

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

PRINTED: 08/15/2019

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G157		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 07/22/2019	
NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN				STREET ADDRESS, CITY, STATE, ZIP COD 3011 APACHE DR JEFFERSONVILLE, IN 47130			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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 #IN00291428.</p> <p>Complaint #IN00291428: Substantiated, Federal and State deficiencies related to the allegation(s) are cited at W149 and W157.</p> <p>Dates of Survey: July 18, 19 and 22, 2019.</p> <p>Facility Number: 000693 Provider Number: 15G157 AIMS Number: 100234510</p> <p>These deficiencies reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 7/31/19.</p>			W 0000			
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 6 of 52 incident reports reviewed affecting clients A, B and D, the facility failed to implement its policy and procedures for prohibiting abuse, neglect, exploitation, mistreatment or violation of an individual's rights.</p> <p>Findings include:</p> <p>On 7/18/19 at 2:43 PM, a review of the Bureau of Developmental Disabilities Services (BDDS) incident reports and accompanying Investigative Summaries was completed. The reports indicated:</p>			W 0149	<p>W149 Staff treatment of clients CFR 483.420(d)(1):</p> <p>1.The facility purchased and provided 2-way radios that will be used for staff to communicate with a neighboring facility (Middle Road) who will assist as needed.</p> <p>2.The Facility will ensure the staff at both facilities are crossed trained and prepared to assist as needed.</p> <p>3.The facility will contact Koorsen Fire and Security to have</p>		08/21/2019

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

TITLE

(X6) DATE

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

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	<p>1) -BDDS report dated 3/19/19 indicated, "[Client A] refused to finish her chore and became upset. She then went outside for approximately 5 minutes then reentered the home, got a bag and stated she was leaving. Staff could not follow her as other clients were in the home and 2nd staff was out with another client". The BDDS report further indicated under the section plan to resolve, "Police were contacted for non-emergency assist with locating [client A]. She was returned to the home by police unharmed. [Client A] requires 24-hour supervision and was out of line of sight for approximately 20 minutes".</p> <p>-BDDS report dated 4/2/19 indicated, "[Client A] was on the phone with a former staff and then said she wanted to go to the hospital because she didn't feel safe but would not say why. Staff contacted the QIDP (Qualified Intellectual Disability Professional) and while on the phone with her, [client A] left the home. Staff then followed [client A] and [client A] ran to a nearby business. [Client A] was out of line of sight 12-19 minutes as she was running, and staff was trying to keep up with her. When staff caught up to [client A], [client A] stated she could not breathe".</p> <p>-BDDS report dated 7/2/19 indicated, "It was reported that [client A] became agitated and left assigned area. [Client A] was in line of sight of staff at all times. When [client A] began running in and out of traffic, staff initiated 2-man YSIS (You're Safe I'm Safe) for less than one minute. No injuries were reported from the use of YSIS. [Client A] returned home safely".</p> <p>-BDDS report dated 7/22/19 indicated, "[Client A] was upset and wanted to call the manager for the group home. When the manager didn't answer,</p>				<p>a second Keypad installed in a common area, so chime notifications can be heard by Staff.</p> <p>4. The Facility will schedule Koorsen Fire and Security to inspect the security system to ensure the system is operational and notifies staff through the chime feature.</p> <p>5. Staff will be retrained on the Abuse Neglect and Exploitation policy.</p> <p>Persons Responsible: QIDP, Residential Manager, Area Supervisor, and Program Manager.</p>		

