

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G746	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	(X3) DATE SURVEY COMPLETED 04/27/2018
NAME OF PROVIDER OR SUPPLIER RES CARE SOUTHEAST INDIANA		STREET ADDRESS, CITY, STATE, ZIP COD 16609 SIMA GRAY RD HENRYVILLE, IN 47126		
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W 0000 Bldg. 00	<p>This visit was for an investigation of complaint #IN00257401.</p> <p>Complaint #IN00257401: Substantiated. State and Federal deficiencies related to the allegations are cited at W149 and W289.</p> <p>Dates of Survey: April 24, 25, 26 and 27, 2018.</p> <p>Facility Number: 011664 Provider Number: 15G746 AIMS Number: 200902010</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review of this report completed by #15068 on 5/14/18.</p>	W 0000		
W 0149 Bldg. 00	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on observation, record review and interview for 1 of 2 sampled clients (A) and 1 additional client (D), the facility neglected to ensure the facility's neglect/abuse/mistreatment policy was implemented in regards to client physical abuse (D), exploitation (missing personal items) and neglect/elopement (client A).</p> <p>Findings include:</p> <p>The facility's incident reports, incidents reported to the Bureau of Developmental Disabilities Services/BDDS, and investigations were reviewed at 4:30 PM on 4/24/18 and at 9:00 AM on 4/25/18</p>	W 0149	<p>W149: The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p>Corrective Action: (Specific): All staff in the home will be re-trained on the operation standard for reporting and investigating allegations of abuse, neglect, exploitation, mistreatment and violation of individual rights. All staff in the location will be</p>	05/27/2018

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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

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	<p>and indicated the following:</p> <p>1. An investigation dated 4/12-19/18 indicated client A had been incarcerated after eloping from the facility on 3/18/18. When the client returned, he reported a television, and X-Box 360 video game player, and a radio he owned were missing. The investigation determined the items were missing and reimbursement was recommended. Reimbursement to client A had not been completed at the time of the survey. The investigation did not determine what had become of client A's personal belongings.</p> <p>2. A BDDS report dated 3/18/18 indicated on 3/18/18 at 6:30 AM, client A was not in his bed when staff went in to awaken him. After the facility was searched, it was determined client A had eloped. The manager contacted the police and client A was found at a friend's house in another city. The client was returned to the facility and then transported to a local hospital for evaluation. The county sheriff contacted the staff/client at the local hospital. The client had two outstanding warrants and he would be placed under arrest. The client was incarcerated pending his court appearance.</p> <p>The investigation dated 3/18/18 regarding client A's elopement on 3/18/18 indicated client A had eloped by going out of his bedroom window. The investigation indicated client A had loud music on when he was checked on by staff at 3:00 AM on 3/18/18. He was prompted to turn down his music. Staff went back to doing tasks. The client was interviewed and he stated he went out his bedroom window and went to his friend's house. The investigation recommended that alarms be installed on the windows and doors and enhanced supervision for client A. The investigation</p>		<p>retrained on client A's behavioral support plan.</p> <p>How others will be identified: (Systemic): All client program plans will be reviewed by the behavioral clinician to determine if any changes need to be made. Client A and client D were reimbursed for the personal items that were taken. The site supervisor will be in the home at least five times weekly to assure the programming plans are being followed. The area supervisor will be in the home at least twice weekly to assure the programming plans are being followed and implemented. The QIDP will be in the location at least ten hours weekly to assure the Programming Plans are being implemented and followed. Administrative observations will be completed in the home at least twice monthly to assure programming plans are being implemented and followed and doing a site visit at the time of the visit. Alarms on the window for client A have been installed by Koorsen Fire and Security and his programming plans have been updated.</p> <p>Measures to be put in place: All staff in the home will be re-trained on the operation standard for reporting and investigating allegations of abuse, neglect,</p>	

