

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 12/22/2023
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NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP COD 3011 APACHE DR JEFFERSONVILLE, IN 47130
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W 0000 Bldg. 00	<p>This visit was for a pre-determined full annual recertification and state licensure survey.</p> <p>Survey dates: 12/19/23, 12/20/23, 12/21/23 and 12/22/23.</p> <p>Facility Number: 000693 Provider Number: 15G157 AIM Number: 100234510</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 1/8/24.</p>	W 0000		
W 0140 Bldg. 00	<p>483.420(b)(1)(i) CLIENT FINANCES</p> <p>The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of clients. Based on record review and interview for 2 additional clients (#4 and #7), the facility failed to ensure a full and complete accounting of: 1) client #4's personal funds entrusted to the facility to reconcile receipts from expenditures and 2) client #7's personal funds entrusted to the facility for a previous payroll debit card with her balance.</p> <p>Findings include:</p> <p>1) On 12/19/23 at 2:10 PM, a review of the facility's Bureau of Disabilities Services (BDS) reports and accompanying investigation summaries was conducted. The review indicated the following affecting client #4:</p>	W 0140	<p>The facility will establish and maintain a system that assures a full and complete accounting of clients' personal funds.</p> <p>The Facility will retrain staff on the standard of maintaining the system of accounting for client's funds entrusted to the facility. All receipts for the purchases must be returned to the facility and identify which client funds were spent on. The DSL will conduct weekly reviews of the Client Financial Record's to ensure all</p>	01/19/2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Mark Slaughter	AED	01/18/2024

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>BDS incident report dated 10/30/23 indicated, "Staff completed an audit and discovered [client #4's] finances and receipts showed she was short \$40.00. Plan to Resolve: An investigation has been initiated in an attempt to determine what happened to the funds/receipts".</p> <p>Investigation Summary dated 10/29/23 through 11/1/23 indicated, "Introduction: An investigation was initiated after staff completed an incident report stating [client #4] funds were short \$40.00 ... Conclusion: It is unsubstantiated [client #4] has funds that are unaccounted for, however it is substantiated she has missing receipts ... Recommendations: Complete missing receipt forms. Retrain staff on collecting receipts upon return from outing ...".</p> <p>On 12/20/23 at 7:44 AM, the Qualified Intellectual Disabilities Professional (QIDP) was interviewed. The QIDP was asked about client #4's missing \$40.00. The QIDP stated, "She spent money at her community job and did not get receipts". The QIDP was asked if it was an accounting issue. The QIDP stated, "Yeah". The QIDP was asked if client #4 had been exploited. The QIDP stated, "No. She bought three meals and did not get receipts". The QIDP indicated client #4's personal funds entrusted to the facility should be maintained and accounted for accurately.</p> <p>On 12/21/23 at 2:25 PM, the Quality Assurance Manager (QAM) was interviewed. The QAM was asked about client #4's missing receipts and the incident reporting indicating missing personal funds. The QAM indicated client #4 had not been exploited and a lack of accounting due to missing receipts contributed to the appearance of \$40.00 missing. The QAM was asked how client #4's personal funds should be accounted for and</p>		<p>transactions have been recorded and account is balanced. The Program Manager will in-service the Area Supervisor, and Direct Support Lead on the use of client finance book.</p> <p>All employees will be trained on the revised standard and disciplinary action will be given if the standard is not followed.</p> <p>The Facility will ensure that the abuse neglect and exploitation policy is followed.</p> <p>A member of the Administrative team will conduct a monthly site reviews for all clients in facility and the administrator will hold a weekly ICF meeting to discuss issues that arise in the facility.</p> <p>Persons Responsible: AED, Quality Assurance Manager, QA Coordinator/QIDP Manager, Program Manager, Area Supervisor, QIDP, Direct Support Lead, and DSP.</p>	

