

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

PRINTED: 05/10/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G746		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/31/2017	
NAME OF PROVIDER OR SUPPLIER RES CARE SOUTHEAST INDIANA				STREET ADDRESS, CITY, STATE, ZIP CODE 16609 SIMA GRAY RD HENRYVILLE, IN 47126			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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	<p>This visit was for the investigation of complaint #IN00219619.</p> <p>Complaint #IN00219619: Substantiated, federal and state deficiencies related to the allegations are cited at W102, W104, W154 and W186.</p> <p>Unrelated deficiencies cited.</p> <p>Dates of Survey: 1/25/17, 1/26/17, 1/27/17 and 1/31/17</p> <p>Facility Number: 011664 Provider Number: 15G746 AIMS Number: 200902010</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 2/13/17.</p>			W 0000			
W 0102	483.410 GOVERNING BODY AND MANAGEMENT						

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

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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Bldg. 00	<p>The facility must ensure that specific governing body and management requirements are met.</p> <p>Based on observation, record review and interview for 2 of 2 sampled clients (A, B), plus 5 additional clients (C, D, E, F and G), the governing body failed to meet the Condition of Participation: Governing Body. The facility's governing body neglected to implement its general policy and operating direction over the facility to provide sufficient staffing. The facility's governing body failed to implement its policy and procedures to prevent neglect of client A regarding an allegation of abuse from staff. The facility's governing body failed to develop and implement corrective measures to prevent recurrence of abuse by staff.</p> <p>Findings include:</p> <p>1. The facility's governing body neglected to implement its general policy and operating direction over the facility to provide sufficient staffing (A, B, C, and D), neglected to implement its policy and procedures to prevent neglect of client A regarding an allegation of abuse by staff and failed to develop and implement corrective action to prevent recurrence of allegations to monitor staff with repeated allegations of abuse (clients A, E, F and</p>		W 0102	<p>W102: The facility must ensure that specific governing body and management requirements are met.</p> <p>Corrective Action: (Specific): All staff at the home will be re-trained on the Operation Standard for reporting and investigating allegations of abuse neglect exploitation mistreatment or violation of individual rights. The Area Supervisor has been in the home at least three times weekly monitoring staff. The Area Supervisor will be re-trained in ensuring that staffing ratios at the home are consistent with scheduled hours for the home.</p> <p>How others will be identified: (Systemic): Observations will be implemented at the home to monitor staff at least three times weekly for the next 30 days. The Program Manager will visit the home at least twice weekly and a member of</p>		03/02/2017	

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	<p>G). Please see W104.</p> <p>2. The facility's governing body failed to meet the Condition of Participation: Client Protections for 1 of 2 sampled clients (A) plus 3 additional clients (E, F and G). The facility's governing body neglected to implement its policy and procedures to prevent neglect of client A regarding an allegation of abuse from staff. The facility's governing body failed to develop and implement corrective measures to prevent recurrence of abuse by staff and failed to monitor staff with repeated allegations of abuse. Please see W122.</p> <p>This federal tag relates to complaint #IN00219619.</p> <p>9-3-1(a)</p>			<p>HR will be in the home at least weekly. The Grievance policy and Bill of Rights will be reviewed with all clients at the home. The Program Manager will follow up with the Area Supervisor at least twice weekly to ensure that staffing ratios are consistent with the scheduled hours for the home verifying that all shifts have staff scheduled. HR will continue active recruiting for any open staffing positions.</p> <p>Measures to be put in place: All staff at the home will be re-trained on the Operation Standard for reporting and investigating allegations of abuse neglect exploitation mistreatment or violation of individual rights. The Area Supervisor has been in the home at least three times weekly monitoring staff. The Area Supervisor will be re-trained in ensuring that staffing ratios at the home are consistent with scheduled hours for the home.</p> <p>Monitoring of Corrective: Observations will be implemented at the home to monitor staff at least three</p>			

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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		W 0104	times weekly for the next 30 days. The Program Manager will visit the home at least twice weekly and a member of HR will be in the home at least weekly. The Grievance policy and Bill of Rights will be reviewed with all clients at the home. The Program Manager will follow up with the Area Supervisor at least twice weekly to ensure that staffing ratios are consistent with the scheduled hours for the home verifying that all shifts have staff scheduled. HR will continue active recruiting for any open staffing positions. Completion date: 03/02/2017 W104: The governing body		03/02/2017	