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	<p>[client A] became upset and took off walking down the driveway. [Client A] grabbed a stick and hit the van with it. Staff used verbal redirection with [client A], at which point she began to run away from the home. Staff followed but lost sight and police were contacted for assistance. [Client A] was out of staff's sight for approximately 5 minutes before being located by staff. [Client A] said she fell while running and was transported to the ER (emergency room) for evaluation".</p> <p>On 7/18/19 at 5:33 PM, the QIDP was interviewed. The QIDP was asked to clarify client A's elopements out of line of sight of staff and going in and out of traffic on 3/18/19, 4/1/19 and 7/2/19. The QIDP stated, "She (client A) had several attempts. I believe all of those times somebody had an eye on her." The QIDP requested the Home Manager to clarify if client A had ever eloped out of sight. At 5:28 PM, the Home Manager stated, "[client A] has not had any (elopements) since my time where she was out of sight. [Client D] had one and was found about a mile away".</p> <p>2) -BDDS report dated 6/5/19 indicated, "It was reported that [client D] eloped from the home and police were called to assist in locating her. Staff located [client D] at which time she alleged she had been raped. Police were notified of this allegation and dispatched EMS (emergency medical services) to the location to transport [client D] to the hospital for evaluation. A physical exam and forensic kit were completed, and police were present to continue investigating the rape allegation. [Client D] has numerous scratches on her legs and her left arm and reported she jumped into bushes to avoid being seen by staff". The provider initiated an investigation and continues to complete follow up</p>						

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	<p>pending on the conclusion of police investigation.</p> <p>On 7/18/19 at 5:33 PM, the QIDP was interviewed. The QIDP was asked if client D had eloped a mile away from her home. The QIDP stated, "[Client D] was up the street at [name of store] when staff was out looking for her". The QIDP indicated client D had a full elopement and stated, "we did not know where she was for about 15 minutes". The QIDP was asked if client D had been raped during the elopement. The QIDP stated, "She had to go to the hospital and made the claim she had been raped. Since then she has verbalized it did not happen". The QIDP was asked if the police were notified. The QIDP stated, "Yes" and indicated she did not believe the rape kit showed sexual activity had occurred.</p> <p>3) -BDDS report dated 1/11/19 indicated, "The QIDP (Qualified Intellectual Disability Professional) was at the home for meeting when [client B] came out of her bedroom and stated staff left her there while staff transported other clients to the workshop. [QIDP] reported [client B] was only at the home for approximately 15 minutes before she arrived". The investigative summary dated 1/11/19 indicated, "It is substantiated [former staff] left [client B] at the home alone for approximately 1 hour with the understanding [client B] was allowed 4 hours alone time. It is substantiated staff thought [client B] was allowed 4 hours alone time. It is substantiated the BSP (Behavior Support Plan) does not address alone time and alone time was not discussed during BSP training".</p> <p>On 7/18/19 at 5:33 PM, the QIDP was interviewed. The QIDP was asked if client B was found alone in the home on 1/11/19. The QIDP indicated client B had been left alone at home and stated, "I found</p>						

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W 0157 Bldg. 00	<p>her (client B) when I arrived to conduct a staff meeting".</p> <p>On 7/22/19 at 10:29 AM, the Quality Assurance Manager (QAM) was interviewed. The QAM was asked if staff implemented the Abuse, Neglect, Exploitation, Mistreatment or Violation of an Individuals Rights policy during the above mentioned incidents. The QAM indicated failure to implement the policy had occurred during these incidents.</p> <p>On 7/19/19 at 2:39 PM, the policy Reporting and Investigating Abuse, Neglect, Exploitation, Mistreatment or Violation of an Individual's Rights dated 6/28/19 was reviewed. The policy indicated, "ResCare strictly prohibits abuse, neglect, exploitation, mistreatment or violation of an Individual's rights".</p> <p>This federal tag relates to complaint #IN00291428.</p> <p>9-3-2(a)</p> <p>483.420(d)(4)</p> <p>STAFF TREATMENT OF CLIENTS</p> <p>If the alleged violation is verified, appropriate corrective action must be taken.</p> <p>Based on record review and interview for 4 of 20 incident reports reviewed affecting client A, the facility failed to develop and implement effective corrective measures to address client A's targeted behavior elopement.</p> <p>Findings include:</p> <p>On 7/18/19 at 2:43 PM, a review of the Bureau of Developmental Disabilities Services (BDDS) incident reports was completed. The reports indicated:</p>			W 0157	<p>W157 Staff treatment of clients CFR483.420(d)(4):</p> <p>1.The facility purchased and provided 2 way radios that will be used for staff to communicate with a neighboring facility (Middle Road) who will be used to assist as needed.</p> <p>2.The Facility will ensure the staff at both facilities are crossed trained and prepared to assist as</p>		08/21/2019

