STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	15G811	A. BUILDING 00 B. WING	01/10/2020

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

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W 0000 Bldg. 00	This visit was for a Post Certification Revisit (PCR) to the full annual recertification and state licensure survey completed on 10/25/19. Survey Dates: January 9 and 10, 2020 Facility Number: 013405 Provider Number: 15G811 AIM Number: 201267570 These deficiencies also reflect state findings in accordance with 410 IAC 16.2-5. Quality Review of this report completed by #15068 on 1/17/20.	W 0000		
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, interview and record review for 5 of 75 incident reports reviewed affecting clients #1, #6, #8, #12, #13, #16, #18 and #20, the facility failed to implement its policy and procedures for prohibiting Abuse, Neglect, Exploitation, Mistreatment or a Violation of Individual's Rights for a pattern of client injuries sustained during implementation of behavioral intervention strategies and to conduct a thorough investigation of an allegation of staff abuse. Findings include: 1) On 1/9/20 from 11:06 AM to 1:03 PM, an observation was conducted at the facility. At 11:10 AM, client #16 joined the surveyors in the hallway near the shower room as they entered the	W 0149	W149 STAFF TREATMENT OF CLIENTS-The facility has developed and implemented written policies and procedures that prohibit mistreatment, neglect or abuse of the client. The facility implements its policies and procedures to prevent abuse of the clients. ResCare has a policy for prevention of, and reporting any allegations of abuse, neglect, exploitation and mistreatment of any client. The facility has identified that all residents have the potential to be affected by the same deficient practice and the	02/09/2020

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

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	facility. Client #16 had a yellowish green bruise around his left eye with a red and purple laceration on his eyebrow line. When asked what had happened, client #16 went into his bedroom to show the Survey Team Leader some of his personal items and client #15 stated, "[Client #16] was elbowed by [staff #2]". Client #16 was further interviewed about his bruised eye by the Survey Team Leader. At 11:08 AM, client #16 stated, "[Staff #2] elbowed me in the eye. He meant to do it. He (staff #2) said it was an accident." At 12:47 PM, client #7 requested an interview. Client #7 indicated mistreatment had occurred when his arms were pulled behind his back, fingers were bent backwards and he was pulled off of his bed during a behavioral episode in his bedroom the day prior (1/8/20). Client #7 was asked which staff were involved and stated, "A staff [staff #2], [staff #14] and [staff #26] pulled my arms back. That was before I threw my walker. I would not calm down. I was mad. People was calling me names and threatened me. They even drug me off the bed and dropped me down on the floor". Client #7 was asked who dragged him off the bed and indicated staff #2 and stated, "He has a bad temper. He tries to hurt everybody when he gets mad". Client #7 stated staff #2 had a bad temper when he worked "most of the time." Client #7 stated, "He (staff #2) says you mess with my women, I'll f--- you up". At 1:00 PM, client #7 stated, "It's not safe here. If I get hurt again, I'll have to be in a nursing home. Like I said, they had a belt around my neck. They were teasing me. My radio is gone, my TV was taken out of here. They took my cabinets out and my curtains down". Client #7 indicated his items had been removed from his room for safety during a suicidal behavior episode, but had been put back into his room and left for him to arrange and reconnect. The curtains		following corrective actions will be taken; All staff are trained on the policy upon hire and annually thereafter. In addition, all staff will receive in-service training on the policy of abuse, neglect, exploitation and mistreatment. This policy is and, will continue to be reviewed for competency at every monthly all staff meeting. Staff will be trained on the requirement for reporting any allegation immediately to a supervisor. Staff will be in-serviced that NOT IMMEDIATELY reporting an allegation immediately is, in itself considered neglect. Administrative staff will ensure that front line staff understand that a verbal report must be made immediately. In addition, all staff will receive in service training on the chain of command if they feel that a direct supervisor has not taken their complain immediately seriously. This will ensure that any report of possible ANE is addressed immediately. In addition, all administrative staff will receive in-service training to ensure that competency is reached regarding policy if an administrative staff does not immediately respond, per policy, to an allegation of abuse or neglect. Trained investigators will be in-serviced on ResCare procedures for conducting a thorough investigation,	