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	<p>interview for 2 of 2 sampled clients (A and B), plus 5 additional clients (C, D, E, F and G), the facility's governing body failed to implement its general policy and operating direction over the facility to provide sufficient staffing. The facility's governing body failed to implement its policy and procedures to prevent neglect of client A regarding an allegation of abuse from staff. The facility's governing body failed to develop and implement corrective measures to prevent recurrence of abuse by staff.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. The governing body failed to implement its policy and procedures to prevent neglect of client A regarding an allegation of abuse from staff. The facility's governing body failed to develop and implement corrective measures to prevent recurrence of abuse by staff (A, E, F and G). Please see W149. 2. The facility's governing body failed to exercise operating direction over the facility to develop and implement corrective measures to prevent recurrence of abuse by staff (clients A, E, F and G). Please see W157. 3. The facility's governing body failed to 				<p>must exercise general policy, budget, and operating direction over the facility.</p> <p>Corrective Action: (Specific): The Area Supervisor has been in the home at least three times weekly monitoring staff. All staff at the home will be re-trained on the Operation Standard for reporting and investigating allegations of abuse neglect exploitation mistreatment or violation of individual rights.</p> <p>How others will be identified: (Systemic): The Grievance policy and Bill of Rights will be reviewed with all clients at the home. Observations will be implemented at the home at least three times weekly for the next 30 days to monitor staff. HR will be in the home at least weekly and the Program Manager will be at the home at least twice weekly.</p> <p>Measures to be put in place: The Area Supervisor has been in the home at least three times weekly monitoring staff.</p>		

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W 0122 Bldg. 00	<p>implement its written policy and procedures to provide sufficient staffing for clients A, B, C and D. Please see W186.</p> <p>This federal tag relates to complaint #IN00219619.</p> <p>9-3-1(a)</p> <p>483.420 CLIENT PROTECTIONS The facility must ensure that specific client protections requirements are met. Based on record review and interview, the facility failed to meet the Condition</p>		W 0122	<p>All staff at the home will be re-trained on the Operation Standard for reporting and investigating allegations of abuse neglect exploitation mistreatment or violation of individual rights.</p> <p>Monitoring of Corrective: The Grievance policy and Bill of Rights will be reviewed with all clients at the home. Observations will be implemented at the home at least three times weekly for the next 30 days to monitor staff. HR will be in the home at least weekly and the Program Manager will be at the home at least twice weekly.</p> <p>Completion date: 03/02/2017</p>		03/02/2017	

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	<p>of Participation: Client Protections for 1 of 2 sampled clients (A) plus 3 additional clients (E, F and G). The facility failed to implement its policy and procedures to prevent neglect of client A regarding an allegation of abuse from staff. The facility failed to develop and implement corrective measures to prevent recurrence of abuse by staff.</p> <p>Findings include:</p> <p>1. The facility failed to implement its policy and procedures to prevent neglect of client A regarding an allegation of abuse from staff. The facility failed to develop and implement corrective measures to prevent recurrence of abuse by staff (clients A, E, F and G). Please see W149.</p> <p>2. The facility failed to develop and implement corrective measures to prevent recurrence of abuse by staff (clients A, E, F and G). Please see W157.</p> <p>9-3-2(a)</p>			<p>W122: The facility must ensure that specific client protections requirements are met.</p> <p>Corrective Action: (Specific): All staff at the home will be re-trained on the Operation Standard for reporting and investigating allegations of abuse neglect exploitation mistreatment or violation of individual rights. The Area Supervisor has been in the home at least three times weekly monitoring staff. Trends and Patterns of potential abuse neglect will be tracked by the QA Manager and discussed at safety committee meetings.</p> <p>How others will be identified: (Systemic): The grievance policy and bill of rights will be reviewed with all clients at the home. At least three times weekly administrative observations will occur in the home for the next 30 days. HR will be in</p>			