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	<p>maintained. The QAM stated, "Yes, personal funds should be accounted for and maintained accurately".</p> <p>2) On 12/19/23 at 4:32 PM, a review of the clients' finances was completed. The review indicated client #7's financial pouch contained a debit card. Client #7's financial ledger indicated a \$150.00 balance. Client #7's financial pouch had a \$150.00 personal check, but did not indicate a balance for the debit card within her pouch. At 4:56 PM, the QIDP was asked if client #7's financial ledger indicated a balance for her debit card. The QIDP indicated the debit card was used as a payroll deposit account for a previous restaurant job client #7 used to work for. The QIDP stated, "The office may have to help me. Maybe they'll have the balance". Client #7 responded to the QIDP and stated, "Can we find out?" The QIDP indicated further follow up would be conducted.</p> <p>On 12/20/23 at 11:49 AM, the QIDP was interviewed. The QIDP was asked about the follow up into client #7's payroll debit card accounting. The QIDP indicated administrative staff were able to reach customer service and inquire about the balance on client #7's payroll debit card from her previous employment. The QIDP stated, "[Quality Assurance Manager] called the number on the back of the card and was told a zero balance. So, it (payroll debit card) can be thrown away". The QIDP indicated she had completed a phone conversation with client #7 with an update that no money was remaining on her debit card and stated, "I'll destroy the card". The QIDP indicated client #7's personal funds entrusted to the facility should be maintained and accounted for accurately.</p> <p>On 12/21/23 at 2:25 PM, the Quality Assurance</p>			

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W 0149 Bldg. 00	<p>Manager (QAM) was interviewed. The QAM was asked about client #7's payroll debit card, the lack of a financial ledger for the debit card to indicate a balance, and how client #7's personal funds should be accounted for and maintained. The QAM stated, "Yes, personal funds should be accounted for and maintained accurately".</p> <p>9-3-2(a)</p> <p>483.420(d)(1) STAFF TREATMENT OF CLIENTS</p> <p>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 3 of 3 sampled clients (#1, #2 and #3) and 4 additional clients (#4, #5, #6 and #7), the facility failed to implement the Abuse, Neglect, Exploitation, Mistreatment and/or Violation of Individual's Rights (ANE) policy to prevent: 1) mistreatment and/or violation of client rights by former staff #3 leaving the clients unattended, 2) mistreatment and/or violation of client #3's rights by former staff #1's inappropriate use of language and/or yelling at client #3, and 3) the mistreatment and/or violation of client rights by former staff #2 sleeping while on her shift.</p> <p>Findings include:</p> <p>On 12/19/23 at 2:10 PM, a review of the facility's Bureau of Disabilities Services (BDS) reports and accompanying investigation summaries was conducted. The review indicated the following affecting clients #1, #2, #3, #4, #5, #6 and #7:</p> <p>1) BDS incident report dated 12/15/23 indicated, "It was reported staff left her shift before her replacement arrived leaving the ladies unattended</p>	W 0149	<p>The Facility will retrain staff at the site on the Abuse, Neglect and Exploitation Policy and disciplinary action will be given if the policy is not followed. Area Supervisor and Direct Support Lead will ensure that the Abuse, Neglect and Exploitation Policy is followed. Monitoring of ANE will done by The Program Manager, Area Supervisor and Direct Support Lead to ensure all incidents of possible abuse, neglect and exploitation are reported to the QA department.</p> <p>The Program Manager will ensure the Area Supervisor will retrain staff on the Abuse, Neglect and Exploitation Policy and disciplinary action will be given if the policy is not followed.</p> <p>Area Supervisor and Program Manager will ensure that the Abuse, Neglect and Exploitation Policy is followed</p>	01/19/2024

