

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G247		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/13/2017	
NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN				STREET ADDRESS, CITY, STATE, ZIP CODE 2401 CORNWALL DR JEFFERSONVILLE, IN 47130			
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W 0000 Bldg. 00	<p>This visit was for a full recertification and state licensure survey. This visit resulted in an Immediate Jeopardy.</p> <p>Dates of Survey: 11/6/17, 11/7/17, 11/8/17, 11/9/17 and 11/13/17.</p> <p>Facility Number: 000769 Provider Number: 15G247 AIMS Number: 1002498810</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 11/20/17.</p>		W 0000				
W 0102 Bldg. 00	<p>483.410 GOVERNING BODY AND MANAGEMENT The facility must ensure that specific governing body and management requirements are met.</p> <p>Based on observation, record review and interview, the facility failed to meet the</p>		W 0102	<p>W102: The facility must ensure that specific governing body and management</p>		12/02/2017	

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 that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days 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 disclosable 14 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>Condition of Participation: Governing Body for 4 of 4 sampled clients (#1, #2, #3 and #4) plus 3 additional clients (#5, #6 and #7). The governing body failed to exercise general policy, budget and operating direction over the facility to address clients #2, #3, #4, #5, #6 and #7's fear of client #1.</p> <p>The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility met the Condition of Participation: Client Protections for 4 of 4 sampled clients (#1, #2, #3 and #4) plus 3 additional clients (#5, #6 and #7). The governing body neglected to implement its written policy and procedures to address clients #2, #3, #4, #5, #6 and #7's fear of client #1 and take sufficient corrective action to make clients feel safe in their home.</p> <p>Findings include:</p> <p>1. The governing body failed to exercise general policy, budget and operating direction over the facility to address clients #2, #3, #4, #5, #6 and #7's fear of client #1. The governing body neglected to take sufficient corrective action to make clients #2, #3, #4, #5, #6 and #7 feel safe in their home. Please see W104.</p>		<p>requirements are met.</p> <p>Corrective Action: (Specific): All staff at the home will be re-trained on the Operation Standard for reporting and investigating allegations of abuse neglect exploitation mistreatment or violation of individual rights. The Grievance Policy and Bill of Rights will be reviewed with all clients at the home. Client 1 has been moved from the location and has been approved for a CIH waiver.</p> <p>How others will be identified: (Systemic): The Site Supervisor will be in the home at least five times weekly and the Area Supervisor will be in the home at least twice weekly to ensure the Operation Standard for reporting and investigating allegations of abuse neglect exploitation mistreatment or violation of individual rights policy is being followed.</p> <p>Management Observations will be implemented in the location for the next thirty days.</p> <p>The Grievance policy and Bill of Rights will be reviewed with all clients at the home.</p> <p>Measures to be put in place: All staff at the home will be re-trained on the Operation</p>				

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W 0104 Bldg. 00	<p>2. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility met the Condition of Participation: Client Protections for 4 of 4 sampled clients (#1, #2, #3 and #4) plus 3 additional clients (#5, #6 and #7). The governing body neglected to implement its written policy and procedures to address clients #2, #3, #4, #5, #6 and #7's fear of client #1 and take sufficient corrective action to make clients feel safe in their home. Please see W122.</p> <p>9-3-1(a)</p> <p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based on observation, record review and</p>		W 0104	<p>Standard for reporting and investigating allegations of abuse neglect exploitation mistreatment or violation of individual rights. The Grievance Policy and Bill of Rights will be reviewed with all clients at the home. Client 1 has been moved from the location and has been approved a CIH waiver.</p> <p>Monitoring of Corrective: The Site Supervisor will be in the home at least five times weekly and the Area Supervisor will be in the home at least twice weekly to ensure the Operation Standard for reporting and investigating allegations of abuse neglect exploitation mistreatment or violation of individual rights policy is being followed. Management Observations will be implemented in the location for the next thirty days.</p> <p>Completion date: 12.02.17</p> <p>W104: The governing body must exercise general policy, budget,</p>		12/02/2017	

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	<p>interview for 4 of 4 sampled clients (#1, #2, #3 and #4) plus 3 additional clients (#5, #6 and #7), the governing body failed to exercise operating direction over the facility to address clients #2, #3, #4, #5, #6 and #7's fear of client #1. The governing body neglected to take sufficient corrective action to make clients #2, #3, #4, #5, #6 and #7 feel safe in their home.</p> <p>Findings include:</p> <p>1. The governing body failed to exercise operating direction over the the facility to implement its written policy and procedures to address clients #2, #3, #4, #5, #6 and #7's fear of client #1. The governing body neglected to take sufficient corrective action to make clients #2, #3, #4, #5, #6 and #7 feel safe in their home. Please see W149.</p> <p>2. The governing body failed to exercise operating direction over the facility to take appropriate corrective action to address clients #2, #3, #4 #5, #6 and #7's fear of client #1. Please see W157.</p> <p>9-3-1(a)</p>				<p>and operating direction over the facility.</p> <p>Corrective Action: (Specific): All staff at the home will be re-trained on the Operation Standard for reporting and investigating allegations of abuse, neglect, exploitation, mistreatment, or violation of individual rights. The Grievance Policy and Bill of Rights will be reviewed with all clients at the home. Client 1 has been moved from the location and has been approved a CIH waiver.</p> <p>How others will be identified: (Systemic): The Site Supervisor will be in the home at least five times weekly and the Area Supervisor will be in the home at least twice weekly to ensure the Operation Standard for reporting and investigating allegations of abuse, neglect, exploitation, mistreatment, or violation of individual rights policy is being followed.</p> <p>Measures to be put in place: All staff at the home will be re-trained on the Operation Standard for reporting and investigating allegations of abuse neglect exploitation mistreatment or violation of individual rights. The</p>		

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W 0122 Bldg. 00	483.420 CLIENT PROTECTIONS The facility must ensure that specific client protections requirements are met. Based on observation, interview and record review, the facility failed to meet the Condition of Participation: Client Protections for 4 of 4 sampled clients (#1, #2, #3 and #4) plus 3 additional clients (#5, #6 and #7). The facility neglected to implement its written policy and procedures to address clients #2, #3, #4, #5, #6 and #7's fear of client #1 and		W 0122	<p>Grievance Policy and Bill of Rights will be reviewed with all clients at the home. Client 1 has been moved from the location and has been approved a CIH waiver.</p> <p>Monitoring of Corrective Action: The Site Supervisor will be in the home at least five times weekly and the Area Supervisor will be in the home at least twice weekly to ensure the Operation Standard for reporting and investigating allegations of abuse, neglect, exploitation, mistreatment, or violation of individual rights policy is being followed.</p> <p>Completion date: 12.02.17</p> <p>W122: The facility must ensure that specific client protections requirements are met.</p> <p>Corrective Action: (Specific): The staff will be retrained on the operation standards for reporting and investigating abuse, neglect,</p>		12/02/2017	