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	were down and draped over the furniture which had not been positioned or arranged against the bedroom walls and wires behind the TV were not connected. On 1/9/20 at 2:00 PM, a review of the Bureau of Developmental Disabilities Services (BDDS) incident reports was completed. The reports indicated the following: -BDDS incident report dated 12/3/19 indicated, "On 12/2/2019 staff asked client [client #20] to turn down the music on his phone during quiet time. [Client #20] responded with profanities and threats. [Client #20] stated he had made a call and put a 'hit' out on staff's family and he would take care of the RM (Residential Manager) himself. [Client #20] continued with his verbal aggression and threats then attempted to hit staff. At 11:12 PM, trained staff placed [client #20] in a guardian and HRC (Human Rights Committee) approved YSIS (You're Safe I'm Safe) supine hold for his safety and staff's safety. [Client #20] continued being combative by hitting, spitting at staff, and attempting to bite staff. The nurse was called for an assessment. After her assessment, she administered a guardian and HRC approved IM-PRN (intramuscular injection - as needed) Haldol (antipsychotic), 5 mg (milligrams) at 11:15 PM... The nurse assessed [client #20] and noted a 1 cm (centimeter) laceration to his forehead, upper lip laceration, ½ cm laceration on his ankle, and dime-sized bruise on his left elbow. There was no redness on his neck, no tenderness to his spine, full range-of-motion in his extremities, and he ambulated with no difficulty. [Client #20] received first aid for his minor injuries which were consistent with his aggression before and during the hold. The YSIS supine hold was performed correctly by trained staff". Staff #2 was listed on		including ensuring that all reportable incidents and allegations are reported to BDDS, the Executive Director and any other necessary entity, and that all necessary individuals and staff are interviewed regarding an allegation, and putting in place timely implementation of corrective measures and actions. The Executive Director will monitor and review progress of and completion of all investigations and approve any recommended corrective actions to ensure thoroughness of the investigation and appropriate corrective measures. Staff #2 is no longer employed with ResCare. However, at the time of the complaint, it was not possible to substantiate that A/N/E had occurred. Thorough Investigations were completed into allegations per policy. Following the completion of the investigations, all staff received re-training to re-certify on de-escalation techniques, YSIS physical interventions and restoring rights and or property after safety interventions, per policy. Person Responsible; All Staff, Program Manager and Executive Director Completion Date: 2.9.2020	

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	the internal incident report as a staff intervening during this behavioral intervention. -BDDS incident report dated 1/3/20 indicated, "On Friday, January 3, 2020 at 10:00 AM client [client #13] was standing by the dining room table when he became upset and stated that he missed his girlfriend. [Client #13] began yelling at his peers calling them names and intentionally instigating them. When staff asked [client #13] to stop yelling at his peers [client #13] spit on staff. Due to his (sic) creating an unsafe environment (sic). Trained staff initiated a guardian approved YSIS hold and attempted to escort [client #13] out of the dayroom. [Client #13] placed himself on the floor, so staff transitioned to an approved YSIS supine hold. [Client #13] was unable to calm himself despite staff offering assistance with coping skills. Nursing staff assessed, approved and administered Haldol (antipsychotic) 10 mg (milligrams) at 10:17 PM (AM). [Client #13], with the help of staff, began using his coping skills. Once calm [client #13] was released from the hold. He was assessed by nursing staff who reported a swollen, bleeding upper lip. [Client #13] was administered first aid to stop the bleeding and reduced the swelling. [Client #13] then returned to normal programming. The injury occurred when a staff radio fell from her waist as [client #13] placed himself on the ground and staff transitioned to a supine YSIS hold from the standing YSIS hold". Staff #2 was listed on the internal incident report as a staff intervening during this behavioral intervention. -BDDS incident report dated 1/4/20 indicated, "On Saturday, January 04, 2020 at 1:00 AM (sic) client [client #16] asked to go to the library in the Life Skills Building to surf the internet. Staff reminded [client #16] that everyone needed to help with			

