STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	15G745	A. BUILDING 00 B. WING	04/09/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
RES CARE SOUTHEAST INDIANA	16611 SIMA GRAY RD HENRYVILLE, IN 47126

(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 APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 0000 Bldg. 00	This visit was for the investigation of complaint #IN00323414. Complaint #IN00323414: Substantiated, Federal and state deficiencies related to the allegations are cited at: W102, W104, W122, W149, W154, W155, W156, W157, W159, W189, W266, W285 and W295. Dates of Survey: 3/31/20, 4/1/20, 4/2/20, 4/3/20, 4/6/20, 4/7/20, 4/8/20 and 4/9/20. Facility Number: 011663 Provider Number: 15G745 AIMS Number: 200902020 These deficiencies reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 4/15/20.	W 0000		
W 0102 Bldg. 00	483.410 GOVERNING BODY AND MANAGEMENT The facility must ensure that specific governing body and management requirements are met. Based on observation, record review and interview, the facility failed to meet the Condition of Participation: Governing Body for 1 of 2 sampled clients (A). The facility's governing body failed to exercise operating direction over the facility by failing to prohibit abuse, neglect and/or mistreatment by 1) use of an unapproved physical restraint on 3/23/20 which resulted in client A sustaining a fractured right clavicle, 2) by not suspending staff #1 during the investigation as a protective measure, and 3) neglected to implement	W 0102	1.Due to COVID19 precautions unannounced random daily remote video administrative observations began at the Facility on April 13, 2020 to ensure plans are being implemented by staff. This will remained in effect until conditions are lifted. 2.The management team began daily update meeting on April 10, 2020 to ensure compliance and	04/30/2020

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

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	least restrictive and more positive physical intervention techniques to prevent client A from sustaining a fractured right clavicle. Findings include: 1) Please refer to W104. The facility's governing body failed to exercise operating direction over the facility by failing to ensure client A did not sustain a fractured right clavicle which resulted from the implementation of an unapproved physical restraint technique used by staff #1 on 3/23/20. 2) Please refer to W122. The facility's governing body failed to meet the Condition of Participation: Client Protections for 1 of 2 sampled clients (A). The governing body neglected to implement the Abuse, Neglect, Exploitation policy to provide appropriate behavioral intervention to prevent 1) client A from sustaining a fractured right clavicle which resulted from the use of an unapproved physical restraint technique by staff #1 on 3/23/20 and 2) by not suspending staff #1 during the investigation of client A sustaining a fractured right clavicle from the use of an unapproved physical restraint by staff #1 on 3/23/20. 3) Please refer to W266. The facility's governing body failed to meet the Condition of Participation: Client Behavior and Facility Practices for 1 of 2 sampled clients (A). The governing body neglected to implement least restrictive and more positive physical intervention techniques to prevent client A from sustaining a fractured right clavicle which resulted from the use of an unapproved physical restraint technique by staff #1 on 3/23/20. This federal tag relates to complaint #IN00323414.		implement changes needed developing a plan and implementation of those changes. Meetings will continue until conditions are lifted. 3.The Facility will retrain staff on the Abuse, Neglect and Exploitation Policy and disciplinary action will be given if the policy is not followed. Area Supervisor and Residential Manager will ensure that the Abuse, Neglect and Exploitation Policy is followed. Monitoring of ANE will done by The Program Manager, Area Supervisor and Residential Manager to ensure all incidents of possible abuse, neglect and exploitation are reported to the QA department. 4.The Behavioral Clinician will update all clients at the site plans to include the specific types of restraint to be used YSIS, and all staff will be retrained by April 30, 2020 5.The Behavioral Clinician will update all clients at the site plans to include the use of least restrictive and more positive physical intervention techniques before physical intervention is used. All Staff will be trained on the updated Behavior Support Plans by April 30, 2020 6.During the investigation process if a suspected case of Abuse Neglect or Exploitation is discovered, suspected staff will be suspended until the investigation	

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	9-3-1(a)		is complete. 7.The QA department will be retrained on the ANE policy and conducting an investigation and reporting results with in the required timeframe. 8.The Facility will ensure the Doctors Orders are carried out as expeditiously as possible. **Persons Responsible:** Executive Director, Program Manager, Quality Assurance, Area Supervisor, Director of Nursing, Nurse, Behavior Clinician, QIDP, Residential Manager, and DSP.	
W 0104 Bldg. 00	483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based on observation, record review and interview for 1 of 2 sampled clients (A), the facility's governing body failed to exercise operating direction over the facility by failing to ensure client A did not sustain a fractured right clavicle which resulted from the implementation of unapproved physical restraint technique used by staff #1 on 3/23/20. The governing body neglected to implement their policy and procedures to prevent neglect of client A during an unapproved physical restraint, failed to conduct a thorough investigation of the incident, failed to take protective measures during the course of the investigation, failed to report the results of the investigation to the administrator within 5 working days and failed to take sufficient corrective action to provide retraining after the	W 0104	1.Due to COVID19 precautions unannounced random daily remote video administrative observations began at the Facility on April 13, 2020 to ensure plans are being implemented by staff. This will remained in effect until conditions are lifted. 2.The management team began daily update meeting on April 10, 2020 to ensure compliance and implement changes needed developing a plan and implementation of those changes. Meetings will continue until conditions are lifted. 3.The Facility will retrain staff on	04/30/2020

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	unapproved physical restraint. The governing body neglected to ensure client A was not injured during a physical restraint and failed to ensure client A's Behavior Support Plan (BSP) included the specific types of restraint to be used. Findings include: 1) Please refer to W149. The governing body neglected to implement the Abuse, Neglect, Exploitation and/or mistreatment policy to provide appropriate behavioral intervention to prevent client A from sustaining a fractured right clavicle by the use of unapproved physical restraint techniques implemented by staff #1 on 3/23/20. 2) Please refer to W154. For 2 of 6 incident investigative reports reviewed affecting client A, the governing body failed to conduct a thorough investigation into staff #1's use of physical intervention which resulted in client A sustaining a fractured right clavicle on 3/23/20. 3) Please refer to W155. For 2 of 6 incident investigative reports reviewed affecting client A, the governing body failed to suspend staff during an investigation into staff #1's use of physical intervention which resulted in client A sustaining a fractured right clavicle on 3/23/20. 4) Please refer to W156. For 1 of 6 incident investigative reports reviewed affecting client A, the governing body failed to ensure the results of an investigation were reported to the administrator within 5 working days of the incident. 5) Please refer to W157. For 1 of 6 incident reports reviewed affecting client A, the governing body failed to ensure appropriate corrective action was		the Abuse, Neglect and Exploitation Policy and disciplinary action will be given if the policy is not followed. Area Supervisor and Residential Manager will ensure that the Abuse, Neglect and Exploitation Policy is followed. Monitoring of ANE will done by The Program Manager, Area Supervisor and Residential Manager to ensure all incidents of possible abuse, neglect and exploitation are reported to the QA department. 4.The Behavioral Clinician will update all clients at the site plans to include the specific types of restraint to be used YSIS, and all staff will be retrained by April 30, 2020 5.The Behavioral Clinician will update all clients at the site plans to include the use of least restrictive and more positive physical intervention techniques before physical intervention is used. All Staff will be trained on the updated Behavior Support Plans by April 30, 2020 6.During the investigation process if a suspected case of Abuse Neglect or Exploitation is discovered, suspected staff will be suspended until the investigation is complete. 7.The QA department will be retrained on the ANE policy and conducting an investigation and reporting results with in the required timeframe.	

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	implemented following an incident of client A sustaining a fractured right clavicle on 3/23/20 after the use of physical intervention. 6) Please refer to W285. For 1 of 2 sampled clients (A), the governing body failed to ensure client A was not injured during a restraint resulting in a fractured right clavicle. 7) Please refer to W295. For 1 of 2 sampled clients (A), the governing body failed to ensure client A's Behavior Support Plan (BSP) identified the specific type of physical restraints to be implemented during episodes of physical aggression. This federal tag relates to complaint #IN00323414. 9-3-1(a)		8.The Facility will ensure the Doctors Orders are carried out as expeditiously as possible. 9.During the investigation process if a suspected case of Abuse Neglect or Exploitation is discovered, suspected staff will be suspended until the investigation is complete. 10.During the Investigation Process if an allegation of Abuse Neglect or Exploitation is substantiated appropriate correction action will be administered up to and including termination 11.During the investigation of the incident staff was suspended. Upon conclusion of the investigation staff received a corrective action, all clients at the site BSPs were updated and staff has been retrained. **Persons Responsible**: Executive Director, Program Manager, Quality Assurance, Area Supervisor, Director of Nursing, Nurse, Behavior Clinician, QIDP, Residential Manager, and DSP.	
W 0122 Bldg. 00	483.420 CLIENT PROTECTIONS The facility must ensure that specific client protections requirements are met. Based on observation, record review and interview, the facility failed to meet the Condition of Participation: Client Protections for 1 of 2	W 0122	1.Due to COVID19 precautions unannounced random daily remote video administrative observations	04/30/2020