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	<p>take sufficient corrective action to make clients feel safe in their home.</p> <p>This noncompliance resulted in an Immediate Jeopardy. The Immediate Jeopardy (IJ) was identified on 11/7/17 at 9:42 AM. The Immediate Jeopardy began on 11/6/17 when the facility failed to ensure clients #2, #3, #4, #5, #6 and #7 felt safe in their home. The Program Manager (PM) was notified of the Immediate Jeopardy on 11/7/17 at 9:42 AM.</p> <p>The facility submitted a Plan of Correction (POC) for the removal of the IJ on 11/7/17 at 6:49 PM. The facility's POC for removal indicated the following:</p> <p>"1. All clients in the home will have individual meetings with the management staff on 11/8/17.</p> <p>2. During these individual meetings the following will be discussed:</p> <p>a. Review with each individual the situation regarding [client #1].</p> <p>b. Reassure each individual that this client will not be returning to this home.</p> <p>c. Discuss any questions or concerns related to this incident or any other incident with each individual.</p> <p>d. Review the ResCare Bill of Rights and Client Grievance Policy with each individual.</p>				<p>exploration, mistreatment or violation of an individual's rights.</p> <p>How others will be identified: (Systemic): Client 1 was moved from the location and the ResCare Team worked with the local BDDS team to ensure the safety of the client; he received a CIH waiver for another location.</p> <p>Measures to be put in place: The staff will be retrained on the operation standards for reporting and investigating abuse, neglect, exploration, mistreatment or violation of an individual's rights. .</p> <p>Monitoring of Corrective Action :) Client 1 was moved from the location and the ResCare Team worked with the local BDDS team to ensure the safety of the client; he received a CIH waiver for another location.</p> <p>Completion date: 12.02.17</p>		

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	<p>3. Will assure each individual is reassured by these measures and by the fact the client (#1) in question will not be returning to the home and that they feel safe in their home.</p> <p>4. Mental health counseling will be offered and provided to each individual if requested.</p> <p>5. The client in question is currently at a hotel until an alternate residential waiver site is available for him to transition to start the CIH (Community Integration Habilitation) Waiver process.</p> <p>6. Once the client in question has a waiver, ResCare will participate in all IDT (Interdisciplinary Team) meetings for the provision of services for him.</p> <p>7. The client in question will not be returned to this site and will be supported at an alternate location until his CIH waiver is activated."</p> <p>The Immediate Jeopardy which began on 11/6/17 and was identified on 11/7/17 was removed on 11/9/17 at 10:15 AM when the facility put a plan of correction into place to remove the immediacy of the situation. The non-compliance remains at a condition level to ensure the emotional support and safety of the clients.</p> <p>Observations were conducted at the group home on 11/8/17 from 7:30 AM</p>						

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	<p>through 11:00 AM. Client #1 was at a hotel with staff #1 during the observation period. At 10:30 AM staff #1 phoned House Manager (#1) to inform her the hotel wanted them to check out. Staff #1 did not have a plan for client #1. Staff #1 indicated she had phoned AED (Associate Executive Director) #1 but AED #1 did not answer her phone. HM #1 indicated client #1 did not have a plan for check out time. HM #1 indicated client #1 did not have any money for lunch. HM #1 indicated client #1 did not have his evening medications. HM #1 indicated client #1 ate at 11:30 AM. HM #1 indicated the home could not use their credit card because it was not available for use on Wednesdays.</p> <p>AED #1 was contacted on 11/8/17 at 10:45 AM. AED #1 indicated client #1 had a late check out and could stay at the hotel until 12 PM. AED #1 did not indicate what the plan for client #1 would be at 12 PM.</p> <p>Executive Director (ED) #1 was interviewed at 11:35 AM on 11/8/17. ED #1 phoned the hotel to make sure client #1 could stay until 12 PM. ED #1 indicated client #1 would then come to the office location until a placement was secured for him.</p>						

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	<p>Client #1 arrived at the office location at 1:00 PM. AED #1 indicated at 1:30 PM client #1 had been provided with lunch. AED #1 indicated client #1 would be moving to a supported living site by the end of the day.</p> <p>Observations were conducted on 11/9/17 from 7:15 AM through 8:15 AM. Client #1 was not in the home. Clients #2, #4, #5, #6 and #7 were sitting in the living room watching TV. Client #3 was getting ready for workshop.</p> <p>Client #2 was interviewed on 11/9/17 at 7:45 AM. Client #2 indicated he was happy.</p> <p>Client #5 was interviewed on 11/9/17 at 7:30 AM. Client #5 indicated client #1 was gone. Client #5 indicated he was happy client #1 was gone. Client #5 indicated he could sit in the living room now.</p> <p>Client #4 was interviewed on 11/9/17 at 7:50 AM. Client #4 was asked if he felt safe. Client #4 shook his head yes. Client #4 smiled and touched his heart. Client #4 was asked if he felt happy and he shook his head yes.</p> <p>Client #7 was interviewed on 11/9/17 at 8:00 AM. Client #7 indicated he was</p>						

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	<p>happy client #1 was gone.</p> <p>IDT notes were reviewed on 11/9/17 at 12:01 PM. Meetings were held with clients #2, #3, #4, #5, #6 and #7 on 11/8/17. Clients were offered emotional support. Clients were insured client #1 would not be returning to the home.</p> <p>Findings include:</p> <p>1. The facility neglected to implement its written policy and procedures to address clients #2, #3, #4, #5, #6 and #7's fear of client #1 and take sufficient corrective action to make clients feel safe in their home. Please see W149.</p> <p>2. The facility neglected to take sufficient corrective action to make clients #2, #3, #4, #5, #6, and #7 feel safe in their home. Please see W157.</p> <p>9-3-2(a)</p>						

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W 0149 Bldg. 00	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on observation, record review and interview for 4 of 4 sampled clients (#1, #2, #3 and #4) plus 3 additional clients (#5, #6 and #7), the facility neglected to implement its written policy and procedures to address clients #2, #3, #4, #5, #6 and #7's fear of client #1. The facility neglected to take sufficient corrective action to make clients #2, #3, #4, #5, #6 and #7 feel safe in their home.</p> <p>Findings include:</p> <p>Observations were conducted on 11/6/17 from 4:00 PM through 6:00 PM. House Manager (HM) #1 and staff #2 were</p>			W 0149	<p>W149: The facility must develop and implement written procedures that prohibit mistreatment, neglect or abuse of the client. Corrective Action: (Specific): All staff in the home will be re-trained on the operation standard for reporting and investigating abuse neglect exploitation mistreatment or violation of an individual's rights. Client 1 received a CIH waiver and no longer resides in the home.</p> <p>How others will be identified: (Systemic):</p>		12/02/2017