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	clean up following lunch and then they could take him to the library. [Client #16] began yelling that he wanted to go now. [Client #16] was reminded to use his coping shills and asked to be patient until staff was available. [Client #16] continued to yell and curse at staff, he was prompted to wait in his room and use his coping skills until they were ready. [Client #16] went to his room but returned moments later to curse at staff and continue his verbal aggression. He was again asked to go to his room and calm himself. [Client #16] went to his room and began throwing his personal items and engaging in property destruction. He then attempted to lock himself in the bathroom and began kicking the sink cabinet. Trained staff were able to open the door and placed [client #16] in a guardian and HRC (Human Rights Committee) approved YSIS supine hold to prevent property destruction and self-injurious behavior. Staff assisted [client #16] with the use of coping skills, but he was unable to calm himself. Nursing staff assessed [client #16] then approved and administered a behavioral PRN (as needed medication). Staff continued to assist [client #16] in calming himself. Once it was safe to do so, [client #16] was released from the hold which lasted 20 minutes. The nurse assessed [client #16] and found that SS (sic) staff initiated the hold (and) staff keys fell from his belt and hit [client #16] above the left eye causing a small laceration. The Nurse provided first aid which stopped the bleeding. [Client #16] returned to normal programming". On 1/9/20 at 4:47 PM, the Executive Director (ED) indicated the internal incident report had not been completely filled out listing the identification of all staff who were involved in the incident. The ED indicated staff #2 was a staff person who intervened during client #16's behavioral episode.			

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	-BDDS incident report dated 1/9/20 indicated, "On Wednesday, January 8th, 2020 at 7:10 PM, client [client #12] was in the dayroom when he stood on top of a chair and began yelling. Staff gave verbal prompts, asking him to come down for his safety. [Client #12] was non-compliant with staff's prompts. Staff attempted to assist [client #12] down and they both fell. Nursing was notified. It was noted that [client #12] would not respond to staff immediately after the fall, his vitals were taken and it was noted that his blood pressure was 76/49. When [client #12] did respond he said he hit his head and complained of neck pain. 911 was called and [client #12] was transported to the [hospital name] by ambulance at 7:27 PM. Staff stayed with [client #12]. The ER (emergency room) physician did not find injury and did not record a low BP (blood pressure). [Client #12] returned to ResCare before 10 PM". Staff #2 was listed on the internal incident report as a staff intervening during the behavioral intervention. On 1/9/20 at 4:47 PM, the Executive Director (ED) was asked which staff person fell with client #12. The ED stated, "It was [staff #2]". On 1/9/20 at 3:02 PM, the Qualified Intellectual Disability Professional (QIDP) was interviewed. The QIDP was asked about client injuries sustained during behavioral interventions and if investigation into suspicious injury was available for review. The QIDP stated, "I don't know. I don't believe so". On 1/9/20 at 3:45 PM, the Executive Director (ED) was interviewed. The ED was asked about client injuries sustained during behavioral intervention and if investigation into suspicious injury was available for review. The ED reviewed the 1/4/20			

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	incident of client #16 and indicated she was unaware of client #16 having a black eye until she observed his eye on 1/9/20. The ED indicated the internal incident report did not list all staff members names and that further follow up was required. At 4:47 PM, the ED returned and stated, "[Staff #2] has been suspended until completion of an investigation into [client #16's] eye and [client #9's] allegations (mistreatment) is completed". The ED was asked which staff intervened during the 1/9/20 incident falling with client #12 which resulted in a 911 call and emergency response. The ED stated, "It was [staff #2]". 2) On 10/21/19 and 10/22/19 during the recertification and state licensure survey, former staff #12, client #1, client #6, client #8, client #18, former client #21 and former client #22 made allegations of abuse related to former staff #1's treatment of the clients at the facility. The 10/29/19 Investigative Summary included interviews with 12 of the 20 clients living at the facility. The facility did not conduct interviews with clients #3, #5, #9, #11, #12, #14, #15 and #17. The Conclusion of the investigation indicated, "The allegation of abuse is not substantiated. ResCare clients state [former staff #1] has not threatened them nor does any client have concern working with [former staff #1]. Only one ResCare staff raised a concern about [former staff #1's] interaction with clients." On 1/9/20 at 2:54 PM, Qualified Intellectual Disabilities Professional #1 stated he interviewed the "most verbal clients." The QIDP indicated he could not recall but he may have interviewed the clients who were available on the day he conducted interviews. The QIDP stated there was "no particular reason" he did not interview clients			