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	sampled clients (A). The facility neglected to implement the Abuse, Neglect, Exploitation policy to provide appropriate behavioral intervention to prevent client A from sustaining a fractured right clavicle which resulted from the use of an unapproved physical restraint technique by staff #1 on 3/23/20 and by not suspending staff #1 during the investigation of client A sustaining a fractured right clavicle from the use of unapproved physical restraint by staff #1 on 3/23/20. The facility failed to conduct a thorough investigation of the incident, failed to report the results of the investigation to the administrator in 5 working days, and failed to take sufficient corrective action to provide retraining after the incident. Findings include: 1) Please refer to W149. The facility neglected to implement the Abuse, Neglect, Exploitation and/or mistreatment policy to provide appropriate behavioral intervention to prevent client A from sustaining a fractured right clavicle by the use of unapproved physical restraint techniques implemented by staff #1 on 3/23/20. 2) Please refer to W154. For 2 of 6 incident investigative reports reviewed affecting client A, the facility failed to conduct a thorough investigation into staff #1's use of physical intervention which resulted in client A sustaining a fractured right clavicle on 3/23/20. 3) Please refer to W155. For 2 of 6 incident investigative reports reviewed affecting client A, the facility failed to suspend staff during an investigation into staff #1's use of physical intervention which resulted in client A sustaining a fractured right clavicle on 3/23/20.		began at the Facility on April 13, 2020 to ensure plans are being implemented by staff. This will remained in effect until conditions are lifted. 2.The management team began daily update meeting on April 10, 2020 to ensure compliance and implement changes needed developing a plan and implementation of those changes. Meetings will continue until conditions are lifted. 3.The Facility will retrain staff on the Abuse, Neglect and Exploitation Policy and disciplinary action will be given if the policy is not followed. Area Supervisor and Residential Manager will ensure that the Abuse, Neglect and Exploitation Policy is followed. Monitoring of ANE will done by The Program Manager, Area Supervisor and Residential Manager to ensure all incidents of possible abuse, neglect and exploitation are reported to the QA department. 4.The Behavioral Clinician will update all clients at the site plans to include the specific types of restraint to be used YSIS, and all staff will be retrained by April 30, 2020 5.The Behavioral Clinician will update all clients at the site plans to include the use of least restrictive and more positive physical intervention techniques before physical intervention is	

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	4) Please refer to W156. For 1 of 6 incident investigative reports reviewed affecting client A, the facility failed to ensure the results of an investigation were reported to the administrator within 5 working days of the incident. 5) Please refer to W157. For 1 of 6 incident reports reviewed affecting client A, the facility failed to ensure appropriate corrective action was implemented following an incident of client A sustaining a fractured right clavicle on 3/23/20 after the use of physical intervention. This federal tag relates to complaint #IN00323414. 9-3-2(a)		used. All Staff will be trained on the updated Behavior Support Plans by April 30, 2020 6.During the investigation process if a suspected case of Abuse Neglect or Exploitation is discovered, suspected staff will be suspended until the investigation is complete. 7.The QA department will be retrained on the ANE policy and conducting an investigation and reporting results with in the required timeframe. 8.The Facility will ensure the Doctors Orders are carried out as expeditiously as possible. 9.During the investigation process if a suspected case of Abuse Neglect or Exploitation is discovered, suspected staff will be suspended until the investigation is complete. 10.During the Investigation Process if an allegation of Abuse Neglect or Exploitation is substantiated appropriate correction action will be administered up to and including termination 11.During the investigation of the incident staff was suspended. Upon conclusion of the investigation staff received a corrective action, all clients at the site BSPs were updated and staff has been retrained. **Persons Responsible**: Executive Director, Program Manager,	

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			Quality Assurance, Area Supervisor, Director of Nursing, Nurse, Behavior Clinician, QIDP, Residential Manager, and DSP.	
W 0149 Bldg. 00	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 1 of 2 sampled clients (A), and one additional client (D), the facility neglected to implement the Abuse, Neglect, Exploitation and/or mistreatment policy from 1) the use of an unapproved physical restraint implemented by staff #1 which resulted in client A sustaining a fractured right clavicle on 3/23/20 and 2) client D's elopement from the home to run down a highway. Findings include: 1) On 4/1/20 from 12:43 PM to 3:16 PM, an observation was conducted at the group home. At 12:48 PM, client A was lying in his bed. Client A had a sling on his right arm with a washcloth tucked under the strap on the left side near his shoulder. At 12:50 PM, the nurse indicated the washcloth was to protect client A's neck from getting rubbed by the sling strap. At 12:52 PM, when asked what had happened, client A stated, "[Staff #1] got a little aggressive, hyperextend my arm and I heard a pop. I had a behavior on Monday, March 23rd". On 4/1/20 at 11:09 AM, a review of the Bureau of Developmental Disabilities Services (BDDS) incident reports and Investigative Summaries was completed. The reports indicated:	W 0149	1.The Facility will retrain staff at the site on the Abuse, Neglect and Exploitation Policy and disciplinary action will be given if the policy is not followed. Area Supervisor and Residential Manager will ensure that the Abuse, Neglect and Exploitation Policy is followed. Monitoring of ANE will done by The Program Manager, Area Supervisor and Residential Manager to ensure all incidents of possible abuse, neglect and exploitation are reported to the QA department. 2.The facility will retrain staff at the site on client Behavior Support Plan (BSP) and specific physical intervention techniques during episodes of physical aggression and the use of You're Safe I'm Safe (physical intervention). 3.The Program Manager will ensure retraining for all staff at the site is completed by the Behavior Clinician by April 30, 2020 4.The Area Supervisor and Residential Manager will ensure all new staff receive initial training and retraining as needed on the	04/30/2020

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	-BDDS report dated 3/23/20 indicated, "It was reported [client A] had been screaming, hitting the TV, and attempting to hit and bite staff. Staff attempted verbal redirection multiple times. [Client A] continued to attempt physical aggression toward staff. Staff initiated one-man YSIS (You're Safe I'm Safe) for 2 minutes until [client A] calmed. No injuries were reported". -BDDS report dated 3/26/20 indicated, "It was reported [client A] was complaining of pain and bruising in his shoulder. Staff transported [client A] to PCP (Primary Care Physician) appointment for evaluation. PCP evaluated the shoulder and found [client A] is unable to raise his arm above 60 degrees. PCP ordered shoulder x-ray and advised [client A] to use ice on the shoulder area. Original bruise was 3 inches, PCP advised bruise is leaking and flowing downward causing bruising to spread. Hospital was contacted but had no x-ray technicians available. Hospital will contact ResCare when x-ray tech is available". Plan to Resolve indicated, "Staff will continue to monitor [client A's] shoulder and assist [client A] with keeping ice on the shoulder. Investigation has been initiated to try to determine cause of bruising and pain". The BDDS follow up report dated 4/1/20 indicated, "Due to bruise spreading, Nurse advised staff to transport to alternate hospital for X ray. [Client A] was transported to [Hospital] ER (emergency room) where an x ray was taken. X ray revealed a closed right clavicle fracture. The bruising has spread to approximately 14 inches in varying degrees of healing. [Hospital] ER discharge paperwork advised [client A] to wear a sling and follow up with Ortho (Orthopedic). [Client A] had follow-up with Ortho and was advised to continue		Behavior Support plan and YSIS. **Persons Responsible:** Program Manager, Behavior Clinician, QIDP, Nurse, Area Supervisor, Residential Manager	

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	to wear sling, ROM (range of motion) as tolerated, use Tylenol for pain, and no pulling by arm. No surgical intervention at this time. Ortho Dr advised that bruising is normal and has no concerns. Next follow up with Ortho in 6 weeks". Investigative Summary dated 3/24/20 through 3/30/20 indicated, "Introduction: An investigation was initiated when [client A] showed bruising on right shoulder 2 days after he had been placed in YSIS. X rays taken 3 days after incident show [client A] sustained a closed right clavicle fracture". Under the scope of the investigation, the summary indicated, "Determine if excessive force by staff during use of YSIS caused the injury". Under the conclusion of the investigation, the summary indicated, "It is substantiated agency trained YSIS was utilized. It is substantiated excessive force was not used during the implementation of YSIS. Staff #1's interview from the summary indicated, "[Staff #1], DSP (direct support professional) stated: [Client A] got up in a bad mood. He refused breakfast. [Client A] began slamming doors, then hit the TV and the walls. This behavior went on about 2 hours. [Staff #2] asked [client A] to go outside and I followed to assist [staff #2]. I was standing in the corner near (sic) grill and picnic table. [Client A] went toward the grill, so I blocked the grill. [Client A] has gotten hurt before on the grill. [Client A] tried to hit me, so I initiated one-man YSIS grabbing his wrist. [Client A] lost his balance, so I held on to his wrist to keep him from falling. At the same time, I guided [client A] to the picnic table to sit down. [Client A] sat down at the picnic table with his legs on the outside of the bench. He then twisted his body around and leaned on the table part. [Client A] was trying to bite, scratch, and hit me the whole time. The whole incident outside lasted about 2 minutes. [Client A]			