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	<p>indicated "alarms have been installed."</p> <p>3. A BDDS report dated 3/12/18 indicated client A had eloped on 3/10/18 at 5:40 PM. Client A asked for a cigarette at 5:30 PM on 3/10/18 and was redirected according to his BSP/Behavior Support Plan guidelines. He became upset and left the facility through the garage. He walked up the state highway near the facility. Police were called to assist with getting client A home. He was placed on 1:1 (one staff to one client supervision) staffing for 24 hours when he came back to the facility.</p> <p>4. An investigation dated 1/14-23, 2018 indicated staff #6 had allegedly physically abused client D. The investigation determined the "allegation is partially substantiated" and staff #6's termination was recommended.</p> <p>The agency's Operation Standard Reporting and Investigating Abuse, Neglect, Exploitation, Mistreatment and Violation of an Individual's Rights (revised 03/08/18) was reviewed on 4/25/2018 at 3:15 PM. The policy indicated all allegations would be investigated and addressed. The review indicated the agency prohibited "abuse, neglect, exploitation, mistreatment or violation of an Individual's rights. These include and are defined as any of the following: corporal punishment i.e. forced physical activity, hitting, pinching, the application of pain or noxious stimuli, the use of electric shock, the infliction of physical pain, seclusion in an area which exit is prohibited, verbal abuse including screaming, swearing, name-calling, belittling, damaging an individual's self-respect or dignity, failure to follow physician's orders, denial of sleep, shelter, food, drink, physical movement for prolonged periods of time, Medical (sic) treatment or care of</p>		<p>exploitation, mistreatment and violation of individual rights. All staff in the location will be retrained on client A's behavioral support plan.</p> <p>Monitoring of Corrective Action: All client program plans will be reviewed by the behavioral clinician to determine if any changes need to be made. Client A and client D were reimbursed for the personal items that were taken. The site supervisor will be in the home at least five times weekly to assure the programming plans are being followed. The area supervisor will be in the home at least twice weekly to assure the programming plans are being followed and implemented. The QIDP will be in the location at least ten hours weekly to assure the programming plans are being implemented and followed. Administrative observations will be completed in the home at least twice monthly to assure programming plans are being implemented and followed and doing a site visit at the time of the visit. Alarms on the window for client A has been installed by Koorsen Fire and Security and his programming plans have been updated</p> <p>Completion date: 05.27.18</p>	

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W 0289 Bldg. 00	<p>use of bathroom facilities. Abuse, neglect, exploitation, mistreatment or violation of an Individual's rights may also be defined as forcing an individual to complete chores benefiting others without pay unless: (A) The Provider has obtained a certificate from the US Department of Labor to authorize employment; (B) The services are being performed in the individual's own home as a normal and customary part of housekeeping duties; or (C) An individual desires to perform volunteer work in the community."</p> <p>Interview with QIDP/Qualified Intellectual Disabilities Professional #1 at 1:39 PM on 4/24/18 indicated client A had a history of elopement and he must have taken the alarm device out of the east bedroom window. The QIDP indicated client A may be preparing to elope again. The QIDP reported the situation to administrative staff and the alarm system was going to be repaired.</p> <p>Interview with the Quality Assurance Manager/QAM #1 on 4/26/18 at 2:56 PM indicated the facility had a policy which prohibited abuse and neglect of clients. The interview indicated staff #6 had been terminated for abuse of client D.</p> <p>This federal tag relates to complaint #IN00257401.</p> <p>9-3-2(a)</p> <p>483.450(b)(4) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR The use of systematic interventions to manage inappropriate client behavior must be incorporated into the client's individual program plan, in accordance with §483.440(c) (4) and (5) of this subpart. Based on observation, record review and</p>		W 0289	W289: MGMT of inappropriate
				05/27/2018

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	<p>interview for 1 of 2 sampled clients (A), the facility failed to ensure methods to control elopement behavior were in the client's BSP/Behavior Support Plan.</p> <p>Findings include:</p> <p>Observations were conducted at the facility on 4/24/18 from 12:30 PM until 5:15 PM. Clients A, B, C, and D were observed to be living in the facility. Client A's bedroom was observed with QIDP/Qualified Intellectual Disabilities Professional staff #1 on 4/24/18 at 12:45 PM. The client's bedroom window on the east side was opened by QIDP #1 and no alarm sounded. It appeared someone had taken the alarm device out of the window casing. At 3:00 PM on 4/24/18, client A's bedroom was observed with House Manager #1. The window above the client's bed to the south was opened by HM #1. The window still had the alarm mechanism in it and it sounded in the facility's staff office. The bedroom window to the east was examined again and it was found to have the alarm mechanism missing and it did not cause an alarm when opened. During observations at the facility on 4/26/18 from 1:56 PM until 3:20 PM, client A's bedroom windows were examined. Client A's bedroom east window did not sound an alarm when opened. The window to the south had an alarm mechanism in it.</p> <p>Client A had a 1:1 (one staff to one client supervision), staff #1 on 4/24/18. Staff #1 was not aware (staff #1 was told at 3:07 PM) the alarm in client A's east bedroom window had been disabled.</p> <p>Staff #3 was client A's 1:1 on 4/26/18. Staff #3 did not know client A's east bedroom window's alarm was disabled when he was told at 2:00 PM on</p>		<p>client behavior. The use of Systematic interventions to manage inappropriate client behavior must be incorporated into the client's individual program plan, in accordance with the subpart.</p> <p>Corrective Action: (Specific): All staff in the home will be re-trained on the operation standard for reporting and investigating allegations of abuse, neglect, exploitation, mistreatment and violation of individual rights. All staff in the location will be retrained on client A's behavioral support plan. The behavioral clinician will be retrained on assuring all restrictions are in the programming plan.</p> <p>How others will be identified: (Systemic): All client program plans will be reviewed by the behavioral clinician to determine if any changes need to be made. Client A's behavioral support plan was updated and the definition of the one to one was updated and defined. The site supervisor will be in the home at least five times weekly to assure the programming plans are being followed. The area supervisor will be in the home at least twice weekly to assure the programming plans are being followed and implemented. The QIDP will be in the location at least ten hours weekly to assure</p>	

