					
	facilty (sic) swee	eps at 11 a (am) and 4pm					
		do. QAC will also do twice					
	daily sweeps dur	ring the week. ED will					
	provide all client	ts with sealed boxes for					

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		XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G811	(X2) MULTIPLE CO A. BUILDING B. WING	ONSTRUCTION  00	(X3) DATE SURVEY  COMPLETED  06/21/2023	
NAME OF PE	ROVIDER OR SUPPLIER		1306 S	ADDRESS, CITY, STATE, ZIP COD BLOOMINGTON STREET ICASTLE, IN 46135		
(X4) ID PREFIX	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE  CY MUST BE PRECEDED BY FULL  LISC IDENTIFYING INFORMATION	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI		
PREFIX TAG	hygiene supplies will do increased for the next two of Investigative Sur conclusion: "It is [client #8] came of [brand name] substantiated that proper supervision It is substantiated that proper supervision It is substantiated ResCare Policy at Investigation Perfollowing recomfacility six times chemicals are to for all clients to and out of all chemicals are to for all clients to and out of all chemicals are to for all clients to and out of all chemicals are to for all clients to and out of all chemicals are to for all clients to be and out of all chemicals are to for all clients to be and out of all chemicals are to for all clients to be and out of all chemicals are to for all clients and out of all chemicals are to for all clients and out of all chemicals are to for all client #8's supervision level of supervision	for their rooms. The nurse monitoring on [client #8]	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE	ATE COMPLETION DATE	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G811	A. BUII	(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING		(X3) DATE SURVEY  COMPLETED  06/21/2023	
		100011				00/21/	12023
NAME OF P	PROVIDER OR SUPPLIEF	2			ADDRESS, CITY, STATE, ZIP COD BLOOMINGTON STREET		
RES-CAF	RE INC				CASTLE, IN 46135		
(X4) ID		STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	`	ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	P	REFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	ATE	COMPLETION DATE
TAG		nat is not intended to be an		IAU			DATE
		. [Client #8] may enter the					
		peers in an effort to look					
		he may look in the kitchen					
		Restrictions: [Client #8]					
	l -	gned staff across all shifts.					
		minute checks while he is in					
	his bedroom. Th	e assigned staff is					
	responsible for the following: Assisting [client						
	#8] with his hourly toileting and hygiene (see						
	below). Making	sure he is not entering peer					
	bedrooms/kitche	n. Assisting with possible					
	communication 1	barriers. Meal/snack					
	supervision. Pro	viding/offering walks around					
	campus (2x (time	es) on 1st and 2nd shift). At					
	the end of the as	signed time, staff will check					
	[client #8's] room	n for fall hazards and will					
	assist with clean	ing up any messes that were					
	made" Med	dical records dated 6/2/23					
	indicated client #	#8 was evaluated at the ER.					
	Client #8 was di	scharged from the ER with a					
	diagnosis of acci	dental ingestion of					
		6/14/23 at 8:52 AM, the					
	QAM was interv	riewed. The QAM stated,					
	"We had 2 incide	ents in 2 days. Sign in and					
		rrently being implemented,					
	_	day and hygiene items are					
		e boxes. He was not					
		hemicals prior to the					
		now". On 6/14/23 at 1:45					
	PM, DSP #13 wa	as interviewed. DSP #13					
	stated, "We were	e still supposed to keep					

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Event ID:

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY A. BUILDING 00 COMPLETED				
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BUILDING	COMPLETED		
		15G811	B. WING		06/21/2023	
NAME OF F	PROVIDER OR SUPPLIER			ADDRESS, CITY, STATE, ZIP COD		
				BLOOMINGTON STREET		
RES-CAF	KE INC		GREE	NCASTLE, IN 46135		
(X4) ID		STATEMENT OF DEFICIENCIE	ID	PROVIDER'S PLAN OF CORRECTION	(X5)	
PREFIX TAG	`	CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	COMPLETION DATE	
TAG		nicals) locked up. No	TAG		DATE	
	' ' ' '	around due to him constantly				
		o and putting them in his				
	' ' '	not restricted (from				
		to the incident. Currently				
	, ,	and out form for				
	_	nicals are stored in the				
	janitor closet".	5. A				
	~	eport indicated, "On May				
		•				
	16, 2023 at 4:05 pm [Client #20] and a group of his peers were on a community van					
	group of his peers were on a community van ride. [Client #20] was listening to music					
		arent reason and without				
	^	gan to poke his peer [client				
	_	tting in the seat in front of				
		of his head. Staff prompted				
	-	spect his peers personal				
		[0] did not agree with this				
		gaged in physical				
		rds [client #17] by using his				
		atch and smack the left side				
	] '	neck. [Client #17] did not				
	_	alled the company vehicle				
		s safe to do so that they				
		nts seating for their safety.				
	_	, when [client #20's] peer				
		t to exit the company vehicle				
		g, [client #20] engaged in				
		ion towards [client #13] by				
	using both hands	s to grab [client #13's] right				
	arm and dug his	nails in. [Client #13] pulled				
	his arm away but	t did not retaliate. After staff				

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Event ID:

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

PRINTED: 08/11/2023 FORM APPROVED OMB NO. 0938-039

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G811		A. BU	(x2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING			(X3) DATE SURVEY COMPLETED 06/21/2023	
NAME OF I	PROVIDER OR SUPPLIEF	₹		1306 S	ADDRESS, CITY, STATE, ZIP COD BLOOMINGTON STREET ICASTLE, IN 46135		
(X4) ID PREFIX	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL		ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	(X5) COMPLETION
TAG		LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
		back inside the vehicle with					
		nicle in motion, [client #20] ical aggression towards the					
		ting next to him by using					
		t and scratch staff as well as					
		o kick them. Staff attempted					
	1	lient #20] by talking with					
	1	sic for him, and handing him					
	a ball as coping skills. [Client #20] threw the						
	ball towards his peer but did not hit him and						
	continued to be physically aggressive						
	towards staff. When staff and clients were						
		e campus, staff walked with					
		is bedroom to assist him in					
	-	ef and pants as they were					
		was assisting [client #20] in					
	changing his clo	thing and briefs, he engaged					
	in physical aggre	ession towards them by using					
	both hands to hit	t them. He then picked up a					
	shoe and threw i	t at staff. At this time,					
	trained staff initi	iated a guardian and HRC					
	approved 3 perso	on supine hold. Staff					
	assisted [client #	[20] in using his coping skills					
	and he was able	to calm himself down. He					
	was released from	m the hold. The hold lasted					
	12 minutes. Nur	se assessed [client #20] and					
	1	s. Nurse assessed [client					
	_	a 2.5 cm (centimeter) red					
	1	t forearm with skin intact, no					
		bruising. Nurse assessed					
	-	noted a 5 cm scratch mark					
	on the left side of	of the back of his neck.					

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Event ID:

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G811	(X2) MULTIPLE C A. BUILDING B. WING	CONSTRUCTION  00	(X3) DATE SURVEY COMPLETED 06/21/2023
NAME OF I	PROVIDER OR SUPPLIEI	R	1306 \$	ADDRESS, CITY, STATE, ZIP COD B BLOOMINGTON STREET NCASTLE, IN 46135	
(X4) ID PREFIX	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE NCY MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPE	RIATE
TAG		R LSC IDENTIFYING INFORMATION	TAG	DEFICIENCY)	DATE
	I -	it and left it to air dry with			
		ction and no complaints of			
	pain. All consumers returned to normal				
	programming without further issues. Plan to				
	Resolve: Staff w	vill continue to follow [client			
		and HRC approved BSP			
	and ISP regardir	ng verbal and physical			
	aggression, threats, YSIS intervention, PRN				
	protocol and coping skills. Staff will continue				
	to assist [client #20] on using his coping				
	skills when he is	s upset. [Client #20] is			
	non-verbal and v	was unable to answer			
	consumer to con	sumer incident questions			
	even with staff of	offering communication			
	cards. [Client #1	3] and [client #17] stated			
	they felt safe and	d did not wish to file a			
	grievance. Staff	will continue to monitor			
	[client #13] and	[client #17] and report any			
	-	eatment team".A 5/24/23			
	CCAI included t	the following			
		ns: "Staff will continue to			
		#13] and [client #17] for any			
	_	Staff will continue to			
	ı	20] on using his coping			
	l -	ecomes upset and respecting			
		al space. Will continue to			
		SSP's (sic) and offer			
		ities. IDT will meet to discuss			
		eer incidents involving [client			
		3 at 8:52 AM, the QAM			
	_	The QAM indicated client			
		ion was abuse and the			