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	<p>-BDDS report dated 3/19/19 indicated, "[Client A] refused to finish her chore and became upset. She then went outside for approximately 5 minutes then reentered the home, got a bag and stated she was leaving. Staff could not follow her as other clients were in the home and 2nd staff was out with another client". The BDDS report indicated under the plan to resolve, "Police were contacted for non-emergency assist with locating [client A]. She was returned to the home by police unharmed. [Client A] requires 24-hour supervision and was out of line of sight for approximately 20 minutes".</p> <p>-BDDS report dated 4/2/19 indicated, "[Client A] was on the phone with a former staff and then said she wanted to go to the hospital because she didn't feel safe but would not say why. Staff contacted the QIDP (Qualified Intellectual Disability Professional) and while on the phone with her, [client A] left the home. Staff then followed [client A] and [client A] ran to a nearby business. [Client A] was out of line of sight 12-19 minutes as she was running, and staff was trying to keep up with her. When staff caught up to [client A], [client A] stated she could not breathe".</p> <p>-BDDS report dated 7/2/19 indicated, "It was reported that [client A] became agitated and left assigned area. [Client A] was in line of sight of staff at all times. When [client A] began running in and out of traffic, staff initiated 2-man YSIS (You're Safe I'm Safe) for less than one minute. No injuries were reported for the use of YSIS. [Client A] returned home safely".</p> <p>-BDDS report dated 7/22/19 indicated, "[Client A] was upset and wanted to call the manager for the</p>				<p>needed.</p> <p>3.The Facility is pursuing placement for the client being targeted. The Facility is awaiting BDDS approval, and an appropriate facility that will accept the client.</p> <p>4.The Facility has instituted assigned seating when clients are transported in order separate client being targeted.</p> <p>5.The Facility has requested a review of the client's COD and has asked for staffing hours to be reviewed to ensure the client is properly placed, if it is determined the client requires a higher level of care alternative placement will be pursued.</p> <p>Persons Responsible: : QIDP, Residential Manager, Area Supervisor, and Program Manager.</p>		

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	<p>group home. When the manager didn't answer, [client A] became upset and took off walking down the driveway. [Client A] grabbed a stick and hit the van with it. Staff used verbal redirection with [client A], at which point she began to run away from the home. Staff followed but lost sight and police were contacted for assistance. [Client A] was out of staff's sight for approximately 5 minutes before being located by staff. [Client A] said she fell while running and was transported to the ER (emergency room) for evaluation".</p> <p>On 7/18/19 at 5:33 PM, the QIDP was interviewed. The QIDP was asked to clarify incidents of client A's elopements. The QIDP stated, "She (client A) had several attempts. I believe all of those times somebody had an eye on her." The QIDP requested the Home Manager to clarify if client A had ever eloped out of sight. At 5:28 PM, the Home Manager stated, "[client A] has not had any (elopements) since my time where she was out of sight".</p> <p>On 7/22/19 at 10:29 AM, the Quality Assurance Manager (QAM) was interviewed. The QAM was asked about the effectiveness of corrective measures implemented by staff were preventing client A's elopements. The QAM stated, "We hope they (staff) can redirect things from occurring. I've asked that they hold an IDT (interdisciplinary team) meeting today".</p> <p>On 7/22/19 at 12:14 PM, the Program Manager (PM) was interviewed. The PM was asked about the effectiveness of corrective measures to prevent future incidents. The PM stated, "We had a meeting at 11 o'clock today to help out with the house. We have a couple things we're going to implement immediately". The PM was asked to clarify strategies that were going to be put into</p>						

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	<p>place. The PM stated, "We're going to get radios to communicate with other houses nearby, one on one if she (client A) goes outside the home and possibly moving [client A] to another home in the [city] area".</p> <p>This federal tag relates to complaint #IN00291428.</p> <p>9-3-2(a)</p>						