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	#3, #5, #9, #11, #12, #14, #15 and #17. The QIDP stated "I was satisfied" [former staff #1] did not do anything improper. QIDP #1 stated, regarding the investigation, "I thought it was thorough." On 1/9/20 at 1:42 PM, the Program Manager (PM) indicated all twenty clients living at the facility should have been interviewed. The PM indicated the investigation was not thorough. On 1/9/20 at 4:00 PM, the Executive Director indicated all twenty clients living at the facility should have been interviewed. The Executive Director stated, "It's not a thorough investigation." On 1/10/20 at 10:23 AM, the Abuse, Neglect, Exploitation (ANE) policy dated 11/14/18 was reviewed. The ANE policy indicated, "ResCare does not tolerate abuse, neglect, or exploitation of any persons served. All employees are required to report allegations or suspected incidents of abuse, neglect, and exploitation. Supervisors, managers, or employees are not permitted to engage in retaliation, retribution, or any form of harassment directed against any employee who, in good faith, reports allegations or suspected incidents or abuse, neglect or exploitation. All alleged or suspected abuse, neglect, and/or exploitation will be immediately investigated. Appropriate corrective action will be taken to ensure prevention of any further occurrence". This deficiency was cited on 10/25/19. The facility failed to implement a systemic plan of correction to prevent recurrence. 5-1.2(24)(l)			

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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 observation, interview and record review for 1 of 1 allegation of abuse/neglect/exploitation affecting clients #1, #6, #14 and #15, the facility failed to ensure a thorough investigation was conducted. Findings include: On 1/9/20 at 1:45 PM, a review of the facility's incident/investigative reports was conducted and indicated the following: On 10/21/19 and 10/22/19 during the recertification and state licensure survey, former staff #12, client #1, client #6, client #14, client #15, former client #21 and former client #22 made allegations of abuse related to former staff #1's treatment of the clients at the facility. The 10/29/19 Investigative Summary included interviews with 12 of the 20 clients living at the facility. The facility did not conduct interviews with clients #3, #5, #9, #11, #12, #14, #15 and #17. The Conclusion of the investigation indicated, "The allegation of abuse is not substantiated. ResCare clients state [former staff #1] has not threatened them nor does any client have concern working with [former staff #1]. Only one ResCare staff raised a concern about [former staff #1's] interaction with clients." On 1/9/20 at 2:54 PM, Qualified Intellectual Disabilities Professional #1 stated he interviewed the "most verbal clients." The QIDP indicated he could not recall but he may have interviewed the clients who were available on the day he conducted interviews. The QIDP stated there was	W 0154	W154 STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated. The facility has identified that all residents have the potential to be affected by the same deficient practice and the following corrective actions will be taken; The Executive Director, Program Manager, Nurse Manager, Behavioral Clinician and QIDPs will meet weekly or more often as needed to review significant events to assure investigations occur as required and will review to assure that conclusions are developed that match the collected evidence. The governing body will assume complete responsibility for investigating any discovered injuries or injuries that require outside medical treatment and any allegations of mistreatment, physical or verbal abuse, neglect or exploitation. When any evidence of staff abuse or negligence is uncovered or alleged, the Executive Director will assign the investigation to a trained investigator. Additionally, the Program Manager or Executive Director will provide direct oversight and hands-on coaching of the trained Investigators	02/09/2020

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	"no particular reason" he did not interview clients #3, #5, #9, #11, #12, #14, #15 and #17. The QIDP stated "I was satisfied" [former staff #1] did not do anything improper. QIDP #1 stated, regarding the investigation, "I thought it was thorough." On 1/9/20 at 1:42 PM, the Program Manager (PM) indicated all twenty clients living at the facility should have been interviewed. The PM indicated the investigation was not thorough. On 1/9/20 at 4:00 PM, the Executive Director indicated all twenty clients living at the facility should have been interviewed. The Executive Director stated, "It's not a thorough investigation." 5-1.2(24)(l)		throughout the investigation process to assuring ResCare procedures for conducting a thorough investigation, including ensuring that all reportable incidents and allegations are reported to BDDS, the Executive Director and any other necessary entity, and that all necessary individuals and staff are interviewed regarding an allegation, putting in place timely implementation of corrective measures and actions and that the investigation reconciles discrepancies between witness testimony and documentary evidence. The Executive Director and the Program Manager will review the scope of all open investigations to assure all allegations receive appropriate examination and analysis. PREVENTION: The Executive Director will maintain a tracking spreadsheet for incidents requiring investigation, follow-up and corrective/protective measures. The spreadsheet will be maintained and reviewed weekly or more often as needed, to review progress made on all investigations and to ensure compliance and completion within 5 days. Investigators will be re-trained on investigation requirements as well as the specific components of the investigation for which they are	

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			responsible, within the five business day timeframe. The Program Manager, Nurse Manager, QIDPS and Executive Director will review the tracking spreadsheet weekly to assure appropriate follow through occurs. The Peer Review Team will review each investigation to ensure that they are thorough –meeting regulatory and operational standards, and will not designate an investigation, as completed, if it does not meet these criteria. Failure to complete thorough investigations within the allowable five business day timeframe will require written approval from the Executive Director. Persons Responsible: Executive Director, Program Manager, ResCare Trained Investigators, Nurse Manager, QIDPs, Behavioral Clinician Date of Completion: 2.9.2020	
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.			