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				<p>the home at least weekly and the Program Manager will be in the home at least twice weekly. Any identified trends and patterns of abuse neglect will require observations being implemented in the home to monitor staff.</p> <p>Measures to be put in place: All staff at the home will be re-trained on the Operation Standard for reporting and investigating allegations of abuse neglect exploitation mistreatment or violation of individual rights. The Area Supervisor has been in the home at least three times weekly monitoring staff. Trends and Patterns of potential abuse neglect will be tracked by the QA Manager and discussed at safety committee meetings.</p> <p>Monitoring of Corrective Action: The grievance policy and bill of rights will be reviewed with all clients at the home. At least three times weekly administrative observations will occur in the home for the next 30 days.</p>			

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W 0149 Bldg. 00	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview for 1 of 2 sampled clients (A), plus 3 additional clients (E, F and G), the facility failed to implement its policy and procedures to prevent neglect of client A regarding an allegation of abuse from staff. The facility failed to develop and implement corrective measures to address repeated allegations of abuse by staff (clients A, E, F and G).</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of</p>		W 0149	<p>HR will be in the home at least weekly and the Program Manager will be in the home at least twice weekly. Any identified trends and patterns of abuse neglect will require observations being implemented in the home to monitor staff.</p> <p>Completion date: 03/02/2017</p> <p>W149: That facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p>Corrective Action: (Specific): All staff at the home will be re-trained on the Operation Standard for reporting and investigating</p>		03/02/2017	

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	<p>Developmental Disabilities Services) reports and investigations were reviewed on 1/26/17 at 4:02 PM. The review indicated the following:</p> <p>1. BDDS report dated 1/26/17 indicated, "Staff was attempting to redirect [client A] to the shower. It was reported during the attempt, a staff member [House Manager (HM)] took [client A] by his arm and pulled him out of the chair to the bathroom. The staff [HM] in question has been placed on administrative leave pending investigation."</p> <p>QA (Quality Assurance) was interviewed by phone on 1/30/17 at 2:56 PM. QA indicated this investigation was still pending.</p> <p>2. Previous investigations of allegations of abuse involving the HM were reviewed. The investigations indicated the following:</p> <p>"7/17/16- It was reported HM got into [client E's] face and [staff] turned off the power to his room." The Factual Findings indicated: "All staff report they have never seen a staff get in a client's face. [Clients E and F] report this happened. [Client F] reports he witnessed [HM] to do this. [Client E] reports other staff to have all done this at some point. There</p>				<p>allegations of abuse neglect exploitation mistreatment or violation of individual rights. The Area Supervisor has been in the home at least three times weekly monitoring staff. Trends and Patterns of potential abuse neglect will be tracked by the QA Manager and discussed at safety committee meetings.</p> <p>How others will be identified: (Systemic): Observations will be implemented at the home to monitor staff at least three times weekly for the next 30 days. The Program Manager will visit the home at least twice weekly and a member of HR will be in the home at least weekly. The Grievance policy and Bill of Rights will be reviewed with all clients at the home. Any identified trends and patterns of abuse neglect will require observations being implemented in the home to monitor staff.</p> <p>Measures to be put in place: All staff at the home will be re-trained on the Operation</p>		

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	<p>have been no witnesses to these incidents. Although both [clients E and F] report to have witnessed these incidents, they describe completely different situations. The staff on duty and [HM] both describe the same story as [client E] and the incident occurred due to chores. [Client F] describes a situation where the radio was too loud which no staff or even the client involved report to be true." The conclusion indicated: "Claims which [HM] got in [client E's] face are unsubstantiated. Claims that staff cut the power to [client E's] room are unsubstantiated."</p> <p>"8/9/16- An investigation was initiated after clients (unidentified) at the ESN (Extensive Support Needs) 3 home reported allegations against staff....it was reported [HM] was yelling at clients." The Factual Findings did not indicate any information pertaining to the HM. The conclusion did not substantiate or unsubstantiate if the allegations involving the HM were true.</p> <p>"11/23/16- It was reported by an outside source [HM] is verbally and physically abusive with ResCare clients (unidentified) at the [home]. No specific examples were provided." The factual findings indicated: "All clients in the home report no staff have tried to hurt</p>			<p>Standard for reporting and investigating allegations of abuse neglect exploitation mistreatment or violation of individual rights. The Area Supervisor has been in the home at least three times weekly monitoring staff. Trends and Patterns of potential abuse neglect will be tracked by the QA Manager and discussed at safety committee meetings.</p> <p>Monitoring of Corrective Action: Observations will be implemented at the home to monitor staff at least three times weekly for the next 30 days. The Program Manager will visit the home at least twice weekly and a member of HR will be in the home at least weekly. The Grievance policy and Bill of Rights will be reviewed with all clients at the home. Any identified trends and patterns of abuse neglect will require observations being implemented in the home to monitor staff.</p>			