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	told me after the YSIS that something popped. I didn't think there was any way his shoulder could have gotten hurt. We use the same YSIS hold every time we initiate YSIS with [client A]." On 4/1/20 at 1:35 PM, staff #1 indicated on March 23, 2020, client A was being physically aggressive and staff #2 redirected client A to the patio. Staff #1 stated "[client A] became physically aggressive toward me". Staff #1 stated he "grabbed [client A's] wrist and [client A] lost his balance and fell toward the picnic table". Staff #1 stated he continued "holding [client A's] wrist to slow his fall". Staff #1 indicated client A complained a little later of his shoulder hurting. Staff #1 indicated he notified the nurse and was instructed to provide pain medication. On 4/1/20 at 1:44 PM, staff #2 indicated on March 23, 2020, he (staff #2) was trying to lead client A out of the courtyard to the yard. Staff #2 indicated client A turned and cornered staff #1 between the picnic table and grill. Staff #2 stated staff #1 "grabbed his (client A's) wrist and he (client A) dropped his weight causing [client A] and [staff #1] to fall toward the picnic table". On 4/2/20 at 12:42 PM, client A's record was reviewed. The record indicated the following: -Medical Consult Record dated 3/25/20 indicated, "Reason for visit:... right shoulder pain. Results/Findings of Examination: Right shoulder unable to raise above 60 degrees. Physician/Consultant Orders: x-ray, ice on shoulder area". -Emergency Room Visit Form dated 3/27/20 indicated, "Reason for emergency room visit: Need eval (evaluation) / x-ray please! Behavior			

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	3/24/20, Physical Aggression / Verbal shoulder injury. Seen (sic) PCP (Primary Care Physician) 3/25/20. X-ray (not) available due to Covid. Findings/Instructions: X-ray shows a right clavicle fracture...Patient should follow up with an orthopedic specialist". On 4/2/20 at 1:08 PM, the Quality Assurance Coordinator (QAC) stated, "[Staff #1] was not suspended because we never suspected abuse or neglect." The QAC indicated if abuse, neglect, exploitation or mistreatment was suspected, staff would be suspended upon investigation. The QAC stated, "I never suspected, we never suspected abuse, neglect or exploitation but did an investigation to make sure, to have proof." The QAC stated, "No, [staff #1] was not suspended." The QAC indicated staff #1 was in the home working during the investigation. On 4/2/20 at 2:05 PM, the Behavior Specialist (BS) indicated client A typically just throws things, slams doors, or is verbal, he rarely gets put in a hold. The BS indicated client A's behaviors do on occurrence require holds but not often. The BS stated, "steps to intervention start with verbal redirection, I do not believe I have any of the physical intervention because [client A] typically does not escalate to that manner". The BS stated, "[Staff #1] should have been doing more of a blocking technique." The BS stated, "Grabbing of the wrist is not an approved technique of YSIS, if the client grabs you, you can use a release." The BS indicated she tried not to be specific in using YSIS in regards to clients. The BS stated, "No, I have never mentioned using the wrists". On 4/3/20 at 9:31 AM, the Quality Assurance Manager (QAM) indicated abuse, neglect, exploitation, or mistreatment was not suspected.			

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	The QAM stated, "No one ever alleged abuse occurred." The QAM stated, "[Staff #1] was not suspended because we didn't feel any abuse occurred since [client A] did not vocalize that abuse happened to either myself (the QAM) or the nurse whom [client A] has a long standing history with". On 4/3/20 at 11:37 AM, the Qualified Intellectual Disabilities Professional (QIDP) indicated he heard staff #1 grabbed his (client A's) wrist. The QIDP stated, "If [client A] had swung at me, I would have blocked, I would never grab his wrist". The QIDP stated, "I told [staff #1] that I would never use a one-man hold, that I would only use a two-man hold since [client A] bruises so easily." The QIDP indicated staff #1 stated, "I always use a one-man." The QIDP indicated he (the QIDP) stated to staff #1, "since he (staff #1) and [staff #2] were out there, they should have used a two-man on him and they should only ever use a two-man." The QIDP stated, "holding the wrist in not an approved YSIS hold." 2) On 4/7/20 at 1:29 PM, a review of the Bureau of Developmental Disabilities Services (BDDS) incident reports and Investigative Summaries was completed. The reports indicated: -BDDS report 4/7/20 indicated, "It was reported [client D] was agitated when he ran out of the door with staff following. Staff was able to verbally redirect [client D] back to the home. [Client D] then went to his room and attempted to lock the door. Staff was able to block the door and [client D] began hitting and kicking staff. Staff initiated two-man YSIS for 7 minutes while [client D] continued to attempt hitting, kicking, biting, and headbutting staff. [Client D] did calm, and no injuries were reported at this time".			

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-Internal Incident report dated 4/6/20 indicated, "[Client D] told staff he wanted to go to jail. Staff redirected but [client D] wouldn't listen. Instead he bolted out of the white gate and began sprinting toward the mailbox and down highway [name] Northbound. He never left line of sight. 1 staff was walking behind and another came with the van to redirect him (client D) back home...".

On 4/8/20 at 4:09 PM, client D's record was reviewed. The record indicated the following:

-Behavior Support Plan dated 1/13/20 indicated, "Elopement: any occurrence of leaving the area without staff supervision at home or in community. Goal: [Client D] will have 0 occurrences of elopement per month for three consecutive months by 01/13/2021".

On 4/7/20 at 1:49 PM, the Quality Assurance Coordinator (QAC) was interviewed. The QAC was asked if the 4/6/20 incident of client D running northbound on a highway was being investigated. The QAC indicated client D's running from the home to a highway was not considered elopement, but leaving the assigned area, and client D had not been out of line of sight of staff. The QAC was asked if an investigation into client D's leaving the home and running northbound on a highway had been started and stated, "No, it's (BDDS report) closed". The QAC was asked if client D's running northbound on a highway was noted within the BDDS report and stated, "No, I'll get with [Quality Assurance Manager] and see what he wants to do (investigate or not)".

On 4/1/20 at 1:15 PM, a review of the 7/10/19 Reporting and Investigating Abuse, Neglect,

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	Exploitation, Mistreatment or a Violation of Individual's Rights policy indicated in part: "ResCare strictly prohibits abuse, neglect, exploitation, mistreatment, or violation of an Individual's rights...Any staff person who is suspected of abuse, neglect, exploitation, mistreatment or violation of an Individual's rights toward an individual will be immediately suspended until the allegation can be fully investigated. After the investigation, if the allegation is not substantiated, the employee will be paid for missed scheduled hours". This federal tag relates to complaint #IN00323414. 9-3-2(a)			
W 0154 Bldg. 00	483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated. Based on record review and interview for 2 of 6 incident/investigative reports reviewed affecting client A, the facility failed to conduct a thorough investigation into staff #1's use of physical intervention which resulted in client A sustaining a fractured right clavicle on 3/23/20. Findings include: On 4/1/20 at 11:00 AM, a review of the Bureau of Developmental Disabilities Services (BDDS) incident reports and investigations was completed. The reports indicated the following: 1) BDDS incident report dated 3/23/20 indicated, "It was reported [client A] had been screaming, hitting the TV, and attempting to hit and bite staff. Staff attempted verbal redirection multiple times. [Client A] continued to attempt physical	W 0154	1. The Quality Assurance Department will ensure all investigations are completed in accordance with the policies of ResCare, local, state and federal guidelines. 2. The Quality Assurance Department will be retrained by the Executive Director on the local, state and federal guidelines for investigations of ANE. 3. The Facility will retrain staff on the Abuse, Neglect and Exploitation Policy and disciplinary action will be given if the policy is not followed. Area Supervisor and Residential	04/30/2020

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	aggression toward staff. Staff initiated one-man YSIS (You're Safe, I'm Safe) for 2 minutes until [client A] calmed. No injuries were reported. Staff will continue to follow BSP (behavior support plan). HRC (human rights committee) approval for the use of YSIS in BSP." 2) BDDS incident report dated 3/25/20 indicated, "It was reported [client A] was complaining of pain and bruising in his shoulder. Staff transported [client A] to PCP (primary care physician) appointment for evaluation. PCP evaluated the shoulder and found [client A] is unable to raise his arm above 60 degrees. PCP ordered shoulder x-ray and advised [client A] to use ice on the shoulder area. Original bruise was 3 inches, PCP advised bruise is leaking and flowing downward causing bruising to spread. Hospital was contacted but had no x ray technicians available. Hospital will contact ResCare when x ray tech (technician) is available. Staff will continue to monitor [client A's] shoulder and assist [client A] with keeping ice on the shoulder. Investigation has been initiated to try to determine cause of bruising and pain." The Investigative Summary dated 3/24/20 to 3/30/20 indicated in part the following: "Introduction: An investigation was initiated when [client A] showed bruising on right shoulder 2 days after he had been placed in YSIS. X rays taken 3 days after incident show [client A] sustained a closed right clavicle fracture. Scope of Investigation: Determine if excessive force by staff during use of YSIS (You're Safe, I'm Safe physical intervention) caused the injury." The Investigative Summary of Interviews:		Manager will ensure that the Abuse, Neglect and Exploitation Policy is followed. Monitoring of ANE will done by The Program Manager, Area Supervisor and Residential Manager to ensure all incidents of possible abuse, neglect and exploitation are reported to the QA department. Persons Responsible: Executive Director, Program Manager, QA, QIDP, Nurse, Area Supervisor, Residential Manager	