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

PRINTED: 08/11/2023 FORM APPROVED OMB NO. 0938-039

AND PLAN OF CORRECTION IDENTIFICATION NUMBER A.		A. BU	A. BUILDING 00 COMPLETED  B. WING 06/21/2023			ETED	
NAME OF I	PROVIDER OR SUPPLIER	-			DDRESS, CITY, STATE, ZIP COD		
RES-CAI	RE INC				BLOOMINGTON STREET CASTLE, IN 46135		
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIE			ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	· ·	CY MUST BE PRECEDED BY FULL  LSC IDENTIFYING INFORMATION		PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	COMPLETION DATE
TAG		revent abuse of the clients.		TAU			DATE
	1	DS report indicated, "On					
		om [client #2] was sitting at					
	_	snack when a peer (client					
	_	e room, the peer picked up					
	1	threw it at [client #2]. [Client					
		to the floor, he hit his head					
	_	ing 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						
		ran tests and evaluated					
		ests came back with good					
		nted the laceration with skin					
	_	t #2] home at 11:03 pm with					
	his discharge ins	tructions. Plan to Resolve:					
	Staff will continu	ue to monitor [client #2] and					
	report any chang	es to his treatment team.					
	Staff and nursing	g will follow all discharge					
	instructions prov	ided by the hospital". There					
	was no documen	tation indicating the client to					
	client aggression	was investigated. On					
	6/14/23 at 4:00 F	M, client #2's record was					
	reviewed. Medic	cal records dated 5/20/23					
	indicated client #	2 was evaluated at the ER					
	for a head lacera	tion. The record indicated					
	the head laceration	on was closed with skin glue					
	and client #2 was	s discharged. On 6/14/23					
	at 8:52 AM, the	QAM was interviewed.					
	The QAM indica	ited client to client					
	aggression was a	buse and the facility should					
	prevent abuse of	the clients. The QAM					

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

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	IT OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G811	r í	JILDING	nstruction <u>00</u>	(X3) DATE : COMPL 06/21/	ETED
NAME OF PROVIDER OR SUPPLIER RES-CARE INC				1306 S I	DDRESS, CITY, STATE, ZIP COD BLOOMINGTON STREET CASTLE, IN 46135		
(X4) ID PREFIX TAG	(EACH DEFICIEN REGULATORY OF	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION DATE
	indicated the incinvestigated. 7. indicated, "On M [client #4] and h arguing back and attempted to vertice consumers from non-compliant w [client #4] attempted to hit is guardian and HR While in the hold and assisted to u assessed [client #4] behavioral PRN behavior). [Client himself down and hold which lasted assessed by nursinjuries. [Client is further issues. A intervention) watthat staff [Formeter in the incincing in the incincing in the properties of the intervention) watthat staff [Formeter in the intervention] indicated in the intervention in the intervention watthat staff [Formeter issues. A intervention]	ident should have been A 5/2/23 BDDS report Iay 2, 2023, at 6:15 AM, is peer (client #1) began I forth in the dayroom. Staff coally redirect both arguing but both were rith the request. At this time, pted to lunge towards peer, le to physically redirect e making contact. At this became upset and staff; trained staff initiated a a.C approved supine hold. I [client #4] was prompted se his coping skills. Nursing #4] and administered him a (as needed medication for at #4] was able to calm d was released from the d 6 minutes. [Client #4] was ing staff who reported no #4] went to his room with no fter the supine (behavioral is finished, it was reported r Waiver Site			(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	
	incorrectly. [FW pending investig will continue to and HRC approv	S] performed the supine SS] has been suspended ation. Plan to Resolve: Staff follow [client #4's] guardian red BSP and ISP regarding cal aggression, threats,					

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Facility ID: 013405

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STATEMEN	NT OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) MU	JLTIPLE CO	NSTRUCTION	(X3) DATE	SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	ILDING	00	COMPL	
		15G811	B. WI	NG		06/21/	/2023
NAME OF F	PROVIDER OR SUPPLIER				ADDRESS, CITY, STATE, ZIP COD		
		•			BLOOMINGTON STREET		
RES-CAI	KE INC			GREEN	ICASTLE, IN 46135		
(X4) ID		STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE		(X5)
PREFIX TAG	•	CY MUST BE PRECEDED BY FULL  R LSC IDENTIFYING INFORMATION		PREFIX TAG	CROSS-REFERENCED TO THE APPROPRIA  DEFICIENCY)	TE	COMPLETION DATE
IAU		on, PRN protocol and		1710			DATE
		lient #4] was offered					
	1	onal support". A 5/4/23					
	Investigative Summary included the following						
	Conclusion: "1. It is substantiated that						
		vsically abusive towards					
		is substantiated that					
		o follow approved YSIS					
	techniques durin	**					
		23 Investigation Peer					
	Review indicated, "Recommendation:						
		S's] employment due to					
	_	ysical abuse". 8. A 5/11/23					
	1	licated, "On May 10, 2023					
	•	nt #17] was sitting at the					
	1 1	oom eating a snack when his					
	1	valked up to him and					
	accused [client #	[17] of grabbing his					
		on review of the cameras,					
	[client #17] was	not anywhere close to					
	[client #4] and di	id not grab his headphones).					
	[Client #4] then	engaged in physical					
	aggression towar	rds [client #17] by using his					
		p [client #17] on his head					
	multiple times. S	Staff was able to intervene					
	and separated bo	th clients by redirecting					
	[client #4] to his	room where staff could					
	assist him in usir	ng his coping skills to calm					
	down. [Client #4	] was compliant with staff					
	assistance and w	as able to calm himself					
	down. Both clien	nts were assessed by nursing					
	who noted no inj	uries. Both clients returned					

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	NT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G811	(X2) MULTIPLE CO A. BUILDING B. WING	00	(X3) DATE SURVEY COMPLETED 06/21/2023	
NAME OF I	PROVIDER OR SUPPLIE	R		ADDRESS, CITY, STATE, ZIP COD BLOOMINGTON STREET		
RES-CA	RE INC			NCASTLE, IN 46135		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROFICIENCY)	LD BE COMPLETION	
mo		amming without further	mo		DATE	_
		Resolve: Staff will continue				
		#4's] guardian and HRC				
	=	nd ISP regarding verbal				
		gression, threats, YSIS				
		N protocol and coping				
		nts report they feel safe and				
	neither wished to	o filed (sic) a grievance. Staff				
	will continue to	educate [client #4] on				
	personal space a	nd physical aggression. An				
	IDT meeting wi	ll convene to discuss relevant				
	peer to peer inci	dents". There was no				
	documentation i	ndicating the client to client				
	aggression was i	investigated. On 6/14/23 at				
	8:52 AM, the Q	AM was interviewed. The				
	QAM indicated	client to client aggression				
	was abuse and the	he facility should prevent				
	abuse of the clie	ents. The QAM indicated				
	the incident show	uld have been investigated.				
	9. A 5/26/23 In	vestigative Summary				
	indicated, "On N	May 24, 2023, [DSP #4]				
	notified [PM] th	at she had observed [DSP				
	#1] asleep while	in the dayroom on 3rd shift,				
	she stated she pr	compted him to wake up				
	and assist with c	eleaning. An investigation				
	was initiated.[D	SP #1] was suspended				
	pending investig	gation Conclusion: 1. It is				
	not substantiated	d that [DSP #1] was asleep				
	while on duty. 2	2. It is not substantiated that				
	[DSP #1] failed	to maintain proper				
	supervision to the	ne consumers. 3. It is				
	substantiated that	at [DSP #1] failed to				

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G811		(X2) MULTIPLE CO A. BUILDING B. WING	ONSTRUCTION  00	(X3) DATE SURVEY COMPLETED 06/21/2023	
NAME OF F	PROVIDER OR SUPPLIER		1306 S	ADDRESS, CITY, STATE, ZIP COD BLOOMINGTON STREET ICASTLE, IN 46135	
(X4) ID PREFIX	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	
TAG	complete job dut substantiated that ResCare Policy a affected clients ##8, #9, #10, #11, #17, #18, #19 and Investigation Perfollowing recommendations of conduct. Random monitoring during the transport of conduct. Random monitoring during the transport of conduct. Random monitoring during the was no domicident was reproported. The doone (BDDS restantial to the transport of think it was neglicated the client of the transport of the conduct	ies as assigned. 4. It is not t [DSP #1] failed to follow and Procedure". This #1, #2, #3, #4, #5, #6, #7, #12, #13, #14, #15, #16, d #20. A 5/26/23 er Review included the mendations: "[DSP #1] work. Corrective action for ete lob duties. Review Code dom Administrative ag [DSP #1's] shifts". cumentation indicating the orted to BDDS. On AM, the QAM was e QAM stated, "We didn't eet since other staff were on M indicated an allegation of the reported then investigated etc. The QAM indicated the Have been reported to 5/13/23 at 8:38 AM, the coe Manager (QAM) ent to client investigations are whether or not staff ans, were within the required on the clients' plans, are clients' plans needed to stify patterns and ensure the team convened to discuss.	TAG		DATE DATE
	be adjusted, iden interdisciplinary	tify patterns and ensure the			