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	<p>observed to be working during the observation period. At 4:30 PM client #6 was in his bedroom. HM #1 prompted client #6 to come out for a visitor. Client #6 only came out of his room for dinner at 5:50 PM. At 5:00 PM client #1 was pacing back and forth from the living room to kitchen. Client #4 stayed close to HM #1 while client #1 was in the same room. Client #7 stayed in the kitchen with staff #1. Client #2 stayed in his bedroom during the observation period with the exception of dinner and the medication pass. Clients #3, #4, #5 were not observed to be in the same room as client #1 without staff during the observation period. Clients #3, #4, #5 and #7 were in their bedrooms except for the dinner meal.</p> <p>Observations were conducted on 11/7/17 from 6:45 AM through 7:45 AM. Client #4 was observed to be beside the HM for most of the observation. Client #1 spent the morning in his room. Client #1 came to the common area of the house to eat breakfast. Client #1 then returned to his room. Client #1 came out of his room at 7:45 AM wearing a tank top and a tiara. Client #1 showed the HM his outfit and went back to his room. Clients #3 and #6 were in the living room watching TV. Clients #2 and #5 were in their bedroom with the exception of morning meal.</p>		<p>Quality Assurance will review all incidents daily to ensure that incidents of peer to peer aggression are addressed and have preventative measures put in place. The QA Manager will meet with QA at least weekly to ensure that all incidents of peer to peer aggression are addressed and have preventative measures implemented.</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 abuse neglect exploitation mistreatment or violation of an individual's rights. Client one received a CIH waiver and no longer resides in the home.</p> <p>Monitoring of Corrective Action: Quality Assurance will review all incidents daily to ensure that incidents of peer to peer aggression are addressed and have preventative measures put in place. The QA Manager will meet with QA at least weekly to ensure that all incidents of peer to peer aggression are addressed and have preventative measures implemented.</p>				

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	<p>Client #2 was interviewed on 11/6/17 at 5:40 PM. Client #2 stated he was "scared of [client #1]." Client #2 indicated client #1 had hit him before. Client #2 indicated he did not like client #1 living in the home. Client #2 indicated client #1 had hit staff.</p> <p>Client #3 was interviewed on 11/6/17 at 5:35 PM. Client #3 stated he was "scared of [client #1]." Client #3 indicated he did not want client #1 to be his roommate.</p> <p>Client #4 was interviewed on 11/6/17 at 5:25 PM. Client #4 is nonverbal but makes gestures. HM #1 asked client #4 if he was scared of client #1; client #4 shook his head yes and put his fist in the air. Client #4 imitated shaking. HM #1 asked him if client #1 made him nervous; client #4 shook his head yes.</p> <p>Client #5 was interviewed on 11/6/17 at 5:20 PM. Client #5 stated he was "scared of [client #1's] behaviors." Client #5 indicated client #1 hits people and yells. Client #5 indicated he liked his home but he did not like client #1.</p> <p>Client #6 was interviewed on 11/6/17 at 5:30 PM. Client #6 indicated he was not scared of client #1. Client #6 indicated when client #1 had behaviors he went to</p>				Completion date: 12/02/17		

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	<p>his room. Client #6 indicated he did not want client #1 to be his roommate.</p> <p>Client #7 was interviewed on 11/6/17 at 5:45 PM. Client #7 stated he "did not like" client #1. HM #1 asked client #7 if client #1 made him scared; client #7 said "yes." Client #7 indicated client #1 was mean. Client #7 indicated client #1 had thrown a plate at his head. Client #7 indicated it scared him when he threw the plate. Client #7 indicated the plate almost hit him.</p> <p>Bureau of Developmental Disabilities Services (BDDS) reports were reviewed on 11/6/17 at 1:00 PM.</p> <p>BDDS report dated 8/13/17 indicated, "Staff and clients were sitting at the dinner table eating dinner when they redirected [client #1] about portion control. [Client #1] became upset when prompted and threw his plate of food and slapped [client #5] and [client #2] on the back. Staff utilized company and BSP (Behavior Support Plan) approved You're Safe I'm Safe (YSIS) techniques until [client #1] was calm. There were no further behaviors displayed and there were no injuries reported as a result of this incident. [Client #1] does have a BSP in place to address the behaviors. A client to client investigation will be completed</p>						

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	<p>as well as review of bill of rights and grievance procedure with clients. Staff will continue to follow plans and report any incidents or behaviors to the team."</p> <p>BDDS report dated 9/6/17 indicated, "[Client #1] became upset and hit staff when staff asked him to wash his hands before touching her as he had been eating buttered toast. [Client #1] was then placed in a 2 person YSIS standing hold for 3 minutes at which time he became calm. As soon as staff released [client #1] he charged at them and was again placed in a 2 person YSIS standing hold for one minute then became calm, went to the living room and watched a movie. The YSIS is HRC (Human Rights Committee) and BSP approved and was implemented correctly and no injuries were noted following the incident."</p> <p>BDDS report dated 9/7/17 indicated, "After a number of incidents of physical aggression over the past few days (which injured staff, not clients) [client #1's] father and guardian requested [client #1] be taken to the ER (Emergency Room) for an evaluation and possible admission for further assessment to a behavioral health facility. [Client #1] was taken to the ER and [behavioral facility] completed an assessment and based on the low IQ level declined to provide</p>						

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	<p>services and recommended [client #1] be seen by his current psych doctor. [Behavioral facility] also recommended if [client #1] becomes at immediate risk to himself or anyone else's that he needed to be taken to [hospital] ER. [Client #1] was then released to home with no further instructions. [Client #1] will follow up with his psych doctor. In addition the team will meet to discuss if any changes are needed at this time. Staff also continues to follow plans."</p> <p>BDDS report dated 9/7/17 indicated, "[Client #1] was asked to move from the front seat in the van to the back bench and responded by hitting, kicking and pulling staff's hair and clothes. The QIDP (Qualified Intellectual Disabilities Professional) was able (sic) verbally redirect [client #1] and move to the back seat. Staff then waited for the other staff to come out of [day program] and then transported him safely home. The team will meet to discuss the incident and if any changes are needed at this time."</p> <p>BDDS report dated 9/28/17 indicated, "[Client #1] became physically aggressive when at the store and began hitting and kicking staff. Staff attempted to calm him with verbal redirection but was unsuccessful. [Client #1] was then placed in a 2 person YSIS hold and</p>						

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	<p>escorted from the store to the van and taken home. [Client #1] then made his lunch, ate and then went to his room. The YSIS is HRC and BSP approved."</p> <p>BDDS report dated 10/10/17 indicated,"On 10/9/17 [client #1] tried to call his mother a few times during his phone time. When his mother did not answer [client #1] became physically aggressive hitting walls and staff. After [client #1's] mother called back he was fine."</p> <p>BDDS report dated 10/12/17 indicated, "On 10/12/17 [client #1] became physically aggressive hitting walls and kicking chairs. Staff redirected him but was unsuccessful. [Client #1] then started to hit staff. Staff redirected him to his room and he became calm."</p> <p>BDDS report dated 10/14/17 indicated, "On 10/13/17 [client #1] became verbally and physically aggressive by yelling and hitting counters. Staff verbally redirected him but was unsuccessful. [Client #1] then started yelling and hitting the tables and slamming chairs. Staff verbally redirected him again, then he began hitting staff. Staff attempted to place [client #1] in a company and BSP approved 1 man upper bear hug, but was unsuccessful. Staff then told [client #1] if</p>						