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	"[Staff #1], DSP (direct support professional) stated: [Client A] got up in a bad mood. He refused breakfast. [Client A] began slamming doors, then hit the TV and the walls. This behavior went on about 2 hours. [Staff #2] asked [client A] to go outside and I followed to assist [staff #2]. I was standing in the corner near (sic) grill and picnic table. [Client A] went toward the grill, so I blocked the grill. [Client A] has gotten hurt before on the grill. [Client A] tried to hit me, so I initiated one-man YSIS grabbing his wrist. [Client A] lost his balance, so I held on to his wrist to keep him from falling. At the same time, I guided [client A] to the picnic table to sit down. [Client A] sat down at the picnic table with his legs on the outside of the bench. He then twisted his body around and leaned on the table part. [Client A] was trying to bite, scratch, and hit me the whole time. The whole incident outside lasted about 2 minutes. [Client A] told me after the YSIS that something popped. I didn't think there was any way his shoulder could have gotten hurt. We use the same YSIS hold every time we initiate YSIS with [client A]. Conclusion: It is substantiated agency trained YSIS was utilized. It is substantiated excessive force was not used during the implementation of YSIS." No recommendations from the conclusion of the investigation were present.On 4/7/20 at 1:49 PM, the Quality Assurance Coordinator (QAC) was interviewed. The QAC was asked if recommendations determined from the investigation into staff #1's use of YSIS and physical intervention with client A on 3/23/20 were available for review. The QAC stated, "We have a form for recommendations. We don't typically send those". The QAC indicated			

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	recommendations from the investigation included that client A should obtain a bone density test and coagulation study. The QAC was asked if any type of staff retraining for staff #1's physical intervention had been determined as a result of the investigation. The QAC stated, "We had bone density and coagulation listed, but not staff training for the behavior plan or YSIS". The QAC was asked if the recommendations were proactive to prevent future injury during a physical intervention with client A if he exhibited aggressive behavior. The QAC indicated the investigation did not include recommendations to prevent future injury and stated, "Ok, I'm making a note. I appreciate your sharing that perspective (question)". This federal tag relates to complaint #IN00323414. 9-3-2(a)			
W 0155 Bldg. 00	483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must prevent further potential abuse while the investigation is in progress. Based on record review and interview for 2 of 6 incident investigative reports reviewed affecting client A, the facility failed to suspend staff during an investigation into staff #1's use of physical intervention which resulted in client A sustaining a fractured right clavicle on 3/23/20. Findings include: On 4/1/20 at 11:00 AM, a review of the Bureau of Developmental Disabilities Services (BDDS) incident reports and investigations was completed. The reports indicated the following:	W 0155	1.During the investigation process if a suspected case of Abuse Neglect or Exploitation is discovered, suspected staff will be suspended until the investigation is complete. 2.The Quality Assurance Department will ensure all investigations are completed in accordance with the policies of ResCare, local, state and federal guidelines. 3.The Quality Assurance Department will be retrained by the Executive Director on the	04/30/2020

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	1) BDDS incident report dated 3/23/20 indicated, "It was reported [client A] had been screaming, hitting the TV, and attempting to hit and bite staff. Staff attempted verbal redirection multiple times. [Client A] continued to attempt physical aggression toward staff. Staff initiated one-man YSIS (You're Safe, I'm Safe) for 2 minutes until [client A] calmed. No injuries were reported. Staff will continue to follow BSP (behavior support plan). HRC (human rights committee) approval for the use of YSIS in BSP." 2) BDDS incident report dated 3/25/20 indicated, "It was reported [client A] was complaining of pain and bruising in his shoulder. Staff transported [client A] to PCP (primary care physician) appointment for evaluation. PCP evaluated the shoulder and found [client A] is unable to raise his arm above 60 degrees. PCP ordered shoulder x-ray and advised [client A] to use ice on the shoulder area. Original bruise was 3 inches, PCP advised bruise is leaking and flowing downward causing bruising to spread. Hospital was contacted but had no x ray technicians available. Hospital will contact ResCare when x ray tech (technician) is available. Staff will continue to monitor [client A's] shoulder and assist [client A] with keeping ice on the shoulder. Investigation has been initiated to try to determine cause of bruising and pain." The Investigative Summary dated 3/24/20 to 3/30/20 indicated in part the following: "Introduction: An investigation was initiated when [client A] showed bruising on right shoulder 2 days after he had been placed in YSIS. X rays taken 3 days after incident show [client A] sustained a closed right clavicle fracture.		local, state and federal guidelines for investigations of ANE. 4.The Facility will retrain staff on the Abuse, Neglect and Exploitation Policy and disciplinary action will be given if the policy is not followed. Area Supervisor and Residential Manager will ensure that the Abuse, Neglect and Exploitation Policy is followed. Monitoring of ANE will done by The Program Manager, Area Supervisor and Residential Manager to ensure all incidents of possible abuse, neglect and exploitation are reported to the QA department. **Persons Responsible:** Executive Director, Program Manager, QA, QIDP, Nurse, Area Supervisor, Residential Manager	

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	Scope of Investigation: Determine if excessive force by staff during use of YSIS (You're Safe, I'm Safe physical intervention) caused the injury." The Investigative Summary of Interviews: "[Staff #1], DSP (direct support professional) stated: [Client A] got up in a bad mood. He refused breakfast. [Client A] began slamming doors, then hit the TV and the walls. This behavior went on about 2 hours. [Staff #2] asked [client A] to go outside and I followed to assist [staff #2]. I was standing in the corner near (sic) grill and picnic table. [Client A] went toward the grill, so I blocked the grill. [Client A] has gotten hurt before on the grill. [Client A] tried to hit me, so I initiated one-man YSIS grabbing his wrist. [Client A] lost his balance, so I held on to his wrist to keep him from falling. At the same time, I guided [client A] to the picnic table to sit down. [Client A] sat down at the picnic table with his legs on the outside of the bench. He then twisted his body around and leaned on the table part. [Client A] was trying to bite, scratch, and hit me the whole time. The whole incident outside lasted about 2 minutes. [Client A] told me after the YSIS that something popped. I didn't think there was any way his shoulder could have gotten hurt. We use the same YSIS hold every time we initiate YSIS with [client A]. Conclusion: It is substantiated agency trained YSIS was utilized. It is substantiated excessive force was not used during the implementation of YSIS." On 4/8/20 at 4:36 PM, a review of staff #1's time detail was conducted and indicated the following shifts worked: -"3/23/20 5:49 AM to 6:08 PM			

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	-3/24/20 5:43 AM to 10:07 PM -3/25/20 8:54 PM to 11:10 PM -3/27/20 5:47 PM to 6:13 PM -3/28/20 5:48 AM to 9:56 PM -3/29/20 5:40 AM to 10:02 PM -4/1/20 5:47 AM to 10:04 PM." On 4/2/20 at 1:08 PM, the Quality Assurance Coordinator (QAC) stated, "[Staff #1] was not suspended because we never suspected abuse or neglect." The QAC indicated if abuse, neglect, exploitation or mistreatment was suspected, staff would be suspended upon investigation. The QAC stated, "I never suspected, we never suspected abuse, neglect or exploitation but did an investigation to make sure, to have proof." The QAC stated, "No, [staff #1] was not suspended." The QAC indicated staff #1 was in the home working during the investigation. On 4/3/20 at 9:31 AM, the Quality Assurance Manager (QAM) indicated abuse, neglect, exploitation, or mistreatment was not suspected. The QAM stated, "No one ever alleged abuse occurred." The QAM stated, "[Staff #1] was not suspended because we didn't feel any abuse occurred since [client A] did not vocalize that abuse happened to either myself (the QAM) or the nurse whom [client A] has a long standing history with." This federal tag relates to complaint #IN00323414. 9-3-2(a)			
W 0156 Bldg. 00	483.420(d)(4) STAFF TREATMENT OF CLIENTS The results of all investigations must be reported to the administrator or designated representative or to other officials in			