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	<p>for 45 minutes. No issues or injuries reported. Plan to Resolve: Staff has been placed on leave pending investigation".</p> <p>Investigation summary dated 12/15/23 through 12/19/23 indicated, "Introduction: An investigation was initiated when [client #4] reported to the QIDP (Qualified Intellectual Disabilities Professional) that staff (former staff #3) had left the home before her replacement staff arrived leaving the clients unattended ... Conclusion: Substantiated [former staff #3] left the group home before her replacement arrived. Determined clients' plans were not being followed ...".</p> <p>On 12/20/23 at 9:37 AM, client #2 was interviewed. Client #2 was asked how she liked her new home and if she had any issues or concerns. Client #2 stated, "I'm getting used to it". Client #2 was asked if she liked living at the group home. Client #2 shook her head yes. Client #2 was asked if she liked her day service programming. Client #2 shook her head yes and stated, "I think the biggest issue is staffing. The one (former staff #3) left us unattended. I think they need one more staff. They suspended her. She just left us. They say that's a violation of our rights. Other than that, things are fine".</p> <p>On 12/21/23 at 2:25 PM, the Quality Assurance Manager (QAM) was interviewed. The QAM was asked about the incident of former staff #3 leaving the clients unattended. The QAM stated, "Yes, that was [former staff #3]. It's substantiated. Not an appropriate use of alone time". The QAM indicated the peer review process for disciplinary action and/or termination of former staff #3 was being processed. The QAM was asked about implementation of the ANE policy. The QAM stated, "It should be implemented at all times".</p>		<p>through random monitoring.</p> <p>Monitoring of Corrective Action: The Program Manager, Area Supervisor and Residential Manager will ensure all incidents of possible abuse, neglect and exploitation are reported to the QA department.</p> <p>Persons Responsible: AED, Quality Assurance Manager, QA Coordinator/QIDP Manager, Program Manager, Area Supervisor, QIDP, Direct Support Lead, and DSP.</p>	

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	<p>2) BDS incident report dated 12/4/23 indicated, "Allegations were received of staff (former staff #1) yelling at [client #3]. Plan to Resolve: The staff member in question was placed on administrative leave pending investigation".</p> <p>Investigation summary dated 12/4/23 through 12/7/23 indicated, "Introduction: An investigation was initiated when it was reported staff [former staff #1] went to [name] group home and yelled at staff on duty regarding a personal issue. It was also reported [former staff #1] yelled at and called [client #3] stupid... Conclusion: It is substantiated [former staff #1] went to [group home] and yelled at staff regarding a personal matter. It is substantiated [former staff #1] yelled at and called [client #3] stupid ... Recommendations: Term (terminate) [former staff #1] non-rehirable. BOR (Bill of Rights) and Grievance Procedure (training) for [client #3]. Professional Boundary Training for all staff".</p> <p>On 12/20/23 at 8:01 AM, client #3 was interviewed. Client #3 was asked about the incident of staff mistreatment toward her. Client #3 shook her head yes and stated to the QIDP, "She (former staff #1) texted me last Sunday and apologized for what she said". At 8:04 AM, the QIDP responded to client #3 and stated, "It's ok to forgive and forget". Client #3 indicated she had not blocked contact from former staff #1 in her phone. The QIDP and client #3 discussed options for being forgiving and potentially blocking contact from former staff #1 through her phone and/or social media accounts.</p> <p>On 12/21/23 at 2:25 PM, the Quality Assurance Manager (QAM) was interviewed. The QAM was asked about the incident of staff inappropriate use</p>			

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	<p>of language and/or yelling at client #3. The QAM stated, "Yeah, that was toward [client #3]. That did happen". The QAM indicated a substantiated finding for the mistreatment of client #3 by former staff #1. The QAM was asked about implementation of the ANE policy. The QAM stated, "It should be implemented at all times".</p> <p>3) BDS incident report dated 9/8/23 indicated, "It was reported to QA (Quality Assurance) on 9/8/23, that on 8/27/23, staff [former staff #1] arrived for her shift and found staff [former staff #2] asleep on the couch. [Former staff #2] was placed on leave on 8/27/23. No injuries or issues were reported. Plan to Resolve: An investigation has been initiated. Staff will receive an in-service regarding timely reporting of all incidents".</p> <p>Investigation summary dated 9/8/23 through 9/12/23 indicated, "Introduction: An investigation was initiated after allegations were received of staff [former staff #2], sleeping while on the clock ... Conclusion: It is substantiated [former staff #2] was asleep during her shift ... Recommendations: Term (terminate) [former staff #2]. Retrain staff on sleeping in the workplace. Bill of Rights and Grievance (training) with clients ...".</p> <p>On 12/21/23 at 2:25 PM, the Quality Assurance Manger (QAM) was interviewed. The QAM indicated the incident of mistreatment and/or violation of clients' right by former staff #2 sleeping while on shift had occurred. The QAM was asked if the incident had been substantiated. The QAM stated, "Yes". The QAM was asked about implementation of the ANE policy. The QAM stated, "It should be implemented at all times".</p> <p>On 12/21/23 at 3:03 PM, a review of the 11/10/23</p>			