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	<p>4/26/18.</p> <p>The current behavior plan for client A was requested from Behavior Clinician #1 at 1:30 PM on 4/24/18. The BSP/Behavior Support Plan dated 4/4/18 was reviewed on 4/25/18 at 12:30 PM. The BSP indicated client A had a history of elopement. "He (client A) is a big elopement risk and will need to be watched very carefully in the community...Due to a recent incident of eloping, [client A] will be placed on 1:1 during all hours while in the home and in the community, 1:1 is defined as within 5 feet." The 4/4/18 BSP did not contain the use of alarms on client A's bedroom windows.</p> <p>Review of facility investigations and BDDS/Bureau of Developmental Disabilities Services reports on 4/25/18 at 9:00 AM indicated the following:</p> <p>A BDDS report dated 3/18/18 indicated on 3/18/18 at 6:30 AM, client A was not in his bed when staff went in to awaken him. After the facility was searched, it was determined client A had eloped. The manager contacted the police and client A was found at a friend's house in another city. The client was returned to the facility and then transported to a local hospital for evaluation. The county sheriff contacted the staff/client at the local hospital. The client had two outstanding warrants and he would be placed under arrest. The client was incarcerated pending his court appearance.</p> <p>The investigation dated 3/18/18 regarding client A's elopement on 3/18/18 indicated client A had eloped by going out of his bedroom window. The investigation indicated client A had loud music on when he was checked on by staff at 3:00 AM on</p>		<p>the programming plans are being implemented and followed. The behavioral clinician will be in the home at least ten hours weekly. Administrative observations will be completed in the home at least twice monthly to assure programming plans are being implemented and followed and doing a site visit at the time of the visit. Alarms on the window for Client A has been installed by Koorsen Fire and Security and his programming plans have been updated.</p> <p>Measures to be put in place; All staff in the home will be re-trained on the operation standard for reporting and investigating allegations of abuse, neglect, exploitation, mistreatment and violation of individual rights. All staff in the location will be retrained on client A's behavioral support plan. The behavioral clinician will be retrained on assuring all restrictions are in the programming plan.</p> <p>Monitoring of Corrective Action: All client program plans will be reviewed by the behavioral clinician to determine if any changes need to be made. Client A's behavioral support plan was updated and the definition of the one to one was updated and defined. The site supervisor will be in the home at least five times</p>	

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	<p>3/18/18. He was prompted to turn down his music. Staff went back to doing tasks. The client was interviewed and he stated he went out his bedroom window and went to his friend's house. The investigation recommended that alarms be installed on the windows and doors and enhanced supervision for client A. The investigation indicated "alarms have been installed."</p> <p>Interview with the Behavior Clinician/BC #1 on 4/26/18 at 2:10 PM indicated the BSP dated 4/4/18 for client A did not include the alarm system. The alarm system had been approved by the client's guardian. It was unknown how the alarm system had not been put into the BSP. BC #1 indicated the BSP was being revised.</p> <p>This federal tag relates to complaint #IN00257401.</p> <p>9-3-5(a)</p>		<p>weekly to assure the programming plans are being followed. The area supervisor will be in the home at least twice weekly to assure the programming plans are being followed and implemented. The QIDP will be in the location at least ten hours weekly to assure the programming plans are being implemented and followed. The behavioral clinician will be in the home at least ten hours weekly. Administrative observations will be completed in the home at least twice monthly to assure programming plans are being implemented and followed and doing a site visit at the time of the visit. Alarms on the window for Client A has been installed by Koorsen Fire and Security and his programming plans have been updated.</p> <p>Completion date: 05.27.18</p>	