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G811		JILDING	nstruction <u>00</u>	(X3) DATE COMPL 06/21/	ETED	
	PROVIDER OR SUPPLIER	3	1306 S	DDRESS, CITY, STATE, ZIP COD BLOOMINGTON STREET		
RES-CAI	RE INC		GREEN	CASTLE, IN 46135		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION DATE
	have a majority	of his client to client				
	aggression abou	t one hour before mealtimes.				
	The QAM indica	ated staff received training				
	on the clients' pl	ans and when the plans were				
	revised.10. The	facility's BDDS and				
	Investigations w	ere reviewed on 6/12/23 at				
	2:35 PM. The re	view indicated the				
	following:-Inves	tigation Summary dated				
	4/13/23 indicate	d the following:-"On April				
	10, 2023, at 3:00	pm, Greencastle CRMNF				
	(agency) admini	stration received a report				
	from the [BC (be	ehavior consultant) #2] that				
	she witnessed [I	OSP (Direct Support				
	Professional) #1	6] aggressively grab				
	individual [clien	t #8's] hands to wipe them				
	off due to being	messy from snack. The [BC				
	#2] also reported	I that she witnessed [DSP				
	#16] put his arm	around [client #8's] back				
	and force him in	to his bedroom in Pacer's				
	hallway and then	n shut the door. She stated				
	that when she op	pened the door to enter the				
	room to make su	re everything was okay, she				
	overheard [DSP	#16] say 'Who the				
		ming in?' The [BC				
	#2]immediately	reported the incident to the				
	administration. [	DSP #16] was immediately				
		e floor and was suspended				
		ation."-"Conclusion1. It is				
	substantiated tha	at [DSP #16] was physically				
	forceful towards	[client #8].2. It is				
		at [DSP #16] used profane				
	language in the p	presence of [client #8].3. It is				

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G811		(X2) MULTIPLE CO A. BUILDING B. WING	onstruction <u>00</u>	(X3) DATE SURVEY COMPLETED 06/21/2023	
NAME OF P	PROVIDER OR SUPPLIER			ADDRESS, CITY, STATE, ZIP COD	•
RES-CAF	RE INC			NCASTLE, IN 46135	
(X4) ID		STATEMENT OF DEFICIENCIE	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI	(X5)
PREFIX TAG	`	CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	PREFIX TAG	CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	
1110		t [DSP #16] failed to follow	1110		
		and Procedures."The review			
		documentation of the			
	4/10/23 allegatio	on of DSP #16's			
	_	ent of client #8 was			
	reported to BDD	S. QAM (Quality			
	Assurance Mana	ger) was interviewed on			
	6/12/23 at 1:41 F	PM. QAM indicated the			
	facility's ANE (A	Abuse, Neglect,			
	Exploitation) pol	licy should be written to			
	prevent abuse an	d neglect of clients. QAM			
	indicated all alle	gations of ANE should be			
	immediately repo	orted to the facility			
	administrator and	d to BDDS within 24 hours			
	of the alleged in	cident. QAM indicated all			
	allegations shoul	d thoroughly investigated			
		e investigation reported to			
		nistrator within 5 business			
	\ ` ` `	ım Manager) was			
		3/13/23 at 3:40 PM. PM			
		rive measures to prevent			
		egations of ANE should be			
	<b>.</b>	nplemented. ED			
	`	etor) and QAM were			
		3/14/23 at 1:25 PM. QAM			
		BDDS reports were missing.			
		ANE investigations should			
		ws completed. QAM			
		ald send/email any Peer			
		available. QAM indicated			
	_	ations of ANE without			
	investigations. T	he facility's Policy and			

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G811		(X2) MULTIPLE CO A. BUILDING B. WING	ONSTRUCTION  00	(X3) DATE SURVEY COMPLETED 06/21/2023	
NAME OF I	PROVIDER OR SUPPLIER			ADDRESS, CITY, STATE, ZIP COD	
RES-CAI	RE INC			BLOOMINGTON STREET ICASTLE, IN 46135	
(X4) ID		STATEMENT OF DEFICIENCIE	ID	PROVIDER'S PLAN OF CORRECTION	(X5)
PREFIX TAG	`	CY MUST BE PRECEDED BY FULL  LISC IDENTIFYING INFORMATION	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	ATE COMPLETION DATE
TAG		reviewed on 6/12/23 at	TAG		DATE
		cility's Reporting and			
		use, Neglect, Exploitation,			
		a Violation of Individual's			
	Rights Policy da	ted 5/5/21 indicated the			
	following:-"Res0	Care staff actively advocate			
	for the rights and	l safety of all individuals. All			
	allegations or oc	currences of abuse, neglect,			
	exploitation, mis	treatment or violation of an			
	Individual's right	ts shall be reported to the			
	appropriate author	orities through the			
	appropriate supe	rvisory channels and will be			
	thoroughly inves	tigated under the policies of			
	ResCare, local, s				
	-	sCare strictly prohibits			
	abuse, neglect, e	xploitation, mistreatment, or			
	violation of an Ir	ndividual's rights."-"The			
	•	ce Manager will assign an			
	_	m. A full investigation will be			
	_	vestigators who have			
	_	from Labor Relations			
		ResCare's internal			
	_	vestigations."-"One of the			
	_	l complete a detailed			
	_	e summary based on witness			
	statements and o				
		nvestigative peer review			
		on by the Executive Director			
		uss the outcome of the			
	_	I to ensure that a thorough			
	_	been completed. Members			
	of the committee	must include at least one of			

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STATEMEN	IT OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) M	ULTIPLE CO	ONSTRUCTION	(X3) DATE	SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	JILDING	00	COMPL	ETED
		15G811	B. W	ING		06/21/	/2023
NAME OF P	PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP COD 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135				
(X4) ID	SUMMARY S	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE.	COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
	the investigators,	, the Executive Director or					
	designee, Progra	m Manager, and a Human					
	Resources representative." This deficiency						
	was cited on 3/28	8/23. The facility failed to					
	implement a syst	emic plan of correction to					
	prevent recurrence	ce.This federal tag relates to					
	complaint #IN00	402349. 5-1.2(v)(2)(5)					
W 0153	483.420(d)(2)						
	STAFF TREATME						
Bldg. 00	,	nsure that all allegations of					
	-	lect or abuse, as well as					
	-	n source, are reported administrator or to other					
		ance with State law through					
	established proced	_					
		riew and interview for 5 of 5	W (	)153	To correct the deficient practic		08/12/2023
	-	, #2, #3, #4 and #5) and 15			staff responsible for BDDS rep		
	· ·	6, #7, #8, #9, #10, #11, #12,			will be re-trained to complete t		
		#17, #18, #19 and #20), the ort an allegation of staff			reporting of allegations to BDI within 24 hours as well as all	)5	
		nift and an allegation of staff			allegations of ANEM are to be	1	
		the Bureau of Developmental			reported to BDDS. The QAM v		
	Disabilities Services	s (BDDS) within 24 hours, in			be re-trained on ensuring all		
	accordance with sta	te law.			allegations of ANEM are repor	rted	
	TO 1' 1 1 1				to BDDS within 24hrs to be		
	Findings include:				completed by the regional sup specialist. Additional monitori		
	1. On 6/12/23 at 2:3	60 PM and on 6/13/23 at 8:00			will be achieved by the QAM	iig	
	AM, a review of the				reviewing all incidents to ensu	ıre	
	incident/investigativ	ve reports was conducted.			staff are assigned to report an	ıy	
					needed BDDS reports within 2		
		tive Summary indicated, "On			hours as well as reporting to the		
		ect Support Professional/DSP ogram Manager] that she had			ED weekly for review of incide	nts.	
	-	asleep while in the dayroom on			Ongoing monitoring will be achieved through IR tracking,	and	
		she prompted him to wake up			all IR's being reviewed by the	anu	
		ning. An investigation was			quality and safety committee f	or	
		was suspended pending			reporting and patterns.		
ı	l		1				I

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (IDENTIFICATION NUMBER) 15G811		 JILDING	nstruction <u>00</u>	(X3) DATE COMPI <b>06/21</b> ,	LETED	
NAME OF I	PROVIDER OR SUPPLIEF		1306 S	ADDRESS, CITY, STATE, ZIP COD BLOOMINGTON STREET CASTLE, IN 46135		
(X4) ID PREFIX TAG	(EACH DEFICIEN REGULATORY OF	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROP DEFICIENCY)	E	(X5) COMPLETION DATE
	substantiated that [I duty. 2. It is not su failed to maintain p consumers. 3. It is failed to complete j not substantiated th ResCare Policy and clients #1, #2, #3, # #12, #13, #14, #15,  A 5/26/23 Investigate following recommereturn to work. Concomplete job duties Random Administratively shifts.  There was no docur allegation of neglect on 6/14/23 at 8:52 Manager (QAM) w stated, "We didn't dwe didn't think it wwere on duty". The of neglect should be rule out neglect. The facility's BD were reviewed on 6 indicated the following:  -"On April 10, 202: CRMNF (agency) a from the [BC (beham	nelusion: 1. It is not DSP #1] was asleep while on bstantiated that [DSP #1] roper supervision to the substantiated that [DSP #1] ob duties as assigned. 4. It is at [DSP #1] failed to follow I Procedure". This affected #4, #5, #6, #7, #8, #9, #10, #11, #16, #17, #18, #19 and #20.  Attion Peer Review included the endations: "[DSP #1] should rective action for failure to a Review Code of conduct. The active monitoring during [DSP mentation indicating the endation indicated an allegation to the endation indicated an allegation endation indicated the endation indicated indicated the endation indicated the endation indicated				