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	<p>he kept hitting staff, staff was going to have to call the police. [Client #1] then went to his room and became calm."</p> <p>BDDS report dated 10/14/17 indicated, "On 10/13/17 [client #1] became verbally and physically aggressive in the community. Staff called his psychiatrist and he recommended that staff take him home and then call 911 to have him transported to (hospital) for a psych eval. [Client #1] was assessed and discharged from [hospital]. [Client #1] was diagnosed with Autism Spectrum Disorder and ordered to follow up with his PCP (Primary Care Physician) in 2 to 3 days."</p> <p>BDDS report dated 10/15/17 indicated, "On 10/15/17 [client #1] became physically aggressive by hitting, scratching, kicking and pulling staff's hair. Staff redirected him but was unsuccessful. After 25 minutes of physical aggression staff called the police. The police arrived to the home and talked to [client #1], and he became calm."</p> <p>BDDS report dated 10/25/17 indicated, "[Client #1] became upset when he stated he wanted to take a flight to California right away and staff told him that was not possible. [Client #1] then threw his</p>						

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	<p>silverware, cup and plate as it was at the dinner table that he became upset. None of the clients were hit by the thrown items, however staff did get hit."</p> <p>Internal Incident Report dated 6/14/17 indicated, "[Client #1] had wanted to visit his mother for Mothers Day and had been upset. He punched walls and kicked sofa. Staff knocked on door because it was time for 4 PM medication and he was holding the door shut. He opened the door and started hitting me (staff). I used YSIS and he slowed down. Called for 2nd staff and 2 person YSIS was used."</p> <p>Client #1's record was reviewed on 11/7/17 at 9:30 AM. Client #1's 8/24/17 BSP indicated, "[Client #1's] Target behaviors are physical aggression, verbal disruption, property destruction and non-compliance. Physical aggression has been identified as the first target behavior in a chain of behavior that has the potential to lead to verbal disruption, property destruction and non-compliance. When he engages in Physical aggression staff will:</p> <ol style="list-style-type: none"> 1. Let him know you will talk to him when he is calm for at least 30 seconds. 2. Once he has stopped engaging in the behavior for at least 30 seconds will be defined as him being calm. Once calm attempt to resolve the problem or come 						

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	<p>up with a game plan as to how the problem can be solved. Make statements to acknowledge his emotions. Praise him for his input and compliance with his help in resolving the problem.</p> <p>3. If the behavior continues, in a calm, neutral voice, redirect him to calm down and to practice a relaxation technique. If he does not begin to go to a different room within 30 seconds, staff will redirect peers away from the immediate area. A staff will encourage him to go with them in the opposite direction of peers. Attempt to find out what is upsetting him and attempt to resolve the problem as best you can. If target behaviors were to occur reactive procedures explain how to handle the situation. -Make sure that all other consumers are safe and out of harms way. If he is mad at staff, that staff should remove themselves from the immediate area if at all possible. If he still does not calm down after removing others from his immediate area and he is still a danger to himself or others then YSIS may be needed. -If he continues to be physically aggressive use the one person YSIS technique. - If the behavior continues or worsens use the two person YSIS technique. -Once he is calm, he should be released and then should be redirected to some type of activity to get him busy again or to a work on what was bothering</p>						

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	<p>him."</p> <p>Client #1's record was reviewed on 11/7/17 at 9:30 AM. Client #1's IDT (interdisciplinary Team) meetings indicated:</p> <p>IDT meeting dated 8/7/17 indicated, "This team is meeting to discuss recent increase in [client #1's] behavior. Staff spoke with psych doctor over the phone and he is adding Geodon 20 mg (milligram) at bedtime for ADHD (Attention Deficit Hyperactivity Disorder) and Anxiety."</p> <p>IDT meeting dated 8/7/17 indicated, "This team is meeting to discuss recent increase in [client #1's] behaviors. [Client #1's] father said he believed therapy was necessary. He would like a Behavior Consultant (BC) for [client #1]. He is in agreement for a PRN (as needed) Neurological hospital assessment in [city]. He is in support of school or day treatment and believes [client #1] needs more structure in the day. He agreed to give staff any food brought into home and that [client #1] be taught portion control. He suggested [name] and [name] for additional therapy for [client #1]."</p> <p>IDT meeting dated 10/11/17 indicated, "The team is meeting to discuss the</p>						

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	<p>incident that occurred on 10/9/17 regarding [client #1] and his physical aggression with calling his mom. The team has agreed that staff will continue to follow the plans and have [client #1] call his mom between the hours of 4 PM and 6 PM on Mondays. If mom does not answer the phone the first time staff will remind [client #1] that mom may still be at work and she will call back."</p> <p>IDT meeting dated 9/8/17 indicated, "This team is meeting to discuss the incident that occurred on 9/7/17 regarding [client #1] continuously being physically aggressive to staff. QIDP notified the nurse and recommended that he be transported to get evaluated. Per guardian [client #1] was transported to [facility] for an evaluation and to be admitted to [Behavior unit]. Once [behavioral unit] arrived they stated his IQ was too low for them to admit him. They did recommend they next time he has any behaviors to call 911 and have them be transported to hospital and his psych doctor will admit him for an evaluation. Staff will continue to follow the plans and report incidents."</p> <p>IDT meeting dated 9/1/17 indicated, "This team is meeting to discuss the incident that occurred on 8/31/17 regarding [client #1] and peer. [Client #1]</p>						

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	<p>hit peer in the chest. [Client #1] then became verbally and physically aggressive and telling everyone he hated them and hit peer's DVD player and kicking furniture. The team agrees to keep the clients separated to prevent other client to client incidents from happening."</p> <p>IDT meeting dated 8/7/17 indicated, "This team is meeting to discuss recent increase in anxiety and aggression. [Client #1] saw his psychiatrist and had his medications changed. [Client #1's] fluvoxamine (Obsessive Compulsive Disorder) was changed from 50 mg (milligram) to 100 mg daily."</p> <p>IDT meeting dated 8/2/17 indicated, "This team is meeting to discuss [client #1's] progress over the last 3 months. [Client #1] is doing well in the home, staff is looking into getting him into [High School] or Day program. He has been doing well with behaviors and occasionally hits walls or staff and will stop when redirected. [Client #1] has no medical concerns at this time. He saw psych doctor last (sic) and had some medicine changes. [Client #1] will also be going to a gender doctor on 8/4/17 because he wants to wear girl clothes. The purpose of this appointment is to get the doctor to explain to him he is a boy."</p>						