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	<p>them or their roommates, cuss at them or call them names. All staff report they have never witnessed any physical abuse, name calling or cussing at clients, one staff reports [HM] will horseplay with clients who seem to enjoy it, but not upset them or cause behaviors. No other staff report seeing behaviors from [HM]."</p> <p>The conclusion indicated: "Allegations [HM] is physically aggressive with clients are unsubstantiated. Allegations [HM] is verbally aggressive with clients are unsubstantiated."</p> <p>"1/12/17- Staff member [name] reported [client G], alleged [HM] put him down on the ground and put his knee in his chest and groin." The factual findings indicated: "By review of witness statements and investigation, allegations were previously reported of staff horse playing with clients, before [HM] was transferred to another group home, allegations of physical abuse were unsubstantiated and [HM] returned to work. The allegations reported by [staff name] were allegations previously reported and found unsubstantiated. Per narrative notes dated 1/10/17 [client G] made false allegations multiple times claiming he was going to report staff for hitting him, destroying his property and yelling. Per narrative notes dated 1/11/17 [client G] made false allegations about</p>				<p>Completion date: 03/02/2017</p>		

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	<p>staff and clients. Specifics were not given for either date. YSIS (You're Safe I'm Safe) was performed with [client G] on 1/11/17. Reporting staff state they did not witness any staff put their knee in [client G's] groin or chest area and they did not witness [client G] on the ground." The conclusion indicated: "It is unsubstantiated [HM] utilized an unapproved restraint on [client G]. It is unsubstantiated [HM] was physically abusive with [client G]."</p> <p>Program Manager (PM) #1 was interviewed on 1/26/17 at 1:46 PM. PM #1 indicated HM was currently suspended. PM #1 indicated HM had been moved to a new location after returning from his previous suspension and had only been back for one day when he got suspended for a new allegation of abuse/neglect.</p> <p>Quality Assurance (QA) #1 was interviewed on 1/30/17 at 2:56 PM via telephone. QA #1 indicated allegations are thoroughly investigated by reviewing witness statements, ISP/BSPs (Individual Service Plan/Behavior Service Plan) behavior notes, narrative notes, trends on behaviors and time sheets. QA #1 indicated they cannot use previous investigations to make determinations on current investigations for staff, however,</p>						

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	<p>they will take it into consideration. QA #1 indicated they will not terminate a staff based on the number of allegations against them. QA #1 indicated after a staff is suspended they will follow up with them by inservicing them abuse/neglect policy. QA #1 indicated the home will also receive an inservice on reporting abuse/neglect.</p> <p>The facility's policies and procedures were reviewed on 1/26/17 at 1:03 PM. The facility's 1/2016 policy entitled, "Operation Standard Reporting and Investigating, Abuse, Neglect, Exploitation, Mistreatment or Violation of Individual's Rights" indicated the following:</p> <p>- "ResCare strictly prohibits abuse, neglect, exploitation, mistreatment or violation of an Individual's rights. these include and are defined as any of the following; corporal punishment i.e. forced physical activity, hitting, pinching, the application of pain or noxious stimuli, the use of electric shock, the infliction of physical pain, seclusion in an area which exit is prohibited, verbal abuse including screaming, swearing, name-calling, belittling, damaging an individual's self respect or dignity, failure to follow physician's orders, denial of sleep, shelter, food, drink, physical</p>						