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STATEMENT OF DEFICIENCIES XI) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G811		(X2) MULTIPLE C A. BUILDING B. WING	CONSTRUCTION  00	(X3) DATE SURVEY  COMPLETED  06/21/2023	
NAME OF E	PROVIDER OR SUPPLIEF		1306 \$	CADDRESS, CITY, STATE, ZIP COD S BLOOMINGTON STREET NCASTLE, IN 46135	
(X4) ID PREFIX	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE  CY MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	LD BE COMPLETION
TAG	aggressively grab in wipe them off due to [BC #2] also reports #16] put his arm are force him into his bethen shut the door. So opened the door to everything was okas say 'Who the [expless #2] immediately repart administration. [DS to leave the floor are investigation."  -"Conclusion  1. It is substantiated physically forceful  2. It is substantiated language in the presion of the review did not 4/10/23 allegation of abuse/mistreatment BDDS.  QAM (Quality Assistantiated of the facility within 24 hours of the ED (Executive Direction of the provision of the provision of the facility within 24 hours of the ED (Executive Direction of the facility within 24 hours of the facility within deficiency was a support of the facility within the facility of the facility	I that [DSP #16] used profane sence of [client #8]. I that [DSP #16] failed to icy and Procedures."  indicate documentation of the of DSP #16's of client #8 was reported to  urance Manager) was 12/23 at 1:41 PM. QAM indicated NE should be immediately ity administrator and to BDDS the alleged incident.  Sector) and QAM were 12/23 at 1:25 PM. QAM indicated is were missing.	TAG	DEFICIENCY	DATE

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STATEMEN	T OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) M	ULTIPLE CO	ONSTRUCTION	(X3) DATE	SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	JILDING	00	COMPL	ETED
		15G811	B. W	ING		06/21/	/2023
NAME OF P	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP COD 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135				
(X4) ID	SUMMARY S	STATEMENT OF DEFICIENCIE		ID	PROVIDENCE NEAR OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL		PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	тс	COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
	This federal tag rela	ates to complaint #IN00402349.					
W 0154	483.420(d)(3)	ENT OF CLIENTS					
Bldg. 00	alleged violations and Based on record revallegations of abuse reviewed, the facilit investigations for in aggression regarding #17 and #19.  Findings include:  On 6/12/23 at 2:30 If a review of the facilit reports was conduct following:  1) A 5/22/23 Burea Services (BDDS) re 2023 at 12:46 pm [cstanding in the front to instigate [client # pretending the (sic) [client #14]. [Client began to shout at [client #14] in the left side attempted to chase [agitated at him for psecific feducated both peers personal space education and return	ent OF CLIENTS have evidence that all are thoroughly investigated. Friew and interview for 5 of 29 read, neglect and mistreatment read failed to conduct thorough heidents of client to client g clients #2, #4, #5, #10, #14,  PM and on 6/13/23 at 8:00 AM, hity's incident/investigative ted and indicated the  au of Developmental Disabilities report indicated, "On May 21, helient #14] and [client #19] were t yard when [client #19] began hely by taking his ball and he was going to throw it at he #14] became agitated and helient #19]. [Client #19] his right fist to punch [client hof his face. [Client #14] then helient #19] due to being hounching him. Staff redirected heident #19] due to being hounching him. Staff redirected heident #14] agreed with this hely agree with staffs education	W	0154	To correct the deficient practic staff responsible for completin investigations have been re-trained on timely completion. The QAI will be re-trained on ensuring allegations of ANEM are investigated to be completed to the regional support specialist. The investigations have been completed.	ig ained M all	08/12/2023

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G811		A. BUILDING <u>00</u> CC			(X3) DATE : COMPL <b>06/21</b> /	ETED	
	OF PROVIDER OR SUPPLIED	3		1306 S	ADDRESS, CITY, STATE, ZIP COD BLOOMINGTON STREET ICASTLE, IN 46135		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAL DEFICIENCY)	ΤE	(X5) COMPLETION DATE
IAU	and engaged in verby cussing at them continued to monition both clients and not further issues. Plant to follow [client #1 and HRC (Human BSP (behavior support plan) regar aggression, threats, behavioral intervenneeded medication coping skills. Both and neither wished continue to educate talk with staff and upset".  There was no docut facility conducted a client to client aggresion of 6/14/23 at 10:00 Manager (QAM) wan investigation should be a signed to the Q (0 Disabilities Profession complete them (investigation should be a signed to should be a signed aggression be a signed aggr	bal aggression towards them and shouting at them. Staff or [client #19]. Nurse assessed ted no injuries. There were no a to Resolve: Staff will continue 9] and [client #14's] guardian Rights Committee) approved port plan) and ISP (individual ding verbal and physical YSIS (You're Safe/I'm Safe tion) intervention, PRN (as for behavior) protocol and clients report they feel safe to file a grievance. Staff will be a grievance. Staff will be a grievance or skills when he is see coping skills when he is see as interviewed and indicated buld have been completed. It was not done. It was QIDP/Qualified Intellectual cional #1) and he did not		IAU			DATE

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY					
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER		UILDING	00	COMPL	
		15G811	B. W	'ING		06/21/	/2023
NAME OF D	DOWNER OF CURRINE		•	STREET A	DDRESS, CITY, STATE, ZIP COD		
	PROVIDER OR SUPPLIER				BLOOMINGTON STREET		
RES-CAF	RE INC			GREEN	CASTLE, IN 46135		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	·	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG		LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
		ecting his peers personal					
		seemed to agree with this ents returned to normal					
		se assessed both clients and					
		There were no further issues.					
		aff will continue to follow					
		ian and HRC approved BSP					
		rerbal and physical aggression					
		ntervention, PRN protocol and					
	coping skills. Both	clients report they feel safe					
	and neither wished	to file a grievance. Staff will					
		[client #14] on personal space					
	and using his coping	g skills when he is upset".					
	There was no docur	nentation indicating the					
		n investigation regarding the					
	client to client aggre						
	On 6/14/23 at 10:00	) AM, the QAM was					
		licated an investigation should					
		ed. The QAM stated, "It was					
	_	signed to the Q (QIDP #1) and					
	he did not complete	them (investigations)".					
	3) A 5/24/23 BDDS	S report indicated, "On May 23,					
	· ·	ient #14] had just finished					
	eating breakfast and	began to walk around the					
		parent reason and without					
	-	14] began to target his peer					
		aging in verbal aggression					
		igating him and threatening					
		[client #14] on using kind					
	_	4] did not agree and engaged					
		on towards [client #10] by					
		to slap the right side of					
		nd then used both hands to					
	-	ient #10's] right leg. [Client e. Staff was able to intervene					
	_	nt #14] away from his peer and					
	_	e dayroom. Staff also					
	anomer part of th	augroom. Starr also					

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G811		(X2) MULTIPLE CO A. BUILDING B. WING	ONSTRUCTION  00	(X3) DATE SURVEY COMPLETED 06/21/2023	
NAME OF I	PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE  (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 APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE	
	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]".  There was no documentation indicating the facility conducted an investigation regarding the client to client aggression.  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)".  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 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 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				

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	IT OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G811	A. BU	(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING		(X3) DATE SURVEY COMPLETED 06/21/2023	
NAME OF P	PROVIDER OR SUPPLIER			1306 S	DDRESS, CITY, STATE, ZIP COD BLOOMINGTON STREET CASTLE, IN 46135		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION DATE
	instructions. Plan to to monitor [client #. his treatment team. discharge instruction	om with his discharge of Resolve: Staff will continue 2] and report any changes to Staff and nursing will follow all ns provided by the hospital".  mentation indicating the client was investigated.					
	reviewed. Medical indicated client #2 v (emergency room) t record indicated the	PM, client #2's record was records dated 5/20/23 was evaluated at the ER for a head laceration. The head laceration was closed client #2 was discharged.					
	The QAM indicated was abuse and the f	AM, the QAM was interviewed. I client to client aggression acility should prevent abuse QAM indicated the incident vestigated.					
	2023 at 7:19 pm [clin the dayroom eath [client #4] walked u #17] of grabbing his the cameras, [client to [client #4] and di [Client #4] then eng towards [client #17] slap [client #17] on was able to interver by redirecting [client could assist him in down. [Client #4] wassistance and was a Both clients were as no injuries. Both cli	S report indicated, "On May 10, ient #17] was sitting at the table ing a snack when his peer up to him and accused [client is headphones (upon review of #17] was not anywhere close d not grab his headphones). gaged in physical aggression by using his right hand to his head multiple times. Staff it and separated both clients in #4] to his room where staff it using his coping skills to calm was compliant with staff able to calm himself down. It is seessed by nursing who noted it is truther issues. Plan to					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (IDENTIFICATION NUMBER) 15G811		(X2) MULTIPLE CO A. BUILDING B. WING	DNSTRUCTION  00	(X3) DATE SURVEY COMPLETED 06/21/2023	
NAME OF F	PROVIDER OR SUPPLIER		1306 S	ADDRESS, CITY, STATE, ZIP COD BLOOMINGTON STREET NCASTLE, IN 46135	
(X4) ID PREFIX TAG	(EACH DEFICIEN	SUMMARY STATEMENT OF DEFICIENCIE  (EACH DEFICIENCY MUST BE PRECEDED BY FULL  REGULATORY OR LSC IDENTIFYING INFORMATION		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE
	guardian and HRC aregarding verbal and YSIS intervention, Both clients report to wished to filed (sic) continue to educate and physical aggress convene to discuss incidents".	continue to follow [client #4's] approved BSP and ISP d physical aggression, threats, PRN protocol and coping skills. they feel safe and neither a grievance. Staff will [client #4] on personal space sion. An IDT meeting will relevant peer to peer			
	The QAM indicated was abuse and the f	AM, the QAM was interviewed. I client to client aggression acility should prevent abuse QAM indicated the incident			
	-	a cited on 3/28/23. The facility a systemic plan of correction e.e.			
	This federal tag rela	ites to complaint #IN00402349.			
W 0157	483.420(d)(4) STAFF TREATME	ENT OF CLIENTS			
Bldg. 00	If the alleged viola corrective action r Based on observation interview for 4 additional and #17), the facilities implement effective client #14's pattern and to ensure the re to address neglect of	tion is verified, appropriate	W 0157	To correct the deficient practice site staff have been trained of Client #14's current BSP, and ensuring staff are in between agitated individual and others prevent client to client. All supervisory staff and investigative been trained in ensuring	an to