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	<p>Client #2's record was reviewed on 11/6/17 at 10:00 AM. Client #2's record did not indicate any IDT meetings to address a pattern of fear from client #1.</p> <p>Client #3's record was reviewed on 11/6/17 at 10:28 AM. Client #3's record did not indicate any IDT meetings to address a pattern of fear from client #1.</p> <p>Client #4's record was reviewed on 11/6/17 at 11:00 AM. Client #4's record did not indicate any IDT meetings to address a pattern of fear from client #1.</p> <p>Staff #2 was interviewed on 11/7/17 at 7:30 AM. Staff #2 indicated she was scared client #1 would hurt one of the clients. Staff #2 indicated the staff in the home can't protect themselves and she didn't feel like they could protect the other clients from client #1. Staff #2 indicated client #1 had already sent 2 staff to the hospital (dislocated thumb/arm sling) during his behaviors. Staff #2 indicated all the clients were scared of client #1. Staff #1 indicated when client #1 had a behavior, client #7 would refuse to come out of his room for up to 20 minutes after the behavior. Staff #2 indicated the clients do not like to be in the same room with client #1.</p>						

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	<p>HM #1 was interviewed on 11/6/17 at 5:00 PM. HM #1 indicated all the clients were scared of client #1. HM #1 indicated she was afraid client #1 would hurt one of the clients when he was having a behavior. HM #1 indicated client #1 had dislocated her thumb as well as another staff's thumb. HM #1 indicated client #1 had put one of the staff's arms in a sling. HM #1 indicated client #1 should not have been placed in this home. HM #1 indicated client #1 was a teenager and the other clients were elderly. HM #1 indicated client #2 had begun to mock some of the behaviors client #1 was having.</p> <p>QIDP #1 was interviewed on 11/7/17 at 9:30 AM. QIDP #1 indicated she did not feel client #1 should have been placed in this home. QIDP #1 indicated during behaviors client #1 usually goes after staff. QIDP #1 indicated client #1 had punched and kicked holes in walls and doors at the house. QIDP #1 indicated the clients were scared of client #1.</p> <p>LPN #1 was interviewed on 11/6/17 at 3:30 PM. LPN #1 indicated client #1 had several instances of physically aggressive behavior. LPN #1 indicated client #1 had gone through several medication changes. LPN #1 indicated client #1 had gender identity issues, and believed himself to be</p>						

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	<p>a girl. LPN #1 indicated client #1 was not a good fit for the home. LPN #1 indicated the home had mostly older males.</p> <p>The facility's policy and procedures were reviewed on 11/7/17 at 9:19 AM. The facility's Abuse, Neglect, Exploitation Policy and Procedure revised date of 1/9/15 indicated the following:</p> <p>- "Community Alternatives South East staff actively advocate for the rights and safety of all individuals. All allegations or occurrences of abuse, neglect and/or exploitation shall be reported and thoroughly investigated. Community Alternatives South East strictly prohibits abuse, neglect and/or exploitation."</p> <p>- "The Clinical Supervisor will assign an investigative team and a thorough investigation will be completed within 5 business days of the report of the incident. Once the investigation has been completed, the investigation will be given to the Executive Director or designee for review."</p> <p>- "F. Abuse- Exploitation. 1. An act that deprives and individual of real or personal property by fraudulent or illegal means."</p> <p>- "E. Neglect- Emotional/Physical. 1.</p>						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G247		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/13/2017	
NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN				STREET ADDRESS, CITY, STATE, ZIP CODE 2401 CORNWALL DR JEFFERSONVILLE, IN 47130			
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	<p>Failure to provide goods and/or services necessary for the individual to avoid physical harm. 2. Failure to provide the support necessary to an individual's psychological and social well being. 3. Failure to meet the basic need requirements such as food, shelter, clothing and to provide a safe environment."</p> <p>- "F. Neglect- Program Intervention. 1. Failure to provide goods and/or services necessary for the individual to avoid physical harm."</p> <p>9-3-2(a)</p>						

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W 0157 Bldg. 00	<p>483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken.</p> <p>Based on observation, record review and interview for 3 of 4 sampled clients (#2, #3 and #4) plus 3 additional clients (#5, #6 and #7), the facility failed to take appropriate corrective action to address clients #2, #3, #4 #5, #6 and #7's fear of client #1.</p> <p>Findings include:</p> <p>Observations were conducted on 11/6/17 from 4:00 PM through 6:00 PM. House Manager (HM) #1 and staff #2 were observed to be working during the observation period. At 4:30 PM client #6 was in his bedroom. HM #1 prompted client #6 to come out for a visitor. Client #6 only came out of his room for dinner at 5:50 PM. At 5:00 PM client #1 was pacing back and forth from the living room to kitchen. Client #4 stayed close to HM #1 while client #1 was in the same room. Client #7 stayed in the kitchen with staff #1. Client #2 stayed in his bedroom during the observation period with the exception of dinner and the medication pass. Clients #3, #4, #5 were not observed to be in the same room as client #1 without staff during the</p>		W 0157	<p>W157: If alleged violation is verified, appropriate corrective action must be taken.</p> <p>Corrective Action: (Specific): All staff in the home will be re-trained on the operation standard for reporting and investigating abuse neglect exploitation mistreatment or violation of an individual's rights. Client 1 received a CIH waiver and no longer resides in the home.</p> <p>How others will be identified: (Systemic): The Site Supervisor will be in the home at least five times weekly and the Area Supervisor will be in the home at least twice weekly to ensure the Operation Standard for reporting and investigating allegations of abuse neglect exploitation mistreatment or violation of individual rights policy is being followed. Management Observations will be implemented in the location at least three times weekly for the next thirty days.</p>		12/02/2017	

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	<p>observation period. Clients #3, #4, #5 and #7 were in their bedrooms except for the dinner meal.</p> <p>Observations were conducted on 11/7/17 from 6:45 AM through 7:45 AM. Client #4 was observed to be beside the HM for most of the observation. Client #1 spent the morning in his room. Client #1 came to the common area of the house to eat breakfast. Client #1 then returned to his room. Client #1 came out of his room at 7:45 AM wearing a tank top and a tiara. Client #1 showed the HM his outfit and went back to his room. Clients #3 and #6 were in the living room watching TV. Clients #2 and #5 were in their bedroom with the exception of morning meal.</p> <p>Client #2 was interviewed on 11/6/17 at 5:40 PM. Client #2 stated he was "scared of [client #1]." Client #2 indicated client #1 had hit him before. Client #2 indicated he did not like client #1 living in the home. Client #2 indicated client #1 had hit staff.</p> <p>Client #3 was interviewed on 11/6/17 at 5:35 PM. Client #3 stated he was "scared of [client #1]." Client #3 indicated he did not want client #1 to be his roommate.</p> <p>Client #4 was interviewed on 11/6/17 at 5:25 PM. Client #4 is nonverbal but</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 abuse neglect exploitation mistreatment or violation of an individual's rights. Client one received a CIH waiver and no longer resides in the home.</p> <p>Monitoring of Corrective Action: The Site Supervisor will be in the home at least five times weekly and the Area Supervisor will be in the home at least twice weekly to ensure the Operation Standard for reporting and investigating allegations of abuse neglect exploitation mistreatment or violation of individual rights policy is being followed. Management Observations will be implemented in the location at least three times weekly for the next thirty days.</p> <p>Completion date: 12.02.17</p>		