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G746		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/31/2017	
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W 0154 Bldg. 00	<p>movement for prolonged periods of time, Medical treatment or care or use of bathroom facilities. Abuse, neglect, exploitation, mistreatment or violation of an Individual's right may also be defined as forcing an individual to complete chores benefiting others without pay."</p> <p>9-3-2(a)</p> <p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on record review and interview 1 of 1 allegation of abuse, neglect or injuries of unknown origin reviewed (clients A, B, C and D), the facility failed to ensure a thorough investigation was conducted for an allegation of neglect (lack of staffing).</p> <p>Findings include:</p> <p>The facility's Bureau of Developmental Disabilities Services (BDDS) reports were reviewed on 1/25/17 at 4:02 PM.</p>		W 0154	<p>W154: The facility must evidence that all alleged violations are thoroughly investigated.</p> <p>Corrective Action: (Specific): The Quality Assurance manager will be retrained on the operation standards for reporting and</p>		03/02/2017	

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	<p>The BDDS reports indicated the following:</p> <p>BDDS report dated 11/29/16 for clients A, B, C and D indicated, "The ESN (Extensive Support Needs) group home [location] are (sic) required to have 3 staff members present during waking hours and 2 staff members present during night time, when all individuals are home. An anonymous call was received by the BDDS (Bureau of Developmental Disabilities Services) service coordinator, on 11/29/16, stating all 3 ESN homes were out of staffing ratio, and were frequently out of staffing ratio. No further details were given and the caller did not report their name. The facility was contacted by the BDDS service coordinator in regards to the allegations. All 3 group homes were contacted and it was confirmed the homes had appropriate staffing and were not out of ratio. Inservices and training will be conducted with all staff to ensure they are following proper chain of command in regards to who to contact should there be issues in the homes, such as staffing ratios. There were no incidents or injuries reported as a result of this allegation. There were no staff suspended as a result of this allegation, all sites were within ratio."</p> <p>BDDS report dated 1/11/17 for clients A,</p>				<p>investigating abuse, neglect, exploration, mistreatment or violation of an individual's rights and the completion of an investigation for alleged violations. The Area Supervisor will be re-trained on ensuring staffing ratios at the home at consistent with the scheduled hours for the home. Trends and Patterns of potential abuse neglect will be tracked by the QA Manager and discussed at safety committee meetings</p> <p>How others will be identified: (Systemic): The Program Manager will meet with the QA Manager at least weekly to ensure that all alleged violations are thoroughly investigated. Any identified trends and patterns of abuse neglect will require observations being implemented in the home to monitor staff.</p> <p>Measures to be put in place: The Quality Assurance manager will be retrained on the operation standards for reporting and investigating</p>		

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	<p>B, C and D indicated, "A routine site visit was completed at ESN group home, [address] on 1/10/17 by BDDS service coordinator and it was observed the home was not in proper ratio. The home calls for 3 staff to be present on first and second shift and 2 staff on third shift when all individuals are home. The home was noted to only have 2 staff members between the hours of 6 AM and 2 PM."</p> <p>Staff time cards were reviewed on 1/26/17 at 3:00 PM. Staff time cards indicated the home was under ratio on the following days; 1st shift was run with only one person on 12/25/16, 12/26/16, 1/9/17, 1/10/17, 1/12/17 and 1/13/17. 1st shift was run with 2 people on 12/29/16, 12/30/16, 12/31/16, 1/1/17, 1/2/17, 1/3/17, 1/4/17, 1/5/17, 1/6/17, 1/7/17, 1/8/17, 1/11/17, 1/15/17, 1/16/17, 1/17/17, 1/19/17, 1/21/17, 1/22/17 and 1/23/17. 2nd shift was run with only 1 person on 12/24/16, 12/25/16, 12/28/16, 1/1/17, 1/2/17, 1/6/17, 1/9/17, 1/10/17, 1/11/17, 1/13/17, 1/14/17, and 1/21/17. 2nd shift was run with two people on 12/29/17, 12/30/16, 1/4/17, 1/5/17, 1/7/17, 1/12/17, 1/16/17, 1/17/17, 1/18/17, 1/19/17, 1/20/17, 1/22/17, 1/23/17 and 1/24/17. Third shift was run with only one staff on 12/24/16, 12/25/16, 12/31/16, 1/3/17, 1/11/17, 1/12/17, 1/15/17, 1/16/17, 1/20/17,</p>				<p>abuse, neglect, exploration, mistreatment or violation of an individual's rights and the completion of an investigation for alleged violations. The Area Supervisor will be re-trained on ensuring staffing ratios at the home at consistent with the scheduled hours for the home. Trends and Patterns of potential abuse neglect will be tracked by the QA Manager and discussed at safety committee meetings</p> <p>Monitoring of Corrective Action: The Program Manager will meet with the QA Manager at least weekly to ensure that all alleged violations are thoroughly investigated. Any identified trends and patterns of abuse neglect will require observations being implemented in the home to monitor staff.</p> <p>Completion date: 03/02/2017</p>		