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION (X3) DATE SUR			SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BUILDING 00 COMPLI			ETED	
		15G811	B. Wl	ING		06/21/	/2023
		<u> </u>		STREET A	ADDRESS, CITY, STATE, ZIP COD		
NAME OF P	PROVIDER OR SUPPLIER	8			BLOOMINGTON STREET		
RES-CAF	RE INC		_		ICASTLE, IN 46135		
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIE			ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	`	CY MUST BE PRECEDED BY FULL		PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	TE	COMPLETION
TAG		R LSC IDENTIFYING INFORMATION		TAG			DATE
indicated.				IDT meets the needs of the cli	ents		
	Findings include:				to prevent patterns of client to		
	rindings include:				client and ensuring all recommendations are completed	-od	
	1 An observation	was conducted at the facility			Client #14's IDT will meet to	eu.	
		3 PM to 4:33 PM. Qualified			discuss current patterns and		
		ities Professional (QIDP) #1			further safety measures. The	BC	
		ents #10, #14 and #19 in the			will monitor and track all targe		
		the only staff present outside.			behaviors and patterns. BC w		
	1 -	ng at the picnic table while			convene the IDT if a pattern is		
		s #10 and #14 walked around			found. The QAC will track all		
the yard interacting with each other.				investigation recommendation	s for		
					completion. Additional monitor		
	On 6/12/23 at 2:30	PM and on 6/13/23 at 8:00 AM,			will be achieved by the		
	a review of the facil	lity's incident/investigative			administrative staff completing	five	
	reports was conduct	ted and indicated the			times a week facility observation	on	
	following:				for one month. Ongoing		
					monitoring will be achieved by	the	
		au of Developmental			QAC, PM, and QIDP completi	ng	
		s (BDDS) report indicated, "On			routine observations of the fac	-	
		PM, [client #14] for no apparent			as well as the administrative to		
		precursors, [client #14]			meeting twice weekly to discus	SS	
	•• ••	aggression towards a peer			any issues in the facility to		
		the peer in the back as he was			determine if the IDT needs to	meet	
		e day room. He was redirected			and address.		
		alm down and to use his					
		to Resolve: Staff will continue					
	<u> </u>	4's] guardian and HRC (Human approved BSP (Behavior					
		SP (Individual Support Plan)					
		d physical aggression, threats,					
		Staff will continue to educate					
		g his coping skills when he					
	becomes upset".	6 -F6					
	•						
	A 5/25/23 Client to Client Aggression						
		I) included the following					
		'Staff will continue to monitor					
	1	further injuries. Staff will [client #14] on using his					
	i continue to educate	TOTION # 141 ON USING MS	1		i e e e e e e e e e e e e e e e e e e e		1

	of correction (X1) provider/supplier/clia (IDENTIFICATION NUMBER (15G811)	(X2) MULTIPLE CC A. BUILDING B. WING	onstruction 00	(X3) DATE SURVEY COMPLETED 06/21/2023
NAME OF I	PROVIDER OR SUPPLIER	1306 S	ADDRESS, CITY, STATE, ZIP COD BLOOMINGTON STREET ICASTLE, IN 46135	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE  (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 APPROPRI DEFICIENCY)	(X5) COMPLETION DATE
	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 programing to keep peers safe".  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".  A 5/25/23 CCAI included the following recommendations: "Staff will continue to monitor [client #9] for any further injuries. Staff will continue to specific promises and respecting his peers personal space. Will continue to follow current BSP's (sic) and offer alternative			

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G811		(X2) MULTIPLE C A. BUILDING B. WING	CONSTRUCTION  00	(X3) DATE SURVEY COMPLETED 06/21/2023			
NAME OF P	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP COD 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135				
	SUMMARY SEACH DEFICIENT REGULATORY OR activities. Team with on 5/30/23 on campare PRN of Haldol 5mg recommendation. Seas an assigned staff demonstrating precedure be responsible for reand peers when posseparate programing and peers when posseparate programing letter and pretending in the began to instigate [and pretending the attempted to chase [agitated by using health attempted to chase [agitated at him for personal space and engaged in vertending the and engaged in vertending the and engaged in vertending the accontinued to monitor by cussing at them accontinued to monitor both clients and not further issues. Plant to follow [client #19] and HRC approved and physical aggress intervention, PRN personal specients report they for the second provided and physical aggress intervention, PRN personal support they for the second provided and physical aggress intervention, PRN personal support they for the second provided and physical aggress intervention, PRN personal support they for the second provided and physical aggress intervention, PRN personal support they for the second provided and physical aggress intervention, PRN personal support they for the second provided and physical aggress intervention, PRN personal support they for the second provided and physical aggress intervention, PRN personal support they for the second provided and physical aggress intervention, PRN personal support they for the second provided and physical aggress intervention, PRN personal support they for the second provided and provided and physical aggress intervention, PRN personal support they for the second provided and pro	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LLSC IDENTIFYING INFORMATION Ill follow up with [Psychiatrist] aus to discuss the ineffective g and a possible staff will be trained on serving when [client #14] is arsors. The assigned staff will emaining between [client #14] sible and encouraging g to keep peers safe".  OS report indicated, "On May m [client #14] and [client #19] e front yard when [client #19] e front yard when [client #19] his right fist to punch [client of his face. [Client #19] his right fist to punch [client of his face. [Client #14] then ficlient #19] due to being bunching him. Staff redirected side the residential building. clients on respecting their e. [Client #14] agreed with this ned to normal programming. agree with staffs education bal aggression towards them and shouting at them. Staff or [client #19]. Nurse assessed ed no injuries. There were no to Resolve: Staff will continue of and [client #14's] guardian BSP and ISP regarding verbal sion, threats, YSIS protocol and coping skills. Both evel safe and neither wished to	1306 \$	S BLOOMINGTON STREET	(X5) COMPLETION DATE		
	_	ff will continue to educate ent #14] to talk with staff and nen he is upset".					

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION			(X3) DATE	SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	A. BUILDING <u>00</u>			COMPLETED	
		15G811	B. W	ING		06/21/	2023	
				CTREET	DDDECC CITY CTATE ZID COD			
NAME OF F	PROVIDER OR SUPPLIER	L.			ADDRESS, CITY, STATE, ZIP COD			
RES-CAF	DE INC				BLOOMINGTON STREET ICASTLE, IN 46135			
RES-CAI	RE INC			GREEN	ICASTLE, IN 40135			
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIE			ID	PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA'	TE .	COMPLETION	
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)	DATE		
	1d) A 5/22/23 BDI	OS 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						
		towards [client #4] by using						
		[client #4] in his left shoulder.						
	[Client #4] did not r	retaliate. Staff was able to						
	intervene and redire	ected [client #14] away from his						
		of the dayroom and educated						
	1 ~	ecting his peers personal						
		seemed to agree with this						
	education. Both clie	ents returned to normal						
	programming. Nurs	se assessed both clients and						
		There were no further issues.						
	1	aff will continue to follow						
		ian and HRC approved BSP						
		rerbal and physical aggression						
	(sic) threats, YSIS (							
	1 ' '	ervention) intervention, PRN						
		skills. Both clients report						
		either wished to file a						
	1 -	l continue to educate [client						
	_	ace and using his coping skills						
	when he is upset".	8 1 8						
	1							
	1e) A 5/24/23 BDD	S report indicated, "On May 23,						
		ient #14] had just finished						
	_	began to walk around the						
	_	parent reason and without						
		14] began to target his peer						
	_	iging in verbal aggression						
		igating him and threatening						
		[client #14] on using kind						
		4] did not agree and engaged						
	_	on towards [client #10] by						
		to slap the right side of						
		nd then used both hands to						
		ient #10's] right leg. [Client						
	_	e. Staff was able to intervene						
	10] ala not retanat	S. S						