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	accordance with State law within five working days of the incident. Based on record review and interview for 1 of 6 incident investigative reports reviewed affecting client A, the facility failed to ensure the results of an investigation were reported to the administrator within 5 working days of the incident. Findings include: On 4/1/20 at 11:00 AM, a review of the Bureau of Developmental Disabilities Services (BDDS) incident reports and investigations was completed. The reports indicated the following: BDDS incident report dated 3/25/20 indicated, "It was reported [client A] was complaining of pain and bruising in his shoulder. Staff transported [client A] to PCP (primary care physician) appointment for evaluation. PCP evaluated the shoulder and found [client A] is unable to raise his arm above 60 degrees. PCP ordered shoulder x-ray and advised [client A] to use ice on the shoulder area. Original bruise was 3 inches, PCP advised bruise is leaking and flowing downward causing bruising to spread. Hospital was contacted but had no x ray technicians available. Hospital will contact ResCare when x ray tech (technician) is available. Staff will continue to monitor [client A's] shoulder and assist [client A] with keeping ice on the shoulder. Investigation has been initiated to try to determine cause of bruising and pain." The Investigative Summary dated 3/24/20 to 3/30/20 indicated in part the following: "Introduction: An investigation was initiated when [client A] showed bruising on right	W 0156	1.The Quality Assurance Department will ensure all investigations are reported to the administrator, designate representative or other officials in accordance with the policies of ResCare, local, state and federal guidelines. 2.The Quality Assurance Department will be trained by the Executive Director on the local, state and federal guidelines for investigations of ANE. 3.The Facility has implemented a procedure to report all investigation finding to the Executive Director within 4 working days. 4.The Facility will retrain staff on the Abuse, Neglect and Exploitation Policy and disciplinary action will be given if the policy is not followed. Area Supervisor and Residential Manager will ensure that the Abuse, Neglect and Exploitation Policy is followed. Monitoring of ANE will done by The Program Manager, Area Supervisor and Residential Manager to ensure all incidents of possible abuse, neglect and exploitation are reported to the QA department. **Persons Responsible:** Executive Director, Program Manager, QA, QIDP, Nurse, Area Supervisor, Residential Manager	04/30/2020

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	shoulder 2 days after he had been placed in YSIS (You're Safe, I'm Safe physical intervention). X rays taken 3 days after incident show [client A] sustained a closed right clavicle fracture. Conclusion: It is substantiated agency trained YSIS was utilized. It is substantiated excessive force was not used during the implementation of YSIS." The results of the investigation was not reported to the administrator within 5 working days. On 4/3/20 at 9:31 AM, the Quality Assurance Manager (QAM) indicated the results of an investigation were to be reported within 5 business days. The QAM indicated the investigation began on 3/24/20. The QAM indicated the Executive Director (ED) is the designee or administrator who is to receive the investigation summary. The QAM indicated the ED was not notified of the investigation summary until 4/1/20. This federal tag relates to complaint #IN00323414. 9-3-2(a)			
W 0157 Bldg. 00	483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken. Based on record review and interview for 1 of 6 incident reports reviewed affecting client A, the facility failed to ensure appropriate corrective action was implemented following an incident of client A sustaining a fractured right clavicle on 3/23/20 after the use of physical intervention. Findings include:	W 0157	1.During the Investigation Process if an allegation of Abuse Neglect or Exploitation is substantiated appropriate correction action will be administered up to and including termination. 2.Upon conclusion of the	04/30/2020

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
RES CARE SOUTHEAST INDIANA	16611 SIMA GRAY RD HENRYVILLE, IN 47126

(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 APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	On 4/1/20 at 11:00 AM, a review of the Bureau of Developmental Disabilities Services (BDDS) incident reports and investigations was completed. The reports indicated the following: 1) BDDS incident report dated 3/23/20 indicated, "It was reported [client A] had been screaming, hitting the TV, and attempting to hit and bite staff. Staff attempted verbal redirection multiple times. [Client A] continued to attempt physical aggression toward staff. Staff initiated one-man YSIS (You're Safe, I'm Safe) for 2 minutes until [client A] calmed. No injuries were reported. Staff will continue to follow BSP (behavior support plan). HRC (human rights committee) approval for the use of YSIS in BSP." 2) BDDS incident report dated 3/25/20 indicated, "It was reported [client A] was complaining of pain and bruising in his shoulder. Staff transported [client A] to PCP (primary care physician) appointment for evaluation. PCP evaluated the shoulder and found [client A] is unable to raise his arm above 60 degrees. PCP ordered shoulder x-ray and advised [client A] to use ice on the shoulder area. Original bruise was 3 inches, PCP advised bruise is leaking and flowing downward causing bruising to spread. Hospital was contacted but had no x ray technicians available. Hospital will contact ResCare when x ray tech (technician) is available. Staff will continue to monitor [client A's] shoulder and assist [client A] with keeping ice on the shoulder. Investigation has been initiated to try to determine cause of bruising and pain." The Investigative Summary dated March 24, 2020 indicated, "An investigation was initiated when [client A] showed bruising on right shoulder 2		investigation based on Peer Review recommendation, the Program Manger will ensure the Peer Review Recommendation are implemented and retraining occurs as required. 3.The Facility will retrain staff on the Abuse, Neglect and Exploitation Policy and disciplinary action will be given if the policy is not followed. Area Supervisor and Residential Manager will ensure that the Abuse, Neglect and Exploitation Policy is followed. Monitoring of ANE will done by The Program Manager, Area Supervisor and Residential Manager to ensure all incidents of possible abuse, neglect and exploitation are reported to the QA department. **Persons Responsible:** Executive Director, Program Manager, QA, QIDP, Nurse, Area Supervisor, Residential Manager, Human Resources	

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	days after he had been placed in YSIS. X rays taken 3 days after incident show [client A] sustained a closed right clavicle fracture." The Investigative Summary of Interviews indicated: "[Staff #1], DSP (direct support professional) stated: [Client A] got up in a bad mood. He refused breakfast. [Client A] began slamming doors, then hit the tv and the walls. This behavior went on about 2 hours. [Staff #2] asked [client A] to go outside and I followed to assist [staff #2]. I was standing in the corner near (sic) grill and picnic table. [Client A] went toward the grill, so I blocked the grill. [Client A] has gotten hurt before on the grill. [Client A] tried to hit me, so I initiated one-man YSIS grabbing his wrist. [Client A] lost his balance, so I held on to his wrist to keep him from falling. At the same time, I guided [client A] to the picnic table to sit down. [Client A] sat down at the picnic table with his legs on the outside of the bench. He then twisted his body around and leaned on the table part. [Client A] was trying to bite, scratch, and hit me the whole time. The whole incident outside lasted about 2 minutes. [Client A] told me after the YSIS that something popped. I didn't think there was any way his shoulder could have gotten hurt. We use the same YSIS hold every time we initiate YSIS with [client A]." On 4/2/20 at 12:42 PM, a review of client A's record was conducted and indicated the following: -The BSP dated 11/19/19, indicated the following target behaviors: "Physical Aggression: any occurrence of hitting with open hand, kicking or scratching at that produces or has the potential to produce an injury.			

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	Property Destruction: any occurrence of throwing, hitting, or any other action that results or could result in an object no longer functioning as it was designed." -The BSP indicated, "Reactive procedures if [client A] engages in physical aggression or property destruction: a. Immediately ensure the safety of [client A's] peers b. Position yourself between [client A] and his peers c. In a calm but firm voice verbally redirect [client A] to a different location/area/activity d. Block physical aggression and property destruction e. When [client A] has thrown his belongings out in the common area, staff are to place them in a box and put them in the garage to prevent further property destruction or physical aggression episodes. f. Staff are to also retrieve other items in the room that could be thrown. This includes his fan, vacuum cleaner, tablet, personal care products he has stored in his room, shoes and other hard objects that can be used to harm others or that he can damage. g. Request assistance from the other staff members in the home or other staff members from the other ESN (extensive support needs) homes in the area through the use of the two-way radios h. If [client A] continues to place him or others in jeopardy, use the Your Safe I am Safe (YSIS) procedures: i. One person YSIS ii. During YSIS, only maintain the hold for 5 minutes at a time. Take a break and re-engage the hold, as necessary 1. If needed have his peers move to a			

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	safe location where [client A] cannot aggress towards them. i. If [client A] continues to display physical aggression and property destruction, staff are to implement safety protocol." The BSP did not specify the YSIS hold to be used. On 4/3/20 at 9:14 AM, a review of staff #1's training was conducted and indicated the following: -The 11/20/19 In-Service Sign-in Sheet indicated the following: "Topic: TV reinforcement, hygiene and phone calls, 7 day property, [client A's] BSP 11/18/19. Duration: 5 min. (minutes) Detailed Description: Staff are to follow the TV earning schedule through [client A] completing his hygiene and active treatment. The specific wording is attached and highlighted. [Client A's] phone calls are to be after 5:00 PM due to work schedules. After the second instance of verbal aggression his belongings are to be removed for 7 days." -The 11/29/19 You're Safe - I'm Safe Competency Checklist indicated the following: "Basic Techniques: Prepared Stance - passed Blocks - passed Swinging Objects - passed Physical Redirection - passed Kicks - passed Wrist Releases - passed Hair Pull Releases - passed			