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W 9999 Bldg. 00	<p>Abuse, Neglect, Exploitation, Mistreatment and/or a Violation of Individual's Rights (ANE) policy was conducted. The review indicated the following: "ResCare staff actively advocate for the rights and safety of all individuals... ResCare strictly prohibits abuse, neglect, exploitation, mistreatment, or violation of an Individual's rights..."</p> <p>9-3-2(a)</p> <p>State Findings</p> <p>The following Community Residential Facilities for Persons with Developmental Disabilities Rule was not met.</p> <p>460 IAC 9-3-2(c)(3) Resident Protections</p> <p>(c) The residential provider shall demonstrate that its employment practices assure that no staff person would be employed where there is: (3) conviction of a crime substantially related to a dependent population or any violent crime. The provider shall obtain, as a minimum, a bureau of motor vehicles record, a criminal history check as authorized in IC 5-2-5-5 [IC 5-2-5 was repealed by P.L.2-2003, Section 102, effective July 1, 2003. See IC 10-13-3-27.], and three (3) references. Mere verification of employment dates by previous employers shall not constitute a reference in compliance with this section.</p> <p>This State Rule is not met as evidenced by:</p> <p>Based on record review and interview for 1 of 3 (staff #1) personnel files reviewed, the facility</p>	W 9999	<p>The AED will in-service the Human Resource Manager on ensuring employment practices assure that no staff person would be employed where there is: (3) conviction of a crime substantially related to a dependent population or any violent crime. The provider shall obtain, as a minimum, a bureau of motor vehicles record, a criminal history check as authorized in IC 5-2-5-5 [IC 5-2-5 was repealed by P.L.2-2003, Section 102, effective July 1, 2003. See IC 10-13-3-27.], and three (3) references are on file.</p> <p>The HR Manager will review all staff in the facility personnel file to ensure that no staff person would be employed where there is: (3) conviction of a crime substantially related to a dependent population or any violent crime. The provider shall obtain, as a minimum, a bureau of motor vehicles record, a criminal</p>	01/19/2024

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	<p>failed to ensure staff #1's employee file was maintained with three reference checks completed prior to employment.</p> <p>Findings include:</p> <p>On 12/20/23 at 11:05 AM, a review of the facility's employee files was conducted. Staff #1's employee file did not contain documentation the facility conducted all three reference checks available for review. Staff #1's employee file indicated a hire date of 10/9/23 affecting clients #1, #2, #3, #4, #5, #6 and #7.</p> <p>On 12/20/23 at 11:26 AM, the Human Resource Manager (HRM) was interviewed. The HRM was asked about the missing reference checks for staff #1's employee file. The HRM stated, "I'll have to follow up with [Human Resource Coordinator]". The HRM indicated more follow up was needed to verify the status of staff #1's reference checks.</p> <p>On 12/20/23 at 2:09 PM, the HRM indicated staff #1's reference checks could not be provided for review. The HRM stated, "I checked the other files and did not see anything else". The HRM indicated further follow up was needed to ensure three reference checks were completed and maintained in employee files during the hiring process.</p> <p>9-3-2(c)(3)</p>		<p>history check as authorized in IC 5-2-5-5 [IC 5-2-5 was repealed by P.L.2-2003, Section 102, effective July 1, 2003. See IC 10-13-3-27.], and three (3) references are on file.</p> <p>The Human Resources department will complete a full audit of all staff in the Apache Facility no later than Jan 19, 2023.</p> <p>The Human Resources Department will complete a full audit of all remaining staff assigned to ResCare ICF facilities in the CASE operation no later than March 30, 2024.</p> <p>After a complete audit is finalized a random sample of 10% of all staff files will be conducted monthly to ensure 100% HR review is completed annually.</p> <p>Persons Responsible: AED, Human Resource Manager, Human Resource Assistant, Human Resource</p>		