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	1/21/17 and 1/22/17. Program Manager (PM) #1 was interviewed on 1/27/17 at 3:30 PM. PM #1 indicated the home should have 3 staff on 1st shift, 3 staff on 2nd shift and 2 staff on overnight shift. PM #1 indicated the home was fully staffed. PM #1 indicated investigations should be completed for all allegations of abuse, neglect or injuries of unknown origin. This federal tag relates to complaint #IN00219619. 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 2 sampled clients (A) plus 3 additional clients (E, F and G), the facility failed to develop and implement corrective measures to prevent recurrence of abuse by staff. The facility failed to		W 0157	W157: If the alleged violation is verified, appropriate corrective action must be taken.		03/02/2017	

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	<p>monitor the staff after a pattern of allegations.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 1/26/17 at 4:02 PM. The review indicated the following:</p> <p>1. BDDS report dated 1/26/17 indicated, "Staff was attempting to redirect [client A] to the shower. It was reported during the attempt, a staff member [House Manager (HM)] took [client A] by his arm and pulled him out of the chair to the bathroom. The staff [HM] in question has been placed on administrative leave pending investigation."</p> <p>QA (Quality Assurance) was interviewed on 1/30/17 at 2:56 PM by phone. QA indicated this investigation was still pending.</p> <p>2. Previous investigations of allegations of abuse involving the HM were reviewed. The investigations indicated the following:</p> <p>"7/17/16- It was reported HM got into [client E's] face and [staff] turned off the power to his room." The Factual Findings</p>				<p>Corrective Action: (Specific): All staff at the home will be re-trained on the Operation Standard for reporting and investigating allegations of abuse neglect exploitation mistreatment or violation of individual rights. The Area Supervisor has been in the home at least three times weekly monitoring staff. The QA Manager will be in-serviced on identifying patterns of allegations with staff and reporting to the Program Manager so additional observations can be implemented to monitor staff at the home. Trends and Patterns of potential abuse neglect will be tracked by the QA Manager and discussed at safety committee meetings</p> <p>How others will be identified: (Systemic): The grievance policy and bill of rights will be reviewed with all clients at the home. At least three times weekly administrative observations will occur in the home for the next 30 days. HR will be in the home at least weekly and the Program Manager will be in the home at least twice</p>		

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	<p>indicated: "All staff report they have never seen a staff get in a client's face. [Clients E and F] report this happened. [Client F] reports he witnessed [HM] to do this. [Client E] reports other staff to have all done this at some point. There have been no witnesses to these incidents. Although both [clients E and F] report to have witnessed these incidents, they describe completely different situations. The staff on duty and [HM] both describe the same story as [client E] and the incident occurred due to chores. [Client F] describes a situation where the radio was too loud which no staff or even the client involved report to be true." The conclusion indicated: "Claims which [HM] got in [client E's] face are unsubstantiated. Claims that staff cut the power to [client E's] room are unsubstantiated."</p> <p>"8/9/16- An investigation was initiated after clients (unidentified) at the ESN (Extensive Support Needs) 3 home reported allegations against staff....it was reported [HM] was yelling at clients." The Factual Findings did not indicate any information pertaining to the HM. The conclusion did not substantiate or unsubstantiate if the allegations involving the HM were true.</p> <p>"11/23/16- It was reported by an outside</p>		<p>weekly. Any identified trends and patterns of abuse neglect will require observations being implemented in the home to monitor staff.</p> <p>Measures to be put in place: All staff at the home will be re-trained on the Operation Standard for reporting and investigating allegations of abuse neglect exploitation mistreatment or violation of individual rights. The Area Supervisor has been in the home at least three times weekly monitoring staff. The QA Manager will be in-serviced on identifying patterns of allegations with staff and reporting to the Program Manager so additional observations can be implemented to monitor staff at the home. Trends and Patterns of potential abuse neglect will be tracked by the QA Manager and discussed at safety committee meetings</p> <p>Monitoring of Corrective Action: The grievance policy and bill of rights will be reviewed with all clients at the</p>				