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	Clothing Releases - passed Bite Releases - passed Choke Releases - passed Bear Hug Releases - passed Advanced Techniques: One Person Standing - passed One Person Arms Blocked - passed Two Person Standing (with Escort) - passed Two Person Lift - passed Two Person Seated - passed." No retraining was available for review since the 3/23/20 behavioral incident. On 4/2/20 at 2:05 PM, the Behavior Consultant (BC) stated, "I have not done any training in regards to [client A's] BSP due to there not being any changes." This federal tag relates to complaint #IN00323414. 9-3-2(a)			
W 0159 Bldg. 00	483.430(a) QIDP Each client's active treatment program must be integrated, coordinated and monitored by a qualified intellectual disability professional. Based on interview and record review for 1 of 2 sampled clients (A), the facility's Qualified Intellectual Disabilities Professional (QIDP) failed to convene client A's interdisciplinary team (IDT) to discuss the behavioral incident which resulted in significant injury. Finding include: On 4/1/20 at 11:00 AM, a review of the facility's incident reports was conducted and indicated the	W 0159	1.The facility's will ensure the Qualified Intellectual Disabilities Professional (QIDP) will convene interdisciplinary team (IDT) to discuss the all behavioral incident which resulted in significant injury. 2.The Program Manager will in service the Qualified Intellectual Disabilities Professional (QIDP) on holding IDT whenever a behavioral incident occur.	04/30/2020

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	following: A) BDDS incident report dated 3/23/20 indicated, "It was reported [client A] had been screaming, hitting the TV, and attempting to hit and bite staff. Staff attempted verbal redirection multiple times. [Client A] continued to attempt physical aggression toward staff. Staff initiated one-man YSIS (You're Safe, I'm Safe) for 2 minutes until [client A] calmed. No injuries were reported. Staff will continue to follow BSP (behavior support plan). HRC (human rights committee) approval for the use of YSIS in BSP." B) BDDS incident report dated 3/25/20 indicated, "It was reported [client A] was complaining of pain and bruising in his shoulder. Staff transported [client A] to PCP (primary care physician) appointment for evaluation. PCP evaluated the shoulder and found [client A] is unable to raise his arm above 60 degrees. PCP ordered shoulder x-ray and advised [client A] to use ice on the shoulder area. Original bruise was 3 inches, PCP advised bruise is leaking and flowing downward causing bruising to spread. Hospital was contacted but had no x ray technicians available. Hospital will contact ResCare when x ray tech (technician) is available. Staff will continue to monitor [client A's] shoulder and assist [client A] with keeping ice on the shoulder. Investigation has been initiated to try to determine cause of bruising and pain." On 4/2/20 at 12:42 PM, a review of client A's record was conducted. There was no documentation the QIDP convened client A's IDT to discuss and address the incident on 3/23/20 which resulted in YSIS being implemented. On 4/2/20 at 2:05 PM, the Behavior Consultant		3.The Facility will retrain staff on the Abuse, Neglect and Exploitation Policy and disciplinary action will be given if the policy is not followed. Area Supervisor and Residential Manager will ensure that the Abuse, Neglect and Exploitation Policy is followed. Monitoring of ANE will done by The Program Manager, Area Supervisor and Residential Manager to ensure all incidents of possible abuse, neglect and exploitation are reported to the QA department. **Persons Responsible**, Executive Director, Program Manager, QA, QIDP, Nurse, Area Supervisor, Residential Manager, Human Resources	

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	(BC) indicated she was typically not notified immediately after a behavior incident occurs. The BC stated, "I was notified the next day when they came back from the ER (emergency room)." The BC indicated she usually finds about incidents when the Area Supervisor (AS) gets notified and sends out an email. On 4/3/20 at 11:37 AM, the QIDP stated "We (the IDT) had not gotten together on the latest incident because it just happened last week. The investigation got started immediately and we have not had the opportunity to meet, especially due to this COVID-19." The QIDP indicated the BC usually gets notified by receiving the incident report. The QIDP stated, "[The BC] gets notified about every day, just like I do." The QIDP stated, "I usually don't put a whole lot on the IDT's, we just talk about it. Usually what we do in the IDT is sit down and talk about what we need to do, about medication changes, [name of physician] is part of it." This federal tag relates to complaint #IN00323414. 9-3-3(a)			
W 0189 Bldg. 00	483.430(e)(1) STAFF TRAINING PROGRAM The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. Based on record review and interview for 1 of 2 sampled clients (A), the facility failed to ensure staff received retraining on client A's Behavior Support Plan (BSP) and specific physical intervention techniques during episodes of physical aggression and the use of You're Safe I'm Safe (physical intervention).	W 0189	1.The facility will retraining staff at the site on client A's Behavior Support Plan (BSP) and specific physical intervention techniques during episodes of physical aggression and the use of You're Safe I'm Safe (physical	04/30/2020

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	Finding include: On 4/1/20 at 11:00 AM, a review of the Bureau of Developmental Disabilities Services (BDDS) incident reports and investigations was completed. The reports indicated the following: 1) BDDS incident report dated 3/23/20 indicated, "It was reported [client A] had been screaming, hitting the TV, and attempting to hit and bite staff. Staff attempted verbal redirection multiple times. [Client A] continued to attempt physical aggression toward staff. Staff initiated one-man YSIS (You're Safe, I'm Safe) for 2 minutes until [client A] calmed. No injuries were reported. Staff will continue to follow BSP (behavior support plan). HRC (human rights committee) approval for the use of YSIS in BSP." 2) BDDS incident report dated 3/25/20 indicated, "It was reported [client A] was complaining of pain and bruising in his shoulder. Staff transported [client A] to PCP (primary care physician) appointment for evaluation. PCP evaluated the shoulder and found [client A] is unable to raise his arm above 60 degrees. PCP ordered shoulder x-ray and advised [client A] to use ice on the shoulder area. Original bruise was 3 inches, PCP advised bruise is leaking and flowing downward causing bruising to spread. Hospital was contacted but had no x ray technicians available. Hospital will contact ResCare when x ray tech (technician) is available. Staff will continue to monitor [client A's] shoulder and assist [client A] with keeping ice on the shoulder. Investigation has been initiated to try to determine cause of bruising and pain." The Investigative Summary dated March 24, 2020		intervention). 2.The Program Manager will ensure retraining for all staff at the site is completed by the Behavior Clinician by April 30, 2020 3.The Area Supervisor will ensure all new staff receive initial training and retraining as needed on the Behavior Support plan and YSIS. 4.The Facility will retrain staff on the Abuse, Neglect and Exploitation Policy and disciplinary action will be given if the policy is not followed. Area Supervisor and Residential Manager will ensure that the Abuse, Neglect and Exploitation Policy is followed. Monitoring of ANE will done by The Program Manager, Area Supervisor and Residential Manager to ensure all incidents of possible abuse, neglect and exploitation are reported to the QA department. **Persons Responsible:** Program Manager, Behavior Clinician, QIDP, Nurse, Area Supervisor, Residential Manager, DSPs	

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indicated, "An investigation was initiated when [client A] showed bruising on right shoulder 2 days after he had been placed in YSIS. X rays taken 3 days after incident show [client A] sustained a closed right clavicle fracture."

The Investigative Summary of Interviews indicated:
"[Staff #1], DSP (direct support professional) stated: [Client A] got up in a bad mood. He refused breakfast. [Client A] began slamming doors, then hit the tv (television) and the walls. This behavior went on about 2 hours. [Staff #2] asked [client A] to go outside and I followed to assist [staff #2]. I was standing in the corner near (sic) grill and picnic table. [Client A] went toward the grill, so I blocked the grill. [Client A] has gotten hurt before on the grill. [Client A] tried to hit me, so I initiated one-man YSIS grabbing his wrist. [Client A] lost his balance, so I held on to his wrist to keep him from falling. At the same time, I guided [client A] to the picnic table to sit down. [Client A] sat down at the picnic table with his legs on the outside of the bench. He then twisted his body around and leaned on the table part. [Client A] was trying to bite, scratch, and hit me the whole time. The whole incident outside lasted about 2 minutes. [Client A] told me after the YSIS that something popped. I didn't think there was any way his shoulder could have gotten hurt. We use the same YSIS hold every time we initiate YSIS with [client A]."