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	Based on observation, interview and record review for 2 of 12 non-sampled clients (#13 and #16), the facility failed to ensure the clients were not injured during restraints. Findings include: On 1/9/20 from 11:06 AM to 1:03 PM, an observation was conducted at the facility. At 11:10 AM, client #16 joined the surveyors in the hallway near the shower room as they entered the facility. Client #16 had a yellowish green bruise around his left eye with a red and purple laceration on his eyebrow line. When asked what had happened, client #16 went into his bedroom to show the Survey Team Leader some of his personal items and client #15 stated, "[Client #16] was elbowed by [staff #2]". Client #16 was further interviewed about his bruised eye by the Survey Team Leader. At 11:08 AM, client #16 stated, "[Staff #2] elbowed me in the eye. He meant to do it. He (staff #2) said it was an accident." On 1/9/20 at 2:00 PM, a review of the Bureau of Developmental Disabilities Services (BDDS) incident reports was completed. The reports indicated the following: 1) BDDS incident report dated 1/3/20 indicated, "On Friday, January 3, 2020 at 10:00 AM client [client #13] was standing by the dining room table when he became upset and stated that he missed his girlfriend. [Client #13] began yelling at his peers calling them names and intentionally instigating them. When staff asked [client #13] to stop yelling at his peers [client #13] spit on staff. Due to his (sic) creating an unsafe environment (sic). Trained staff initiated a guardian approved YSIS (You're Safe I'm Safe) hold and attempted to escort [client #13] out of the dayroom. [Client #13]	W 0285	W285 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. The facility has identified that all residents have the potential to be affected by the same deficient practice and the following corrective actions will be taken; The implementation of behavioral modification techniques will reviewed and all staff will be re-retrained to ensure ResCare's abuse/neglect Policy and Procedure are implemented at all times, to prevent staff physical abuse and neglect of Individuals served, including during the application of a physical restraint. The Agency Policy/Procedure concerning Abuse, Neglect, and Exploitation states "Unnecessary restraint/confinement is defined as any physical intervention that limits the movement or mobility of an individual that is not outlined in an individual's behavior support plan. Any restraint that is done to prevent serious harm or injury to the individual or others may be necessary in emergency situations. Each instance that results in injury will be investigated	02/09/2020

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	15G811	A. BUILDING 00 B. WING	01/10/2020

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	placed himself on the floor, so staff transitioned to an approved YSIS supine hold. [Client #13] was unable to calm himself despite staff offering assistance with coping skills. Nursing staff assessed, approved and administered Haldol (antipsychotic) 10 mg (milligrams) at 10:17 PM (AM). [Client #13], with the help of staff, began using his coping skills. Once calm [client #13] was released from the hold. He was assessed by nursing staff who reported a swollen, bleeding upper lip. [Client #13] was administered first aid to stop the bleeding and reduced the swelling. [Client #13] then returned to normal programming. The injury occurred when a staff radio fell from her waist as [client #13] placed himself on the ground and staff transitioned to a supine YSIS hold from the standing YSIS hold". 2) BDDS incident report dated 1/4/20 indicated, "On Saturday, January 04, 2020 at 1:00 AM (sic) client [client #16] asked to go to the library in the Life Skills Building to surf the internet. Staff reminded [client #16] that everyone needed to help with clean up following lunch and then they could take him to the library. [Client #16] began yelling that he wanted to go now. [Client #16] was reminded to use his coping shills and asked to be patient until staff was available. [Client #16] continued to yell and curse at staff, he was prompted to wait in his room and use his coping skills until they were ready. [Client #16] went to his room but returned moments later to curse at staff and continue his verbal aggression. He was again asked to go to his room and calm himself. [Client #16] went to his room and began throwing his personal items and engaging in property destruction. He then attempted to lock himself in the bathroom and began kicking the sink cabinet. Trained staff were able to open the door and placed [client #16] in a guardian and HRC (Human		as potential violation of policy. The QIDPs, Resident Managers, Nurses, Behavior Clinician and trained investigators will be retrained on this Standard and on Agency Policy/Procedure to ensure complete and thorough investigations into any injury resulting from the application of a physical restraint, regardless of what is authorized in the Individual's HRC approved BSP concerning authorized physical restraints. In addition, all staff will be retrained on Agency Policy and Reporting Procedures regarding the use of manual restraints and the reporting of injuries resulting from those restraints. Ongoing, the QIDPs, Resident Managers, Nurses, and Behavior Clinician will monitor any use of physical restraints and monitor the individual promptly afterwards, to rule out injury. If an injury develops, and it is determined to be through the application of a recently reported physical restraint, the Program Manager and Executive Director will be immediately notified and a complete and thorough investigation will be assigned and completed by a trained investigator within five business days. Furthermore, the Program Manager, QIDPs, Behavioral Clinician and Nurse Manager will monitor all reports of the use of manual restraints to any individual	