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	<p>source [HM] is verbally and physically abusive with ResCare clients (unidentified) at the [home]. No specific examples were provided." The factual findings indicated: "All clients in the home report no staff have tried to hurt them or their roommates, cuss at them or call them names. All staff report they have never witnessed any physical abuse, name calling or cussing at clients, one staff reports [HM] will horseplay with clients who seem to enjoy it, but not upset them or cause behaviors. No other staff report seeing behaviors from [HM]." The conclusion indicated: "Allegations [HM] is physically aggressive with clients are unsubstantiated. Allegations [HM] is verbally aggressive with clients are unsubstantiated."</p> <p>"1/12/17- Staff member [name] reported [client G], alleged [HM] put him down on the ground and put his knee in his chest and groin." The factual findings indicated: "By review of witness statements and investigation, allegations were previously reported of staff horse playing with clients, before [HM] was transferred to another group home, allegations of physical abuse were unsubstantiated and [HM] returned to work. The allegations reported by [staff name] were allegations previously reported and found unsubstantiated. Per</p>			<p>home. At least three times weekly administrative observations will occur in the home for the next 30 days. HR will be in the home at least weekly and the Program Manager will be in the home at least twice weekly. Any identified trends and patterns of abuse neglect will require observations being implemented in the home to monitor staff.</p> <p>Completion date: 03/02/2017</p>			

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	<p>narrative notes dated 1/10/17 [client G] made false allegations multiple times claiming he was going to report staff for hitting him, destroying his property and yelling. Per narrative notes dated 1/11/17 [client G] made false allegations about staff and clients. Specifics were not given for either date. YSIS (You're Safe I'm Safe) was performed with [client G] on 1/11/17. Reporting staff state they did not witness any staff put their knee in [client G's] groin or chest area and they did not witness [client G] on the ground." The conclusion indicated: "It is unsubstantiated [HM] utilized an unapproved restraint on [client G]. It is unsubstantiated [HM] was physically abusive with [client G]."</p> <p>Program Manager (PM) #1 was interviewed on 1/26/17 at 1:46 PM. PM #1 indicated HM was currently suspended. PM #1 indicated HM had been moved to a new location after returning from his previous suspension and had only been back for one day when he got suspended for a new allegation of abuse/neglect.</p> <p>Quality Assurance (QA) #1 was interviewed on 1/30/17 at 2:56 PM via telephone. QA #1 indicated allegations are thoroughly investigated by reviewing witness statements, ISP/BSP's (Individual</p>						

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	<p>Service Plan/Behavior Service Plan) behavior notes, narrative notes, trends on behaviors and time sheets. QA #1 indicated they cannot use previous investigations to make determinations on current investigations for staff, however, they will take it into consideration. QA #1 indicated they will not terminate a staff based on the number of allegations against them. QA #1 indicated after a staff is suspended they will follow up with them by inservicing them on the abuse/neglect policy. QA #1 indicated the home will also receive an inservice on reporting abuse/neglect. QA #1 indicated pop in visits would be conducted to monitor any staff after a pattern of allegations for abuse.</p> <p>9-3-2(a)</p>						
W 0186 Bldg. 00	<p>483.430(d)(1-2) DIRECT CARE STAFF The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans.</p>						