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	NT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G811	(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING		(X3) DATE SURVEY COMPLETED 06/21/2023		
NAME OF I	PROVIDER OR SUPPLIEI	3		1306 S	ADDRESS, CITY, STATE, ZIP COD BLOOMINGTON STREET ICASTLE, IN 46135		
(X4) ID PREFIX	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE SCY MUST BE PRECEDED BY FULL		ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	(X5) COMPLETION
TAG		R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
	_	nt #14] away from his peer and ne dayroom. Staff also					
	*	4] on not engaging in physical					
	_	his peers. [Client #14] stated 'I					
		nary person] did ([imaginary					
	person] is not a rea	l person)'. He then returned to					
	_	dayroom without further					
		sed both clients and noted no					
		esolve: Staff will continue to					
	_	] guardian and HRC approved					
	_	ling 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						
	_	pace and using his coping skills					
		spset. IDT (interdisciplinary					
		discuss recent peer to peer					
	occurrences involvi						
		OS report indicated, "On May 25,					
	_	client #11] and [client #14] were r no apparent reason and					
	_	[client #14] engaged in verbal					
	_	wards [client #11] by					
		im. [Client #14] also got close					
	_	acted like he was going to hit					
		d him not to hurt his peer.					
		d staffs (sic) prompts and					
		l aggression towards [client					
		eft hand to grab [client #11's]					
	_	n to pinch him and dig his nails					
		ight arm. [Client #11] did not					
		able to intervene and separated					
		edirected [client #14] to dayroom and educated him on					
		s personal space and not					
		en walked to his bedroom.					
	_	h clients and noted no injuries					
		rse noted that the scab on					
	' '						

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER  15G811		A. BUILDING B. WING	00 00	COMPLETED 06/21/2023	
NAME OF F	PROVIDER OR SUPPLIER	<del>-</del>	1306 S	ADDRESS, CITY, STATE, ZIP COD BLOOMINGTON STREET ICASTLE, IN 46135	
(X4) ID PREFIX TAG	(EACH DEFICIEN REGULATORY OR	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE
	the day was scratched bleeding. Nurse clear There were no other Both clients returned without further issued continue to follow [approved BSP and I physical aggression PRN protocol and coreport they feel safe file a grievance. State [client #14] on persecoping skills when I recent peer to peer	rm from a blood draw earlier in ed off by [client #14] and aned the area and bandaged it. injuries noted on [client #11]. do to normal programming es. Plan to Resolve: Staff will client #14's] guardian and HRC SP regarding verbal and threats, YSIS intervention, oping skills. Both clients and neither of them wished to ff will continue to educate onal space and using his ne is upset. IDT met to discuss occurrences involving [client im on a list to see the 30, 2023 as well as assigning e on [client #14] and help him a gets agitated".  Cluded the following Staff will continue to monitor further injuries. Staff will [client #14] on using his ne becomes upset. Will urrent BSP's (sic) and offer as. Team will follow up with consible recommendation. Staff demonstrating precursors. Will be responsible for [client #14] and peers when aging separate programing to segan to engage in verbal			

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	OF CORRECTION	IDENTIFICATION NUMBER  15G811	A. BUILDING B. WING	00	COMPLETED 06/21/2023	
NAME OF F	PROVIDER OR SUPPLIER		1306 S	ADDRESS, CITY, STATE, ZIP COD BLOOMINGTON STREET ICASTLE, IN 46135		
(X4) ID PREFIX TAG	(EACH DEFICIEN REGULATORY OR	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	(X5) COMPLETION DATE	
	threatening them. So walk with him to his programming per his began to walk with past his peer [client the dayroom, he eng towards [client #11] is then spit on [client # retaliate. Staff education his peers personal spit with him towards his with him towards his with him towards his peers personal spit ting on [client #14] pengaged in physical spitting on [client #5] in retaliated by using be [client #14] and then engaged in phystaff by using both I their breasts. After sengaging in physical walked with staff bathe dayroom, [client #16] in his left #16] to his bedroom request and walked where they were abil down. He returned to issues. Nurse assessinjuries. Plan to Refollow [client #14]s BSP and ISP regard aggression, threats, protocol and coping feel safe and none of	staff and his peers by taff prompted [client #14] to s bedroom for separate s plan. He was compliant and staff. As [client #14] walked #11], who was walking around gaged in physical aggression by using his left elbow to in his left elbow. [Client #14] [#11's] face. [Client #11] did not ated [client #14] on respecting pace and continued walking s bedroom in Colt's hallway. The aggression towards him by [5] and then using his right leg in his left leg. [Client #5] both of his hands to shove in ran to his room. [Client #14] risical aggression towards hands to hit them and grab staff [educated him on not al aggression, [client #14] hick to the dayroom. Once in t #14] engaged in physical his peer [client #1], who was e, by using his left foot to kick the shin. Staff redirected [client and the was compliant with staff with them to his bedroom the to assist him in calming to the dayroom without further and all clients and noted no solve: Staff will continue to a guardian and HRC approved ing verbal and physical YSIS intervention, PRN skills. All clients report they f them wished to file a all continue to educate [client				

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	NT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G811	JILDING	instruction 00	(X3) DATE : COMPL <b>06/21</b> /	ETED
NAME OF F	PROVIDER OR SUPPLIEF		1306 S I	NDDRESS, CITY, STATE, ZIP COD BLOOMINGTON STREET CASTLE, IN 46135		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	ATE	(X5) COMPLETION DATE
	when he is upset. II to peer occurrences have put him on a limit May 30, 2023 as we an eye on [client #1] when he gets agitated A 6/2/23 CCAI include recommendations: [client #11], [client further injuries. State [client #14] on using becomes upset and space. Will continuand offer alternative up with [Psychiatris PRN of Haldol 5mg recommendation 6/serving as an assigned emonstrating preceasing as an assigned staff will be between [client #14] encouraging separated safe".  1h) A 5/29/23 BDD 2023 at 11:27 am [client #14] were in the kit when for no appared precursors, [client #14] aggression towards hands to grab [client #14] returned and used he #11's] left side. [Client #15] left side. [Client #15] were able to separate were s	"Staff will continue to monitor #5] and [client #1] for any aff will continue to educate g his coping skills when he respecting his peers personal e to follow current BSP's (sic) e activities. Team will follow st] to discuss the ineffective				

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUI		(2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING		(X3) DATE SURVEY COMPLETED 06/21/2023			
	F PROVIDER OR SUPPLIEF			1306 S I	DDRESS, CITY, STATE, ZIP COD BLOOMINGTON STREET CASTLE, IN 46135		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	F	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION DATE
	injuries were noted normal programmin to Resolve: Staff w #14's] guardian and regarding physical. Both clients report wished to file a grie educate [client #14] his coping skills what A 6/6/23 CCAI increcommendations: [client #11] for any continue to educate coping skills when respecting his peers to follow current B activities. Team with to discuss the ineffer a possible recommentation on serving a [client #14] is demoted for the following skills when respecting his peers to follow current B activities. Team with the discussion that the following skills when respecting his peers to follow current B activities. Team with the discussion that the interpretation of the following skills when respecting his peers to follow current B activities. Team with the discussion in the following skills when respecting his peers to follow current B activities. Team with the discussion in the following skills when respecting his peers to follow a following skills when respecting his peers to follow current B activities. Team with the discussion in the following skills when respecting his peers to follow current B activities. Team with the discussion in the following skills when respecting his peers to follow current B activities. Team with the discussion in the following skills when recommendations:  11) A 6/6/23 BDDS 2023 at 8:40 am [client #19] and to hit [client #19] and to hit [client #19] hand to hit [client #1] did not retaliate. State separated both client prompted [client #1] educated him on no aggression towards	sessesed by nursing and no Both clients returned to ng without further issues. Plan ill continue to follow [client HRC approved BSP and ISP aggression and coping skills. they feel safe and neither evance. Staff will continue to on personal space and using then he becomes upset".  Indeed the following "Staff will continue to monitor further injuries. Staff will [client #14] on using his the becomes upset and to personal space. Will continue to spr's (sic) and offer alternative full follow up with [Psychiatrist] tective PRN of Haldol 5mg and tendation 6/6/23. Staff will be the sate an assigned staff when constrating precursors as of the staff will be responsible for [client #14] and peers when traging separate programing to  report indicated, "On June 5, ient #19] and [client #14] were dayroom. [Client #14] walked and go (sic) into his personal retaliated by using his right full in his mouth. [Client #14] aff was able to intervene and the staff of the staff go to leave his peers alone and the engaging in physical them, walking away if a peer to let a staff know. [Client #19]					