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	Rights Committee) approved YSIS supine hold to prevent property destruction and self-injurious behavior. Staff assisted [client #16] with the use of coping skills, but he was unable to calm himself. Nursing staff assessed [client #16] then approved and administered a behavioral PRN (as needed medication). Staff continued to assist [client #16] in calming himself. Once it was safe to do so, [client #16] was released from the hold which lasted 20 minutes. The nurse assessed [client #16] and found that SS (sic) staff initiated the hold (and) staff keys fell from his belt and hit [client #16] above the left eye causing a small laceration. The Nurse provided first aid which stopped the bleeding. [Client #16] returned to normal programming". On 1/9/20 at 4:15 PM, the Executive Director indicated both injuries during restraint needed to be looked in to. The ED indicated the clients' teams had not convened to discuss the restraints. The ED indicated additional information would be obtained when the teams met. During interview with the Executive Director (ED) on 1/9/20 at 4:47 PM, the ED indicated the internal incident report had not been completely filled out listing the identification of all staff. The ED indicated staff #2 was a staff person that intervened during client #16's behavioral episode.		to ensure compliance and evaluation of possible injury. Date of Completion: 2/9/2020 Person Responsible: Executive Director, Program Manager, ResCare Trained Investigators, Nurse Manager, QIDPs, Behavioral Clinician	
W 0455 Bldg. 00	483.470(l)(1) INFECTION CONTROL There must be an active program for the prevention, control, and investigation of infection and communicable diseases. Based on observation and interview for 4 of 5 clients (#2, #9, #16 and #19) observed to receive their noon medications from Licensed Practical Nurse (LPN) #1, the facility failed to ensure LPN	W 0455	W455 INFECTION CONTROL- There must be an active program for the prevention, control, and investigation of infection and	02/09/2020

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	#1 sanitized her hands prior to administering the clients' medications. Findings include: On 1/9/20 from 11:05 AM to 12:50 PM, an observation was conducted at the facility. At 12:04 PM, LPN #1 sanitized her hands prior to administering client #14's medications. At 12:09 PM, LPN #1 did not sanitize her hands prior to administering client #9's medications. At 12:13 PM, LPN #1 did not sanitize her hands prior to administering client #16's medications. At 12:17 PM, LPN #1 did not sanitize her hands prior to administering client #19's medications. At 12:29 PM, LPN #1 did not sanitize her hands prior to administering client #2's medications. On 1/9/20 at 3:16 PM, the Executive Director indicated LPN #1 should sanitize her hands at the start of the medication pass and in between each client. On 1/10/20 at 1:06 PM, the Nurse Manager indicated the LPN should sanitize her hands at the beginning and end of the medication pass as well as in between each client. This deficiency was cited on 10/25/19. The facility failed to implement a systemic plan of correction to prevent recurrence. 5-5.1		communicable diseases. The facility will ensure all nursing staff sanitize their hands prior to administering medications. The facility has identified that all residents have the potential to be affected by the same deficient practice and the following corrective actions will be taken; Nursing staff have been retrained on medication administration policy and hand sanitizing. All staff have been retrained on hand washing and the importance of hand sanitization in maintaining health. The Program Manager, Nurse Manager and QIDPs will ensure that individual program plans, staff training, and active treatment are occurring. The Executive Director will directly train the Program Manager and Nurse Manager on how to implement active treatment and ensure that it is occurring in real time on the residential hall. The Executive Director, Program Manager and Nurse Manager will develop a schedule and checklist to ensure that active treatment observations are occurring by QIDP's, Behavioral Clinician, Nurse Manager, Resident Managers and the Program Manager, on the floor, on all shifts, at least 7 days per week, for 30 days. The active treatment observation form has been re-designed to include at least one	