On 4/2/20 at 12:42 PM, a review of client A's record was conducted and indicated the following:

-The BSP dated 11/19/19, indicated the following target behaviors:
"Physical Aggression: any occurrence of hitting

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	with open hand, kicking or scratching at that produces or has the potential to produce an injury. Property Destruction: any occurrence of throwing, hitting, or any other action that results or could result in an object no longer functioning as it was designed." -The BSP indicated, "Reactive procedures if [client A] engages in physical aggression or property destruction: a. Immediately ensure the safety of [client A's] peers b. Position yourself between [client A] and his peers c. In a calm but firm voice verbally redirect [client A] to a different location/area/activity d. Block physical aggression and property destruction e. When [client A] has thrown his belongings out in the common area, staff are to place them in a box and put them in the garage to prevent further property destruction or physical aggression episodes. f. Staff are to also retrieve other items in the room that could be thrown. This includes his fan, vacuum cleaner, tablet, personal care products he has stored in his room, shoes and other hard objects that can be used to harm others or that he can damage. g. Request assistance from the other staff members in the home or other staff members from the other ESN (extensive support needs) homes in the area through the use of the two-way radios h. If [client A] continues to place him or others in jeopardy, use the You're Safe I am Safe (YSIS) procedures: i. One person YSIS ii. During YSIS, only maintain the hold for 5			

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	minutes at a time. Take a break and re-engage the hold, as necessary 1. If needed have his peers move to a safe location where [client A] cannot aggress towards them. i. If [client A] continues to display physical aggression and property destruction, staff are to implement safety protocol." The BSP did not specify the YSIS hold to be used. On 4/3/20 at 9:14 AM, a review of staff #1's training was conducted and indicated the following: -The 11/20/19 In-Service Sign-in Sheet indicated the following: "Topic: TV reinforcement, hygiene and phone calls, 7 day property, [client A's] BSP 11/18/19. Duration: 5 min. (minutes) Detailed Description: Staff are to follow the TV earning schedule through [client A] completing his hygiene and active treatment. The specific wording is attached and highlighted. [Client A's] phone calls are to be after 5:00 PM due to work schedules. After the second instance of verbal aggression his belongings are to be removed for 7 days." -The 11/29/19 You're Safe - I'm Safe Competency Checklist indicated the following: "Basic Techniques: Prepared Stance - passed Blocks - passed Swinging Objects - passed Physical Redirection - passed			

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	Kicks - passed Wrist Releases - passed Hair Pull Releases - passed Clothing Releases - passed Bite Releases - passed Choke Releases - passed Bear Hug Releases - passed Advanced Techniques: One Person Standing - passed One Person Arms Blocked - passed Two Person Standing (with Escort) - passed Two Person Lift - passed Two Person Seated - passed." No retraining was available for review since the 3/23/20 behavioral incident. On 4/1/20 at 1:35 PM, staff #1 indicated he felt comfortable with his training. On 4/2/20 at 2:05 PM, the Behavior Consultant (BC) stated, "I have not done any training in regards to [client A's] BSP due to there not being any changes." This federal tag relates to complaint #IN00323414. 9-3-3(a)			
W 0266 Bldg. 00	483.450 CLIENT BEHAVIOR & FACILITY PRACTICES The facility must ensure that specific client behavior and facility practices requirements are met. Based on observation, record review and interview, the facility failed to meet the Condition of Participation: Client Behavior and Facility Practices for 1 of 2 sampled clients (A). The	W 0266	1.The facility will ensure the Behavior Clinician will update all clients Behavior Support Plans to include least restrictive and more	04/30/2020

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	facility neglected to implement least restrictive and more positive physical intervention techniques to prevent client A from sustaining a fractured right clavicle which resulted from the use of an unapproved physical restraint technique by staff #1 on 3/23/20. Findings include: 1) Please refer to W285. For 1 of 2 sampled clients (A), the facility failed to ensure client A was not injured during a physical restraint. 2) Please refer to W295. For 1 of 2 sampled clients (A), the facility failed to ensure client A's Behavior Support Plan (BSP) identified the type of physical restraint to be implemented during episodes of physical aggression. This federal tag relates to complaint #IN00323414. 9-3-5(a)		positive physical intervention techinques before the use of physical restraints. 2.The facility will ensure the Behavior Clinician updates all clients at the site Behavior support plans to identify the type of physical restraints to be implemented during episodes of physical aggression. 3.The Facility will retrain all staff at the site on Your Safe, I'm Safe the facilities approved physical restraint technique. 4.The Residential manger and Area Supervisor will ensure staff are trained with the current ISP/BSP and YSIS before working with clients. 5.The Facility will ensure the Doctors Orders are carried out as expeditiously as possible. 6.The Facility will retrain staff on the Abuse, Neglect and Exploitation Policy and disciplinary action will be given if the policy is not followed. Area Supervisor and Residential Manager will ensure that the Abuse, Neglect and Exploitation Policy is followed. Monitoring of ANE will done by The Program Manager, Area Supervisor and Residential Manager to ensure all incidents of possible abuse, neglect and exploitation are reported to the QA department.	

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	15G745	A. BUILDING 00 B. WING	04/09/2020

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W 0285 Bldg. 00	483.450(b)(2) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR Interventions to manage inappropriate client behavior must be employed with sufficient safeguards and supervision to ensure that the safety, welfare and civil and human rights of clients are adequately protected. Based on observation, interview and record review for 1 of 2 sampled clients (A), the facility failed to ensure the client was not injured with a during a restraint resulting in a fractured clavicle. Findings include: On 4/1/20 from 12:43 PM to 3:16 PM, an observation was conducted at the group home. At 12:48 PM, client A was lying in his bed. Client A had a sling on his right arm with a washcloth tucked under the strap on the left side near his shoulder. At 12:50 PM, the nurse indicated the washcloth was to protect client A's neck from getting rubbed by the sling strap. At 12:52 PM, when asked what had happened, client A stated, "[Staff #1] got a little aggressive, hyperextend my arm and I heard a pop. I had a behavior on Monday, March 23rd". On 4/1/20 at 11:00 AM, a review of the Bureau of Developmental Disabilities Services (BDDS) incident reports and investigations was completed. The reports indicated the following: 1) BDDS incident report dated 3/23/20 indicated,	W 0285	**Persons Responsible:** Program Manager, Behavior Clinician, QIDP, Nurse, Area Supervisor, Residential Manager 1.The facility will ensure the Behavior Clinician will update all clients Behavior Support Plans to include least restrictive and more positive physical intervention before the use of physical restraints. 2.The facility will ensure the Behavior Clinician updates all clients at the site Behavior support plans to identify the type of physical restraints to be implemented during episodes of physical aggression. 3.The Facility will retrain all staff at the site on Your Safe, I'm Safe the facilities approved physical restraint technique. 4.The Residential manger and Area Supervisor will ensure staff are trained with the current ISP/BSP and YSIS before working with clients. 5.The Facility will ensure the Doctors Orders are carried out as expeditiously as possible.	04/30/2020

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	"It was reported [client A] had been screaming, hitting the TV, and attempting to hit and bite staff. Staff attempted verbal redirection multiple times. [Client A] continued to attempt physical aggression toward staff. Staff initiated one-man YSIS (You're Safe, I'm Safe) for 2 minutes until [client A] calmed. No injuries were reported. Staff will continue to follow BSP (behavior support plan). HRC (human rights committee) approval for the use of YSIS in BSP." 2) BDDS incident report dated 3/25/20 indicated, "It was reported [client A] was complaining of pain and bruising in his shoulder. Staff transported [client A] to PCP (primary care physician) appointment for evaluation. PCP evaluated the shoulder and found [client A] is unable to raise his arm above 60 degrees. PCP ordered shoulder x-ray and advised [client A] to use ice on the shoulder area. Original bruise was 3 inches, PCP advised bruise is leaking and flowing downward causing bruising to spread. Hospital was contacted but had no x ray technicians available. Hospital will contact ResCare when x ray tech (technician) is available. Staff will continue to monitor [client A's] shoulder and assist [client A] with keeping ice on the shoulder. Investigation has been initiated to try to determine cause of bruising and pain." The Investigative Summary dated March 24, 2020 indicated, "An investigation was initiated when [client A] showed bruising on right shoulder 2 days after he had been placed in YSIS. X rays taken 3 days after incident show [client A] sustained a closed right clavicle fracture." The Investigative Summary of Interviews indicated: "[Staff #1], DSP (direct support professional)		6.The Facility will retrain staff on the Abuse, Neglect and Exploitation Policy and disciplinary action will be given if the policy is not followed. Area Supervisor and Residential Manager will ensure that the Abuse, Neglect and Exploitation Policy is followed. Monitoring of ANE will done by The Program Manager, Area Supervisor and Residential Manager to ensure all incidents of possible abuse, neglect and exploitation are reported to the QA department. **Persons Responsible:** Program Manager, Behavior Clinician, QIDP, Nurse, Area Supervisor, Residential Manager	

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	stated: [Client A] got up in a bad mood. He refused breakfast. [Client A] began slamming doors, then hit the tv (television) and the walls. This behavior went on about 2 hours. [Staff #2] asked [client A] to go outside and I followed to assist [staff #2]. I was standing in the corner near (sic) grill and picnic table. [Client A] went toward the grill, so I blocked the grill. [Client A] has gotten hurt before on the grill. [Client A] tried to hit me, so I initiated one-man YSIS grabbing his wrist. [Client A] lost his balance, so I held on to his wrist to keep him from falling. At the same time, I guided [client A] to the picnic table to sit down. [Client A] sat down at the picnic table with his legs on the outside of the bench. He then twisted his body around and leaned on the table part. [Client A] was trying to bite, scratch, and hit me the whole time. The whole incident outside lasted about 2 minutes. [Client A] told me after the YSIS that something popped. I didn't think there was any way his shoulder could have gotten hurt. We use the same YSIS hold every time we initiate YSIS with [client A]."On 4/2/20 at 12:42 PM, client A's record was reviewed. The record indicated the following: -Medical Consult Record dated 3/25/20 indicated, "Reason for visit:... right shoulder pain. Results/Findings of Examination: Right shoulder unable to raise above 60 degrees. Physician/Consultant Orders: x-ray (electromagnetic image), ice on shoulder area". -Emergency Room Visit Form dated 3/27/20 indicated, "Reason for emergency room visit: Need eval (evaluation) / x-ray please! Behavior 3/24/20, Physical Aggression / Verbal shoulder injury. Seen (sic) PCP (Primary Care Physician) 3/25/20. X-ray (not) available due to Covid. Findings/Instructions: X-ray shows a right			