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING 00  15G811 B. WING			(X3) DATE COMPL <b>06/21</b> /	ETED		
	OF PROVIDER OR SUPPLIES	R	1306 S	NDDRESS, CITY, STATE, ZIP COD BLOOMINGTON STREET CASTLE, IN 46135		
(X4) II PREFI TAG	(EACH DEFICIENT REGULATORY OF	STATEMENT OF DEFICIENCIE NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION DATE
	away. Both clients noted no injuries. E programming wither Resolve: Staff will HRC approved BS physical aggression PRN protocol and report they feel saff grievance. Staff will #19] to talk with sthe is upset. IDT may #19] will see [Psycoregarding possible assist in decreasing A 6/9/23 CCAI increcommendations: [client #14] for any continue to educate coping skills when continue to educate peers bopundaries current BSP's (sic). implemented [client when he is out of hincrease in his PRN was approved by home of 14/23 at 12:0 reviewed.  Client #14's 6/1/23 be very aggressive of his behaviors ap warning. He spits of he may engage in the knowing why he is acts of physical aggressive aggressive aggressive aggressive aggressive aggressive aggressive of physical aggressive aggressive aggressive aggressive aggressive aggressive aggressive of his behaviors ap warning. He spits of he may engage in the spits of physical aggressive aggr	th this education and walked were assessed by nursing who Both clients returned to normal out further issues. Plan to continue to follow [client #19's] P and ISP regarding verbal and a threats, YSIS intervention, coping skills. Both clients e and neither wished to file a ll continue to educate [client aff and use coping skills when et and determined that [client hiatrist] on June 6, 2023 med (medication) change to gagression".  Indeed the following "Staff will continue to monitor further injuries. Staff will e [client #19] on using his he becomes upset. Staff will e [client #14] on respecting his (sic). Will continue to follow The team met 6-8-23 and at #14] having an assigned staff is room combined with an I (Haldol, 10mg currently) that is [Psychiatrist] on 6-8-23".  S PM, client #14's record was  BSP indicated, "[Client #14] can with peers and staff and some pear to take place without on others when he is upset and his behavior without others upset. Due to his numerous gression toward peers, he has hen he is demonstrating				

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

PRINTED: 08/11/2023 FORM APPROVED OMB NO. 0938-039

	INT OF DEFICIENCIES  N OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G811	(X2) MUL A. BUIL B. WING	DING	NSTRUCTION 00	(X3) DATE : COMPL 06/21/	ETED
	PROVIDER OR SUPPLIEF			1306 S E	DDRESS, CITY, STATE, ZIP COD BLOOMINGTON STREET CASTLE, IN 46135		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION		ID REFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	ΤE	(X5) COMPLETION DATE
	and friendly to thre without clear enviro be observed to be y having 'arguments' present, punching a to himself in differe beneficial for [clier campus such as the etc. in order to take hall and [client #14 programming outsic continuous aggress [client #14] include aggression, propert non-compliance (re programming), self and neglect, sexual boundary violations instigation"  "Physical Aggressic attempts at hitting p kicking or scratchir weapons, pulling ha produce or have the to others. Spitting frequency at previo he has been physica he feels have 'wron physically aggressic he wants from othe very aggressive tow also grabbed the dr. When highly agitat in several acts of ag Replacement Behav staff for help: Any staff to help him ge	at #14] can switch from pleasant atening and aggressive onmental triggers. He can often elling at no one in particular, with people who are not and fighting the air, or talking ent accents. It has shown to be to #14] to utilize other areas of gym, courtyard, front porch, a break from the residential cocasionally requires the of the residential hall due to son. Target behaviors for verbal and physical y destruction, bolting, fusing to engage in injury, allegations of abuse by inappropriate behaviors, solumwelcome touch, and  on: Any occurrence or people, spitting on them, ag at others, using objects as air, pinching, or behaviors that the potential to produce an injury on others occurred at a high the produce of the is not getting what the series of					

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STATEMENT OF DEFICIENCIES		X1) PROVIDER/SUPPLIER/CLIA	· /		NSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BUII		00	COMPI	
		15G811	B. WIN	G 		06/21	/2023
NAME OF P	PROVIDER OR SUPPLIER	R			ADDRESS, CITY, STATE, ZIP COD		
					BLOOMINGTON STREET		
RES-CAF	KE INC			GKEEN	CASTLE, IN 46135		
(X4) ID		STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	`	NCY MUST BE PRECEDED BY FULL		REFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	ATE	COMPLETION
TAG		R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
	instead of engaging	g in the target behavior"					
	"Restrictions: [Clie	ent #14] will have 1:1 staff for all					
	_	and the 1:1 staff cannot be the					
		he furthest away from the driver					
		will have staff seated next to					
	him during outings	/transports. If [client #14] is					
	~ ~	n, precursors, or has engaged in					
		n to peers, an assigned staff					
		for the protection of other					
	_	ed staff's responsibility is to					
	prevent [client #14] from being able to hit/kick/spit						
		e assigned staff should stay					
	_	and any peers that he may					
	-	aff can also encourage [client					
		fe skills building for activity					
	safety"	away from his peers for their					
	saicty						
	"Precursors: Verba	l aggression and instigation					
	could be identified	as precursors to other					
	behavioral issues. V	When he engages in this					
		See above restriction about					
		ssigned staff for [client #14].					
		in tone and volume, do not react					
		itation. Ignore threats and					
		ot get into a back-and-forth					
		ne is engaging in instigation					
	-	ain between the two peers. Ask					
	,	elp. He is more likely to calm					
		pported and liked by his staff.					
		e are here to help him so that he of being more independent. If					
	_	l, with as little reaction that					
	_	that you want to help him but					
		o so if he is talking calmly.					
		t to resolve the problem or come					
	-	n as to how the problem can be					
		n for his input and compliance					
		d (i.e.: 'I know you're upset but					

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	NT OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G811	(X2) MULTIPLE CO A. BUILDING B. WING	onstruction 00	COMI	E SURVEY PLETED 1/2023
	PROVIDER OR SUPPLIER		1306 S	ADDRESS, CITY, STATE, ZIP CO		
RES-CA	RE INC		GREET	NCASTLE, IN 46135		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SH- CROSS-REFERENCED TO THE AF DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
1AG	I'm really proud of can talk about this' continues, in a calm relaxation technique (i.e.: 'let's take 10 d you're calm, we can him to go with then his peers) for a wall a different area and aggressive, staff wi immediate area. Att upsetting him and a as best you can with creating an unsafe e aggression or instig refusing to leave a c to become a target t and safety, he can b safe area using YO always beginning w measures"  "Preventative Proce engaging in ongoin instigation, it has be to the life skills bui active without disrurestriction related to assigned staff when #14] should have of day to leave the resyard/gym/etc. Give possible, he does be some control over henjoys listening to provided for him".  "[Client #14] and halong and staff should and staff should and staff should along al	you for calming down so we etc. If the verbal aggression and neutral voice, suggest a ethat he can use to calm down eep breaths together, then if a talk'. A staff will encourage in (in the opposite direction of its action of its action to the opposite direction of its action of peers away from the its input. If [client #14] is its action of peers, and he is its action of peers, and he is its action of peers, and he is its action of peers, for his own health the physically redirected to a current of its action of its peers, for his own health its action of its peers, for his own health its graph of its action of its peers, for his own health its graph of its peers, for his own health its graph of its peers, for his own health its graph of its peers, for his own health its graph of its peers, for his own health its graph of its peers, for his own health its graph of its peers. See above of [client #14] having an its action of its peers, for his own health its peers. See above of [client #14] having an its action of its peers, for his own health its action in the	1AG	DEPRIENCTI		DATE

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

PRINTED: 08/11/2023 FORM APPROVED OMB NO. 0938-039

	OF CORRECTION	IDENTIFICATION NUMBER  15G811	A. BUILDING B. WING	00	COMPLETED 06/21/2023
NAME OF F	PROVIDER OR SUPPLIER RE INC		1306 S	ADDRESS, CITY, STATE, ZIP COD BLOOMINGTON STREET NCASTLE, IN 46135	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	(X5) COMPLETION DATE
	procedures outlined plan. For Physical and Destruction/Self Injensure the health and immediate environment of the stop the behavior continuance and he is danger, implement (YSIS) beginning with measures"  On 6/13/23 at 9:08 and #2 and the QAM we indicated client #14 client to client aggression. RM #2 staff is with him to a we can. He program in place recently. In had many issues with (client #19) feeds in should step in between aggression) and vertwas asked if and when RM #2 stated, "When he he gets assigned state with him every sing Personally the conti	es: For Verbal Aggression: See in 'precursor' section of this Aggression/Property urious Behaviors: Immediately d safety of everybody in the ment. Redirect him and/or area of the environment. Tell avior. If he stops the behavior, de location and problem solve him for doing this with us. If the stops the behavior placing himself or others in YOU'RE SAFE I'M SAFE with the least restrictive  AM, Residential Manager (RM) are interviewed. RM #2 has engaged in a pattern of dession and his BSP has had #2 indicated client #14 had he engaged in physical stated, "We always make sure avoid as many peer to peers as ans separately a lot. It was put RM #2 stated client #14 has th client #19 because "he atto it". RM #2 stated, "Staff deen to prevent (physical bally redirect him". RM #2 then client #14 had 1:1 staffing. The he is becoming aggressive. To a while. It is assigned staff as aggression towards peers ff. If I could have someone the second honestly I would. In to the state of this count, we have someone the second honestly I would. In the state of this dresser, creating a			

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

PRINTED: 08/11/2023 FORM APPROVED OMB NO. 0938-039

	MENT OF DEFICIENCIES  AN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G811	· ′	ILDING	nstruction <u>00</u>	(X3) DATE ( COMPL 06/21/	ETED
	OF PROVIDER OR SUPPLIED	R		1306 S I	DDRESS, CITY, STATE, ZIP COD BLOOMINGTON STREET CASTLE, IN 46135		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	]	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION DATE
	things. We might be instances. I was exhave him on 1 on 1 have someone with out of the building. He was on 1:1 then possibly towards the RM #2 indicated of due to his plan not "When I see him so sure staff is right be prevent abuse and riguys. He (client #1 will be walking with out of nowhere. [Costomach earlier. I'm intervene until he distated, "Trying to go see him agitated. I many proactive me down here (gym are some input. She is he responds better the discussed 1:1 (for coand trying to come #14]. It's not usual is getting hurt. The him and [Psychiatry about the heavy hit indicated when plan written on a dry era indicating what plan responsible for revi inservice form indicated when plan On 6/13/23 at 10:3. (BT) was interview.	ment in his room, urinating on the able to prevent some of the cited when we didn't have to a him. Multiple acts of bolting That is becoming an issue. That is becoming an issue. The transitioned off of it. It was be end of summer last year". The intervention of the					