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	<p>Direct care staff are defined as the present on-duty staff calculated over all shifts in a 24-hour period for each defined residential living unit.</p> <p>Based on record review and interview for 2 of 2 sampled clients (A and B), plus 2 additional clients (C and D), the facility failed to provide sufficient staffing.</p> <p>Findings include:</p> <p>The facility's Bureau of Developmental Disabilities Services (BDDS) reports were reviewed on 1/25/17 at 4:02 PM. The BDDS reports indicated the following:</p> <p>BDDS report dated 11/29/16 for clients A, B, C and D indicated, "The ESN (Extensive Support Needs) group home [location] are (sic) required to have 3 staff members present during waking hours and 2 staff members present during night time, when all individuals are home. An anonymous call was received by the BDDS (Bureau of Developmental Disabilities Services) service coordinator, on 11/29/16, stating all 3 ESN homes were out of staffing ratio, and were frequently out of staffing ratio. No further details were given and the caller did not report their name. The facility was contacted by the BDDS service coordinator in regards to the allegations. All 3 group homes were contacted and it</p>			W 0186	<p>W186: The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans.</p> <p>Corrective Action: (Specific): The Area Supervisor will be re-trained on ensuring that staffing ratios are consistent with the scheduled hours for the home.</p> <p>How others will be identified: (Systemic): The Program Manager will follow up with the Area Supervisor daily to ensure that staffing ratios are consistent with the scheduled hours for the home verifying that all shifts have staff scheduled. HR will continue active recruiting for any open staffing positions.</p> <p>Measures to be put in place: The Area Supervisor will be re-trained on ensuring that staffing ratios are consistent with the scheduled hours for the home.</p>		03/02/2017

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	<p>was confirmed the homes had appropriate staffing and were not out of ratio. Inservices and training will be conducted with all staff to ensure they are following proper chain of command in regards to who to contact should there be issues in the homes, such as staffing ratios. There were no incidents or injuries reported as a result of this allegation. There were no staff suspended as a result of this allegation, all sites were within ratio."</p> <p>BDDS report dated 1/11/17 for clients A, B, C and D indicated, "A routine site visit was completed at ESN group home, on 1/10/17 by BDDS service coordinator and it was observed the home was not in proper ratio. The home calls for 3 staff to be present on first and second shift and 2 staff on third shift when all individuals are home. The home was noted to have 2 staff members between the hours of 6 AM and 2 PM."</p> <p>Staff time cards were reviewed on 1/26/17 at 3:00 PM. Staff time cards indicated the home was under ratio on the following days; 1st shift was run with one person on 12/25/16, 12/26/16, 1/9/17, 1/10/17, 1/12/17 and 1/13/17. 1st shift was run with 2 people on 12/29/16, 12/30/16, 12/31/16, 1/1/17, 1/2/17, 1/3/17, 1/4/17, 1/5/17, 1/6/17, 1/7/17, 1/8/17, 1/11/17, 1/15/17, 1/16/17,</p>				<p>Monitoring of Corrective Action :) The Program Manager will follow up with the Area Supervisor at least twice weekly to ensure that staffing ratios are consistent with the scheduled hours for the home verifying that all shifts have staff scheduled. HR will continue active recruiting for any open staffing positions.</p> <p>Completion date: 03/02/2017</p>		

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NAME OF PROVIDER OR SUPPLIER RES CARE SOUTHEAST INDIANA				STREET ADDRESS, CITY, STATE, ZIP CODE 16609 SIMA GRAY RD HENRYVILLE, IN 47126			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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			
	<p>1/17/17, 1/19/17, 1/21/17, 1/22/17 and 1/23/17. 2nd shift was run with 1 person on 12/24/16, 12/25/16, 12/28/16, 1/1/17, 1/2/17, 1/6/17, 1/9/17, 1/10/17, 1/11/17, 1/13/17, 1/14/17, and 1/21/17. 2nd shift was run with two people on 12/29/16, 12/30/16, 1/4/17, 1/5/17, 1/7/17, 1/12/17, 1/16/17, 1/17/17, 1/18/17, 1/19/17, 1/20/17, 1/22/17, 1/23/17 and 1/24/17. Third shift was run with one staff on 12/24/16, 12/25/16, 12/31/16, 1/3/17, 1/11/17, 1/12/17, 1/15/17, 1/16/17, 1/20/17, 1/21/17 and 1/22/17.</p> <p>Program Manager (PM) #1 was interviewed on 1/27/17 at 3:30 PM. PM #1 indicated the home should have 3 staff on 1st shift, 3 staff on 2nd shift and 2 staff on overnight shift. PM #1 indicated the home was fully staffed, however staff would call off or not show up to shift.</p> <p>This federal tag relates to complaint #IN00219619.</p> <p>9-3-3(a)</p>						