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	<p>makes gestures. HM #1 asked client #4 if he was scared of client #1; client #4 shook his head yes and put his fist in the air. Client #4 imitated shaking. HM #1 asked him if client #1 made him nervous; client #4 shook his head yes.</p> <p>Client #5 was interviewed on 11/6/17 at 5:20 PM. Client #5 stated he was "scared of [client #1's] behaviors." Client #5 indicated client #1 hits people and yells. Client #5 indicated he liked his home but he did not like client #1.</p> <p>Client #6 was interviewed on 11/6/17 at 5:30 PM. Client #6 indicated he was not scared of client #1. Client #6 indicated when client #1 had behaviors he went to his room. Client #6 indicated he did not want client #1 to be his roommate.</p> <p>Client #7 was interviewed on 11/6/17 at 5:45 PM. Client #7 stated he "did not like" client #1. HM #1 asked client #7 if client #1 made him scared; client #7 said "yes." Client #7 indicated client #1 was mean. Client #7 indicated client #1 had thrown a plate at his head. Client #7 indicated it scared him when he threw the plate. Client #7 indicated the plate almost hit him.</p> <p>Bureau of Developmental Disabilities Services (BDDS) reports were reviewed</p>						

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	<p>on 11/6/17 at 1:00 PM.</p> <p>BDDS report dated 8/13/17 indicated, "Staff and clients were sitting at the dinner table eating dinner when they redirected [client #1] about portion control. [Client #1] became upset when prompted and threw his plate of food and slapped [client #5] and [client #2] on the back. Staff utilized company and BSP (Behavior Support Plan) approved You're Safe I'm Safe (YSIS) techniques until [client #1] was calm. There were no further behaviors displayed and there were no injuries reported as a result of this incident. [Client #1] does have a BSP in place to address the behaviors. A client to client investigation will be completed as well as review of bill of rights and grievance procedure with clients. Staff will continue to follow plans and report any incidents or behaviors to the team."</p> <p>BDDS report dated 9/6/17 indicated, "[Client #1] became upset and hit staff when staff asked him to wash his hands before touching her as he had been eating buttered toast. [Client #1] was then placed in a 2 person YSIS standing hold for 3 minutes at which time he became calm. As soon as staff released [client #1] he charged at them and was again placed in a 2 person YSIS standing hold for one minute then became calm, went to the</p>						

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	<p>living room and watched a movie. The YSIS is HRC (Human Rights Committee) and BSP approved and was implemented correctly and no injuries were noted following the incident."</p> <p>BDDS report dated 9/7/17 indicated, "After a number of incidents of physical aggression over the past few days (which injured staff, not clients) [client #1's] father and guardian requested [client #1] be taken to the ER (Emergency Room) for an evaluation and possible admission for further assessment to a behavioral health facility. [Client #1] was taken to the ER and [behavioral facility] completed an assessment and based on the low IQ level declined to provide services and recommended [client #1] be seen by his current psych doctor. [Behavioral facility] also recommended if [client #1] becomes at immediate risk to himself or anyone else's that he needed to be taken to [hospital] ER. [Client #1] was then released to home with no further instructions. [Client #1] will follow up with his psych doctor. In addition the team will meet to discuss if any changes are needed at this time. Staff also continues to follow plans."</p> <p>BDDS report dated 9/7/17 indicated, "[Client #1] was asked to move from the front seat in the van to the back bench</p>						

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	<p>and responded by hitting, kicking and pulling staff's hair and clothes. The QIDP (Qualified Intellectual Disabilities Professional) was able (sic) verbally redirect [client #1] and move to the back seat. Staff then waited for the other staff to come out of [day program] and then transported him safely home. The team will meet to discuss the incident and if any changes are needed at this time."</p> <p>BDDS report dated 9/28/17 indicated, "[Client #1] became physically aggressive when at the store and began hitting and kicking staff. Staff attempted to calm him with verbal redirection but was unsuccessful. [Client #1] was then placed in a 2 person YSIS hold and escorted from the store to the van and taken home. [Client #1] then made his lunch, ate and then went to his room. The YSIS is HRC and BSP approved."</p> <p>BDDS report dated 10/10/17 indicated, "On 10/9/17 [client #1] tried to call his mother a few times during his phone time. When his mother did not answer [client #1] became physically aggressive hitting walls and staff. After [client #1's] mother called back he was fine."</p> <p>BDDS report dated 10/12/17 indicated, "On 10/12/17 [client #1] became</p>						

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	<p>physically aggressive hitting walls and kicking chairs. Staff redirected him but was unsuccessful. [Client #1] then started to hit staff. Staff redirected him to his room and he became calm."</p> <p>BDDS report dated 10/14/17 indicated, "On 10/13/17 [client #1] became verbally and physically aggressive by yelling and hitting counters. Staff verbally redirected him but was unsuccessful. [Client #1] then started yelling and hitting the tables and slamming chairs. Staff verbally redirected him again, then he began hitting staff. Staff attempted to place [client #1] in a company and BSP approved 1 man upper bear hug, but was unsuccessful. Staff then told [client #1] if he kept hitting staff, staff was going to have to call the police. [Client #1] then went to his room and became calm."</p> <p>BDDS report dated 10/14/17 indicated, "On 10/13/17 [client #1] became verbally and physically aggressive in the community. Staff called his psychiatrist and he recommended that staff take him home and then call 911 to have him transported to (hospital) for a psych eval. [Client #1] was assessed and discharged from [hospital]. [Client #1] was diagnosed with Autism Spectrum Disorder and ordered to follow up with his PCP (Primary Care Physician) in 2 to</p>						

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	<p>3 days."</p> <p>BDDS report dated 10/15/17 indicated, "On 10/15/17 [client #1] became physically aggressive by hitting, scratching, kicking and pulling staff's hair. Staff redirected him but was unsuccessful. After 25 minutes of physical aggression staff called the police. The police arrived to the home and talked to [client #1], and he became calm."</p> <p>BDDS report dated 10/25/17 indicated, "[Client #1] became upset when he stated he wanted to take a flight to California right away and staff told him that was not possible. [Client #1] then threw his silverware, cup and plate as it was at the dinner table that he became upset. None of the clients were hit by the thrown items, however staff did get hit."</p> <p>Internal Incident Report dated 6/14/17 indicated, "[Client #1] had wanted to visit his mother for Mothers Day and had been upset. He punched walls and kicked sofa. Staff knocked on door because it was time for 4 PM medication and he was holding the door shut. He opened the door and started hitting me (staff). I used YSIS and he slowed down. Called for 2nd staff and 2 person YSIS was used."</p>						