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	clavicle fracture...Patient should follow up with an orthopedic specialist". On 4/1/20 at 1:35 PM, staff #1 indicated on March 23, 2020, client A was being physically aggressive and staff #2 redirected client A to the patio. Staff #1 stated "[client A] became physically aggressive toward me". Staff #1 stated he "grabbed [client A's] wrist and [client A] lost his balance and fell toward the picnic table". Staff #1 stated he continued "holding [client A's] wrist to slow his fall". Staff #1 indicated client A complained a little later of his shoulder hurting. Staff #1 indicated he notified the nurse and was instructed to provide pain medication. On 4/1/20 at 1:44 PM, staff #2 indicated on March 23, 2020, he (staff #2) was trying to lead client A out of the courtyard to the yard. Staff #2 indicated, client A turned and cornered staff #1 between the picnic table and grill. Staff #2 stated staff #1 "grabbed his (client A's) wrist and he (client A) dropped his weight causing [client A] and [staff #1] to fall toward the picnic table". On 4/1/20 at 12:00 PM, Quality Assurance Manager (QAM) stated the investigation was being conducted to ensure that staff "were doing the right thing". The QAM stated they did not "feel staff had done anything wrong" but wanted to investigate since a significant injury occurred. The QAM indicated client A's injury to his shoulder more than likely occurred on 3/23/20 during his behavior. The QAM indicated the occurrence possibly happened during a YSIS one person hold. This federal tag relates to complaint #IN00323414. 9-3-5(a)			

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W 0295 Bldg. 00	483.450(d)(1)(i) PHYSICAL RESTRAINTS The facility may employ physical restraint only as an integral part of an individual program plan that is intended to lead to less restrictive means of managing and eliminating the behavior for which the restraint is applied. Based on observation, interview and record review for 1 of 2 sampled clients (A), the facility failed to ensure client A's Behavior Support Plan (BSP) identified the type of physical restraints to be implemented during episodes of physical aggression. Findings include: On 4/1/20 from 12:43 PM to 3:16 PM, an observation was conducted at the group home. At 12:48 PM, client A was lying in his bed. Client A had a sling on his right arm with a washcloth tucked under the strap on the left side near his shoulder. At 12:50 PM, the nurse indicated the washcloth was to protect client A's neck from getting rubbed by the sling strap. At 12:52 PM, when asked what had happened, client A stated, "[Staff #1] got a little aggressive, hyperextend my arm and I heard a pop. I had a behavior on Monday, March 23rd". On 4/1/20 at 11:00 AM, a review of the Bureau of Developmental Disabilities Services (BDDS) incident reports and investigations was completed. The reports indicated the following: 1) BDDS incident report dated 3/23/20 indicated, "It was reported [client A] had been screaming, hitting the TV, and attempting to hit and bite staff. Staff attempted verbal redirection multiple times. [Client A] continued to attempt physical aggression toward staff. Staff initiated one-man	W 0295	1.The facility will ensure the Behavior Clinician will update all clients Behavior Support Plans to include least restrictive and more positive physical intervention before the use of physical restraints. 2.The facility will ensure the Behavior Clinician updates all clients at the site Behavior support plans to identify the type of physical restraints to be implemented during episodes of physical aggression. 3.The Facility will retrain all staff at the site on Your Safe, I'm Safe the facilities approved physical restraint technique. 4.The Residential manger and Area Supervisor will ensure staff are trained with the current ISP/BSP and YSIS before working with clients. 5.The Facility will retrain staff on the Abuse, Neglect and Exploitation Policy and disciplinary action will be given if the policy is not followed. Area Supervisor and Residential Manager will ensure that the Abuse, Neglect and Exploitation Policy is followed. Monitoring of ANE will done by The Program	04/30/2020

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	YSIS (You're Safe, I'm Safe) for 2 minutes until [client A] calmed. No injuries were reported. Staff will continue to follow BSP (behavior support plan). HRC (human rights committee) approval for the use of YSIS in BSP." 2) BDDS incident report dated 3/25/20 indicated, "It was reported [client A] was complaining of pain and bruising in his shoulder. Staff transported [client A] to PCP (primary care physician) appointment for evaluation. PCP evaluated the shoulder and found [client A] is unable to raise his arm above 60 degrees. PCP ordered shoulder x-ray and advised [client A] to use ice on the shoulder area. Original bruise was 3 inches, PCP advised bruise is leaking and flowing downward causing bruising to spread. Hospital was contacted but had no x ray technicians available. Hospital will contact ResCare when x ray tech (technician) is available. Staff will continue to monitor [client A's] shoulder and assist [client A] with keeping ice on the shoulder. Investigation had been initiated to try to determine cause of bruising and pain." The Investigative Summary dated March 24, 2020 indicated, "An investigation was initiated when [client A] showed bruising on right shoulder 2 days after he had been placed in YSIS. X rays taken 3 days after incident show [client A] sustained a closed right clavicle fracture." On 4/1/20 at 12:00 PM, Quality Assurance Manager (QAM) indicated the investigation was being conducted to ensure that staff were doing the right thing. The QAM stated they "did not feel staff had done anything wrong" but wanted to investigate since a significant injury occurred. The QAM indicated client A's injury to his shoulder more than likely occurred on 3/23/20		Manager, Area Supervisor and Residential Manager to ensure all incidents of possible abuse, neglect and exploitation are reported to the QA department. **Persons Responsible:** Program Manager, Behavior Clinician, QIDP, Nurse, Area Supervisor, Residential Manager	

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	during his behavior. The QAM indicated the occurrence possibly happened during a YSIS one person hold. On 4/1/20 at 1:35 PM, staff #1 indicated on March 23, 2020, client A was being physically aggressive and staff #2 redirected client A to the patio. Staff #1 stated "[client A] became physically aggressive toward me". Staff #1 stated he "grabbed [client A's] wrist and [client A] lost his balance and fell toward the picnic table". Staff #1 stated he continued "holding [client A's] wrist to slow his fall". Staff #1 indicated client A complained a little later of his shoulder hurting. Staff #1 indicated he notified the nurse and was instructed to provide pain medication. On 4/1/20 at 1:44 PM, staff #2 indicated on March 23, 2020, he (staff #2) was trying to lead client A out of the courtyard to the yard. Staff #2 indicated client A turned and cornered staff #1 between the picnic table and grill. Staff #2 stated staff #1 "grabbed his (client A's) wrist and he (client A) dropped his weight causing [client A] and [staff #1] to fall toward the picnic table". On 4/2/20 at 12:42 PM, client A's record was reviewed. The record indicated the following: -Behavior Support Plan (BSP) dated 11/19/19 indicated, "If [client A] engages in physical aggression or property destruction: d. block physical aggression and property destruction... h. If [client A] continues to place him or others in jeopardy, use the You're Safe I'm Safe (YSIS) procedures: i. one person YSIS, ii. During YSIS, only maintain the hold for 5 minutes at a time. Take a break and re-engage the hold as necessary...". Client A's BSP did not include the use of grabbing by the wrist as redirection from			

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	episodes of physical aggression. On 4/2/20 at 2:05 PM, the Behavior Specialist (BS) indicated client A typically just throws things, slams doors, or is verbal, he rarely gets put in a hold. The BS indicated his (client A's) behaviors do on occurrence require holds but not often. The BS stated, "steps to intervention start with verbal redirection, I do not believe I have any of the physical intervention because [client A] typically does not escalate to that manner". The BS stated, "[Staff #1] should have been doing more of a blocking technique." The BS stated, "Grabbing of the wrist is not an approved technique of YSIS, if the client grabs you, you can use a release." The BS indicated she tried not to be specific in using YSIS in regards to clients. The BS stated, "No, I have never mentioned using the wrists." On 4/3/20 at 11:37 AM, the Qualified Intellectual Disabilities Professional (QIDP) indicated he heard staff #1 grabbed his (client A's) wrist. The QIDP stated, "If [client A] had swung at me, I would have blocked, I would never grab his wrist". The QIDP stated, "I told [staff #1] that I would never use a one-man hold, that I would only use a two-man hold since [client A] bruises so easily." The QIDP indicated staff #1 stated, "I always use a one-man." The QIDP indicated he (the QIDP) stated to staff #1, "since he (staff #1) and [staff #2] were out there, they should have used a two-man on him and they should only ever use a two-man." The QIDP stated, "holding the wrist in not an approved YSIS hold." This federal tag relates to complaint #IN00323414. 9-3-5(a)			