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			medication pass each day to ensure proper hand washing and sanitization is occurring between individual medication passes. If progress is seen towards staff understanding of goal implementation, then the frequency of observations may be reduced to 5 times per week for 30 days subsequent to this. Pending successful demonstration of active treatment, active treatment observations will be reduced to the standard of 3 times per week. Any improper medication administration that disregards the standard of proper hand washing will result in progressive discipline as per ResCare Human Resource policies for Standards of Conduct. Persons Responsible- All Direct Support Staff, QIDPs, Resident Managers, Nursing Staff, Nurse Manager, Program Manager and Executive Director Date of Completion- 2.9.2020	
W 0488 Bldg. 00	483.480(d)(4) DINING AREAS AND SERVICE The facility must assure that each client eats in a manner consistent with his or her developmental level. Based on observation, record review and interview for 1 of 8 clients in the sample (client #5), the facility failed to ensure staff allowed client #5 to eat independently.	W 0488	W0488 DINING AREAS AND SERVICE The facility must assure that each client eats in a manner consistent with his or her developmental level. The facility	02/09/2020

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	Findings include: On 1/9/20 from 11:06 AM to 1:03 PM, an observation was conducted at the facility. From 12:06 PM to 12:34 PM, client #5 sat down to eat his lunch. Client #5 was provided a grilled cheese sandwich, salad, a cup of fruit and a drink. Client #5 ate his grilled cheese sandwich. Client #5 drank from a thermal cup with lid. At 12:27 PM, staff #1 fed client #5 the cup of fruit. On 1/9/20 at 5:12 PM, a review of client #5's Comprehensive High Risk Health Plan (HRP) for Choking dated 7/29/19 indicated in part, "[Client #5] must have supervision during all food/drink intake including snacks. Orange Level - Moderate Risk for choking." On 1/9/20 at 5:13 PM, a review of client #5's Comprehensive Functional Assessment (CFA) dated 11/12/19 indicated in part, "Feeds self causing considerable spilling with spoon and fork." On 1/9/20 at 5:14 PM, a review of client #5's Individual Support Plan (ISP) dated 12/23/19 indicated in part, "feeds self with spoon & (and) fork." On 1/9/20 at 2:40 PM, the Program Manager (PM) indicated client #5 is independent with a spoon or fork. The PM indicated staff are not to feed client #5. On 1/9/20 at 2:46 PM, the Qualified Intellectual Disabilities Professional (QIDP) indicated client #5 can feed himself.		has identified that all residents have the potential to be affected by the same deficient practice and the following corrective actions will be taken; All staff have been retrained on individuals dining plans. Staff are to monitor all clients' safety and to educate on proper etiquette when eating meals. Staff are to allow clients as much independence as possible when eating, only giving as much assistance as is absolutely necessary. Staff are to follow the details in each client's meal plan for altered consistency and should never spoon feed clients unless expressly requested to do so in the client's high risk medical care plan. The Executive Director will directly train the Program Manager and Nurse Manager on how to implement active treatment and ensure that it is occurring in real time on the residential hall. The Executive Director, Program Manager and Nurse Manager will develop a schedule and checklist to ensure that active treatment observations are occurring by QIDP's, Behavioral Clinician, Nurse Manager, Resident Managers and the Program Manager, on the floor, on all shifts, at least 7 days per week, for 30 days. The active treatment observation form has been re-designed to include at least one medication pass each day to	

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			ensure proper hand washing and sanitization is occurring between individual medication passes. If progress is seen towards staff understanding of goal implementation, then the frequency of observations may be reduced to 5 times per week for 30 days subsequent to this. Pending successful demonstration of active treatment, active treatment observations will be reduced to the standard of 3 times per week. Any improper medication administration that disregards the standard of proper hand washing will result in progressive discipline as per ResCare Human Resource policies for Standards of Conduct.	
W 9999 Bldg. 00		W 9999		02/09/2020