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	<p>Client #1's record was reviewed on 11/7/17 at 9:30 AM. Client #1's 8/24/17 BSP indicated, "[Client #1's] Target behaviors are physical aggression, verbal disruption, property destruction and non-compliance. Physical aggression has been identified as the first target behavior in a chain of behavior that has the potential to lead to verbal disruption, property destruction and non-compliance. When he engages in Physical aggression staff will:</p> <ol style="list-style-type: none"> 1. Let him know you will talk to him when he is calm for at least 30 seconds. 2. Once he has stopped engaging in the behavior for at least 30 seconds will be defined as him being calm. Once calm attempt to resolve the problem or come up with a game plan as to how the problem can be solved. Make statements to acknowledge his emotions. Praise him for his input and compliance with his help in resolving the problem. 3. If the behavior continues, in a calm, neutral voice, redirect him to calm down and to practice a relaxation technique. If he does not begin to go to a different room within 30 seconds, staff will redirect peers away from the immediate area. A staff will encourage him to go with them in the opposite direction of peers. Attempt to find out what is upsetting him and attempt to resolve the problem as best you can. If target 						

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	<p>behaviors were to occur reactive procedures explain how to handle the situation. -Make sure that all other consumers are safe and out of harms way. If he is mad at staff, that staff should remove themselves from the immediate area if at all possible. If he still does not calm down after removing others from his immediate area and he is still a danger to himself or others then YSIS may be needed. -If he continues to be physically aggressive use the one person YSIS technique. - If the behavior continues or worsens use the two person YSIS technique. -Once he is calm, he should be released and then should be redirected to some type of activity to get him busy again or to a work on what was bothering him."</p> <p>Client #1's record was reviewed on 11/7/17 at 9:30 AM. Client #1's IDT (interdisciplinary Team) meetings indicated:</p> <p>IDT meeting dated 8/7/17 indicated, "This team is meeting to discuss recent increase in [client #1's] behavior. Staff spoke with psych doctor over the phone and he is adding Geodon 20 mg (milligram) at bedtime for ADHD (Attention Deficit Hyperactivity Disorder) and Anxiety."</p>						

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	<p>IDT meeting dated 8/7/17 indicated, "This team is meeting to discuss recent increase in [client #1's] behaviors. [Client #1's] father said he believed therapy was necessary. He would like a Behavior Consultant (BC) for [client #1]. He is in agreement for a PRN (as needed) Neurological hospital assessment in [city]. He is in support of school or day treatment and believes [client #1] needs more structure in the day. He agreed to give staff any food brought into home and that [client #1] be taught portion control. He suggested [name] and [name] for additional therapy for [client #1]."</p> <p>IDT meeting dated 10/11/17 indicated, "The team is meeting to discuss the incident that occurred on 10/9/17 regarding [client #1] and his physical aggression with calling his mom. The team has agreed that staff will continue to follow the plans and have [client #1] call his mom between the hours of 4 PM and 6 PM on Mondays. If mom does not answer the phone the first time staff will remind [client #1] that mom may still be at work and she will call back."</p> <p>IDT meeting dated 9/8/17 indicated, "This team is meeting to discuss the incident that occurred on 9/7/17 regarding [client #1] continuously being physically aggressive to staff. QIDP</p>						

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	<p>notified the nurse and recommended that he be transported to get evaluated. Per guardian [client #1] was transported to [facility] for an evaluation and to be admitted to [Behavior unit]. Once [behavioral unit] arrived they stated his IQ was too low for them to admit him. They did recommend they next time he has any behaviors to call 911 and have them be transported to hospital and his psych doctor will admit him for an evaluation. Staff will continue to follow the plans and report incidents."</p> <p>IDT meeting dated 9/1/17 indicated, "This team is meeting to discuss the incident that occurred on 8/31/17 regarding [client #1] and peer. [Client #1] hit peer in the chest. [Client #1] then became verbally and physically aggressive and telling everyone he hated them and hit peer's DVD player and kicking furniture. The team agrees to keep the clients separated to prevent other client to client incidents from happening."</p> <p>IDT meeting dated 8/7/17 indicated, "This team is meeting to discuss recent increase in anxiety and aggression. [Client #1] saw his psychiatrist and had his medications changed. [Client #1's] fluvoxamine (Obsessive Compulsive Disorder) was changed from 50 mg</p>						

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	<p>(milligram) to 100 mg daily."</p> <p>IDT meeting dated 8/2/17 indicated, "This team is meeting to discuss [client #1's] progress over the last 3 months. [Client #1] is doing well in the home, staff is looking into getting him into [High School] or Day program. He has been doing well with behaviors and occasionally hits walls or staff and will stop when redirected. [Client #1] has no medical concerns at this time. He saw psych doctor last (sic) and had some medicine changes. [Client #1] will also be going to a gender doctor on 8/4/17 because he wants to wear girl clothes. The purpose of this appointment is to get the doctor to explain to him he is a boy."</p> <p>Client #2's record was reviewed on 11/6/17 at 10:00 AM. Client #2's record did not indicate any IDT meetings to address a pattern of fear from client #1.</p> <p>Client #3's record was reviewed on 11/6/17 at 10:28 AM. Client #3's record did not indicate any IDT meetings to address a pattern of fear from client #1.</p> <p>Client #4's record was reviewed on 11/6/17 at 11:00 AM. Client #4's record did not indicate any IDT meetings to address a pattern of fear from client #1.</p>						

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	<p>Staff #2 was interviewed on 11/7/17 at 7:30 AM. Staff #2 indicated she was scared client #1 would hurt one of the clients. Staff #2 indicated the staff in the home can't protect themselves and she didn't feel like they could protect the other clients from client #1. Staff #2 indicated client #1 had already sent 2 staff to the hospital (dislocated thumb/arm sling) during his behaviors. Staff #2 indicated all the clients were scared of client #1. Staff #1 indicated when client #1 had a behavior, client #7 would refuse to come out of his room for up to 20 minutes after the behavior. Staff #2 indicated the clients do not like to be in the same room with client #1.</p> <p>HM #1 was interviewed on 11/6/17 at 5:00 PM. HM #1 indicated all the clients were scared of client #1. HM #1 indicated she was afraid client #1 would hurt one of the clients when he was having a behavior. HM #1 indicated client #1 had dislocated her thumb as well as another staff's thumb. HM #1 indicated client #1 had put one of the staff's arms in a sling. HM #1 indicated client #1 should not have been placed in this home. HM #1 indicated client #1 was a teenager and the other clients were elderly. HM #1 indicated client #2 had begun to mock some of the behaviors client #1 was having.</p>						