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	VT OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G811	(X2) MULTIPLE C A. BUILDING B. WING	ONSTRUCTION  00	(X3) DATE SURVEY COMPLETED 06/21/2023
NAME OF F	PROVIDER OR SUPPLIER		1306 S	ADDRESS, CITY, STATE, ZIP COD S BLOOMINGTON STREET NCASTLE, IN 46135	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETION
	the library. The BT staff with client #14 BT indicated she had the door to prevent the room. The BT indicated she had the action and the action and the action and the should not be in profined and the action action and the action action and the action acti	the group when they were in indicated she was the only standard she was the only standard she was the only standard she was the only client #19 and client #1. The indicated close the door and sit by client #14 from bolting from andicated closing the door addressed in client #14's BSP. He wasn't aware of client #19 and she wasn't aware they orgamming together. The BT is BSP should be implemented in AM, Direct Support in #11 was interviewed. DSP #11 is standard she wasn't aware they orgamming together. The BT is BSP should be implemented in the clients. [Client #19] is standard she clients. [Client #19] is standard she clients. [Client #19] is standard she clients in together with the clients in the clients in the client #14's behaviors. It is something else happens. Staff so we can try to prevent the clients in the client with the prevent the clients. DSP stated, "Everyone in #14 displays precursors made by himself to prevent the clients. DSP stated, "Everyone in the client with the client to client to client to client to client to client in the clien			

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		X2) MULTIPLE CONSTRUCTION (X3) DATE SURVE				SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BUILDING <u>00</u>			COMPLETED	
		15G811	B. WING			06/21/	2023
		<u> </u>	ST	REET A	ADDRESS, CITY, STATE, ZIP COD		
NAME OF F	PROVIDER OR SUPPLIER	S.			BLOOMINGTON STREET		
RES-CAF	RE INC				CASTLE, IN 46135		
(X4) ID		STATEMENT OF DEFICIENCIE	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	PREI	FIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION	TA	.G	DEFICIENCY)		DATE
		taring off and talking					
		P#1 stated, "I recognize his c2c					
	` ′	off the chart. Plans have not					
		DP #1 indicated clients #14					
	_	along very well. QIDP #1 was					
		14's BSP addressing client #14					
		eing in programming together.					
		would have to double check.					
		c incidents. Based on past					
		t impression. When I first got					
		hing I was concerned about. I					
	1	#19] targeting [client #14]. I					
	_	#14] target [client #19] any					
		guys". QIDP #1 indicated plemented as written.					
	pians should be mit	blememed as written.					
	2. A 5/31/23 BDDs	S report indicated, "On May 30,					
		client #14] was on an outing at					
	_	of peers and staff. Staff was					
		in getting his chips when for					
		and without precursors,					
		d in physical aggression					
	towards staff by usi	ng both hands to hit them as					
	well as shouting and	d cussing at them. Staff					
		4] to use his coping skills and					
	to pick out his next	item when he engaged in					
		towards his peer [client #17]					
		s to grab [client #17's] left					
	_	and twisted it. Staff was able					
		parated both clients. [Client					
	_	e. Staff and [client #14] and his					
	l	get the next item when [client					
		ake a baby from their (sic)					
		nen he passed them. Staff					
	_	4] away immediately and					
		their items. At the check out,					
		d in physical aggression					
		ient #13] by using his left					
	_	13's] left arm. After staff					
	separated both clien	its, [client #14] engaged in					

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	T OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G811	(X2) MULTIPLE A. BUILDING B. WING	CONSTRUCTION 00	(X3) DATE SURVEY COMPLETED 06/21/2023
NAME OF F	PROVIDER OR SUPPLIER		1306	T ADDRESS, CITY, STATE, ZIP COD S BLOOMINGTON STREET ENCASTLE, IN 46135	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPF DEFICIENCY)	LD BE COMPLETION
	hands to attempt to clients got to the va #13's] face. Staff ed respecting his peers and his peers made any issues while on were assessed by nu noted. All clients re without further issue continue to follow [approved BSP and aggression and copithey feel safe and means of the staff will continue to personal space and he becomes upset. I incident  A 6/5/23 CCAI included the second personal space and he becomes upset. I incident  A 6/5/23 CCAI included the second personal space and he becomes upset. I incident  The second personal space and he becomes upset. I incident  A 6/5/23 CCAI included the second personal space and he becomes upset. I incident  I client #17] & [client #13] for any function incident incomplete to educate the second personal space and he becomes upset. I incident  Expecting his personal space and he becomes upset. I incident  I a 6/5/23 CCAI included the second personal space and he becomes upset. I incident  I a 6/5/23 CCAI included the second personal space and he becomes upset. I incident  I a 6/5/23 CCAI included the second personal space and he becomes upset. I incident  Expecting his personal space and he becomes upset. I incident  I a 6/5/23 CCAI included the second personal space and he becomes upset. I incident  I a 6/5/23 CCAI included the second personal space and he becomes upset. I incident  I a 6/5/23 CCAI included the second personal space and he becomes upset. I incident  I a 6/5/23 CCAI included the second personal space and he becomes upset. I incident  I a 6/5/23 CCAI included the second personal space and he becomes upset. I incident  I a 6/5/23 CCAI included the second personal space and he becomes upset. I incident  A 6/5/23 CCAI included the second personal space and he becomes upset. I incident  A 6/5/23 CCAI included the second personal space and he becomes upset. I incident  A 6/5/23 CCAI included the second personal space and he becomes upset. I incident  A 6/5/23 CCAI included the second personal space and	'Staff will continue to monitor			

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	IT OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G811	(X2) MULTIPLE CO A. BUILDING B. WING	ONSTRUCTION 00	(X3) DATE SURVEY COMPLETED 06/21/2023
NAME OF I	PROVIDER OR SUPPLIEF	·		ADDRESS, CITY, STATE, ZIP COD BLOOMINGTON STREET	
RES-CAI	RE INC			NCASTLE, IN 46135	
(X4) ID		STATEMENT OF DEFICIENCIE	ID	PROVIDER'S PLAN OF CORRECTION	(X5)
PREFIX TAG	,	CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	COMPLETION DATE
1110		met last week and the BC	1110		
		an) had no changes to the			
	`	etraining staff on [client			
		re was no documentation			
	indicating the red	commended corrective			
	action and retrain	ning were completed. On			
	6/13/23 at 11:25	AM, DSP #11 and the			
	QAM were inter	viewed. DSP #11			
	indicated she wa	s the only staff present			
	during the outing	g. DSP #11 indicated she,			
	client #14, client	#13 and client #17			
	transported clien	t #15 to a home visit with			
	his family and at	fter they dropped client #15			
	off the rest of the	em 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 p	referred chips. DSP #11			
	was asked what	the clients' supervision			
	levels were. DS	P #11 stated, client #14's			
	supervision level	l 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 be	en told they (clients #15,			
	#13 and #17) are	e 3:1 (3 clients to 1 staff) in			
	ratio". DSP #11	indicated she was retrained			
	after the incident	t. DSP #11 was asked if the			
	training was effe	ective. DSP #11 stated, "I			
	wasn't 100% sur	e. It is still confusing to me,			
	the 3:1. Training	g maybe wasn't effective.			
	[Quality Assurar	nce Coordinator] talked it			
	over with me aft	er the incident". The QAM			

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY					
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BUILDING 00		COMPL		
		15G811	B. WING			06/21/	2023
NAME OF P	PROVIDER OR SUPPLIER				DDRESS, CITY, STATE, ZIP COD		
RES-CAF	RE INC				BLOOMINGTON STREET CASTLE, IN 46135		
				_ L I V		1	
(X4) ID PREFIX		STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL	ID PREFIX	,	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE		(X5) COMPLETION
TAG	·	R LSC IDENTIFYING INFORMATION	TAG	`	CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	DATE
		417] and [client #13] are not					
		y. They are line of sight. 2:1					
		[Client #15] is 1:1 in					
		the 1:1 should not be the					
	driver. There she	ould have been 4 staff					
	present. Training	g was not effective". DSP					
	_	e retraining consisted of					
		vice and signing it indicating					
	they were trained	d on the changes. After					
	DSP #11 left the	interview, QAM #1 stated,					
	"I'm not sure if re	etraining has been done.					
	She (DSP #11) w	vill 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 level	ls. We just created a cheat					
	sheet so everyon	e knows supervision levels".					
	This deficiency v	was cited on 3/28/23. The					
	facility failed to	implement a systemic plan of					
	correction to pre-	vent recurrence.This federal					
	tag relates to con	nplaint #IN00402349.					
	5-1.2(v)(2)(5)						

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