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W 0159 Bldg. 00	<p>QIDP #1 was interviewed on 11/7/17 at 9:30 AM. QIDP #1 indicated she did not feel client #1 should have been placed in this home. QIDP #1 indicated during behaviors client #1 usually goes after staff. QIDP #1 indicated client #1 had punched and kicked holes in walls and doors at the house. QIDP #1 indicated the clients were scared of client #1. QIDP #1 indicated the facility had not addressed the clients fear.</p> <p>LPN #1 was interviewed on 11/6/17 at 3:30 PM. LPN #1 indicated client #1 had several instances of physically aggressive behavior. LPN #1 indicated client #1 had gone through several medication changes. LPN #1 indicated client #1 had gender identity issues, and believed himself to be a girl. LPN #1 indicated client #1 was not a good fit for the home. LPN #1 indicated the home had mostly older males.</p> <p>9-3-2(a)</p> <p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Based on observation, record review and</p>			W 0159	<p>W159: QIDP: each client's active treatment program must be</p>		12/02/2017

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	<p>interview for 4 of 4 sampled clients (#1, #2, #3 and #4) plus 3 additional clients (#5, #6, and #7), the facility failed to ensure the group home had a specific QIDP (Qualified Intellectual Disabilities Professional) to monitor the clients' Individual Support Plans, Behavior Support Plans (BSP), and to head the clients' interdisciplinary teams without having other administrative duties/titles. The QIDP failed to ensure sufficient corrective action was taken to address clients' (#2, #3, #4, #5, #6, and #7) fear of client #1 and assist them to feel safe in their home.</p> <p>Findings include:</p> <p>1. On 11/7/17 at 9:30 AM, a review of the Qualified Mental Retardation Professional form for the survey indicated the QIDP was the same staff as the Behavior Clinician (BC) for clients #1, #2, #3 and #4.</p> <p>Client #1's record was reviewed on 11/8/17 at 11:45 AM. Client #1's 9/20/17 BSP was written by the QIDP.</p> <p>Client #2's record was reviewed on 11/8/17 at 12:45 PM. Client #2's 9/20/17 BSP was written by the QIDP.</p> <p>Client #3's record was reviewed on</p>				<p>integrated, coordinated and monitored by a qualified intellectual disability professional.</p> <p>Corrective Action: (Specific): The Quality Assurance Coordinators and QIDP Manager are partnering with other senior administrative staff to assure ongoing training is in place to maintain competency. Additionally, the governing body has committed to enlisting the services of outside Masters level behavioral clinicians when the interdisciplinary team has assessed that clients' aggressive behavior is exacerbated by complicated comorbid psychiatric condition(s). In addition to the administrative monitoring described below, the governing body has implemented expanded, detailed quality assurance audits that will occur no less than twice monthly at all ResCare facilities. These audits will focus on safety and consistent regulatory compliance.</p> <p>How others will be</p>		

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	<p>11/8/17 at 1:56 PM. Client #3's 8/10/17 BSP was written by the QIDP.</p> <p>Client #4's record was reviewed on 11/8/17 at 2:30 PM. Client #4's 8/10/17 BSP was written by the QIDP.</p> <p>Qualified Intellectual Disabilities Professional (QIDP) #1 was interviewed on 11/9/17 at 1:00 PM. QIDP #1 indicated the home did not have a BC. QIDP #1 indicated the QIDP was responsible for writing clients' BSP's. QIDP #1 indicated she felt the clients needed a BC. QIDP #1 indicated client #1's parents had specifically asked for him to have a BC. QIDP #1 indicated the facility does not supply BC's to the group homes.</p> <p>2. The QIDP failed to ensure sufficient corrective action was taken to address clients' (#2, #3, #5, #6, and #7) fear of client #1 and assist them to feel safe in their home. Please see W157.</p> <p>9-3-3(a)</p>		<p>identified: (Systemic): In addition to the administrative monitoring described below, the governing body has implemented expanded, detailed quality assurance audits that will occur no less than twice monthly at all ResCare facilities. These audits will focus on safety and consistent regulatory compliance.</p> <p>Measures to be put in place: The Quality Assurance Coordinators and QIDP Manager are partnering with other senior administrative staff to assure ongoing training is in place to maintain competency. Additionally, the governing body has committed to enlisting the services of outside Masters level behavioral clinicians when the interdisciplinary team has assessed that clients' aggressive behavior is exacerbated by complicated comorbid psychiatric condition(s). In addition to the administrative monitoring described below, the governing body has implemented expanded, detailed quality assurance audits that will occur no less</p>				

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W 0440 Bldg. 00	<p>483.470(i)(1) EVACUATION DRILLS</p> <p>The facility must hold evacuation drills at least quarterly for each shift of personnel. Based on record review and interview for 4 of 4 sampled clients (#1, #2, #3 and #4) plus 3 additional clients (#5, #6 and #7), the facility failed to conduct evacuation drills quarterly for the day and evening and shifts of personnel.</p> <p>Findings include:</p>		W 0440	<p>than twice monthly at all ResCare facilities. These audits will focus on safety and consistent regulatory compliance.</p> <p>Monitoring of Corrective Action: In addition to the administrative monitoring described below, the governing body has implemented expanded, detailed quality assurance audits that will occur no less than twice monthly at all ResCare facilities. These audits will focus on safety and consistent regulatory compliance.</p> <p>Completion date: 12.02.17</p> <p>W440: The facility must hold evacuation drills at least quarterly for each shift of personnel.</p> <p>Corrective Action: (Specific: The residential manager will be re-trained on ensuring that evacuation drills are conducted at least quarterly for all shift of personnel.</p>		12/02/2017	

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	<p>The facility's evacuation drill records were reviewed on 11/9/17 at 7:30 AM. The review indicated the facility failed to conduct evacuation drills for clients #1, #2, #3, #4, #5, #6 and #7 for the morning shift (6AM-2PM) during the first quarter (January, February, March 2017). The facility failed to conduct evacuation drills for the evening hours (2 PM-10 PM) during during the second quarter (April, May, June 2017).</p> <p>Qualified Intellectual Disabilities Professional (QIDP) #1 was interviewed on 11/9/17 at 12:45 PM. QIDP #1 indicated evacuation drills were to be done once per quarter per shift.</p> <p>9-3-7(a)</p>				<p>How others will be identified: (Systemic): Quality Assurance will track evacuation drills and ensure that they occur at least quarterly across all shift of personnel. The Quality Assurance Coordinator will review all drills to ensure that drills are completed timely and if a drill has not been received by the end of each month the quality assurance coordinator will contact the home to ensure that the drill is completed and submitted.</p> <p>Measures to be put in place: The residential manager will be re-trained on ensuring that evacuation drills are conducted at least quarterly for all shifts of personnel.</p> <p>Monitoring of Corrective Action: Quality Assurance will track evacuation drills and ensure that they occur at least quarterly across all shift of personnel. The Quality Assurance Coordinator will review all drills to ensure that drills are completed timely and if a drill has not been received by the end of each month the quality assurance coordinator will contact the home to</p>		

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

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FORM APPROVED

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					ensure that the drill is completed and submitted. Completion date: 12.02.17		