

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G193	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  04/01/2016
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NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP CODE 13711 BENNETTSVILLE RD MEMPHIS, IN 47143
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W 0000  Bldg. 00	<p>This visit was for the PCR (Post Certification Revisit) to the investigation of complaint #IN00186897 completed on 1/19/16. This visit resulted in an Immediate Jeopardy on 3/29/16.</p> <p>Complaint #IN00186897: Not Corrected.</p> <p>Dates of Survey: 3/28/16, 3/29/16, 3/30/16 and 4/1/16.</p> <p>Facility Number: 000723 Provider Number: 15G193 AIMS Number: 100234760</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review of this report completed on 4/04/16 by #09182.</p>	W 0000		
W 0104  Bldg. 00	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based on observation, record review and interview for 1 of 3 sampled clients (B), the governing body failed to exercise general policy, budget and operating direction over the facility to ensure the</p>	W 0104	<p><b>W104:</b> The governing body must exercise general policy, budget and operating direction over the facility.</p>	05/01/2016

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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	<p>facility implemented its written policy and procedures to prevent neglect regarding the intimidation and emotional abuse of client B.</p> <p>Findings include:</p> <p>1. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility implemented its written policy and procedures to prevent neglect regarding the intimidation and emotional abuse of client B. Please see W149.</p> <p>This federal tag relates to Complaint #IN00186897.</p> <p>This federal tag was cited on 1/19/16. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-1(a)</p>		<p><b>Corrective Action: (Specific):</b> The local BDDS office was contacted immediately in regards to the Immediate Jeopardy citation and an immediate search for alternate placement was requested for client with behavioral concerns and the housemates complaint that he did not feel safe in the home. The client with behavioral concerns has a CIH waiver and was moved to a waiver location the evening of 3/29/2016. The QIDP held IDT's with all other clients in the home to review the Bill of Rights, Grievance Policy and Procedures and offered counseling. All clients report that they feel safe in their home since the client with behavioral concerns has moved.</p> <p><b>How others will be identified: (Systemic):</b> All client behavior support plans will be reviewed to ensure that all preventative and reactive strategies are included to address all target behaviors to ensure that all clients are protected from abuse/neglect in regard to target behaviors of peers. The Residential Manager and the QIDP will review behavior data for all clients at least monthly to ensure that all plans are effective and clients are free from potential of abuse neglect when it relates to target behaviors of peers. All clients behavior support plans will be reviewed at least quarterly by the Behavior Review Committee (BRC) to ensure that all plans remain</p>				

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			<p>effective.</p> <p><b>Measures to be put in place:</b> The local BDDS office was contacted immediately in regards to the Immediate Jeopardy citation and an immediate search for alternate placement was requested for client with behavioral concerns and the housemate's complaint that he did not feel safe in the home. The client with behavioral concerns has a CIH waiver and was moved to a waiver location the evening of 3/29/2016. The QIDP held IDT's with all other clients in the home to review the Bill of Rights, Grievance Policy and Procedures and offered counseling. All clients report that they feel safe in their home since the client with behavioral concerns has moved.</p> <p><b>Monitoring of Corrective Action:</b> All client behavior support plans will be reviewed to ensure that all preventative and reactive strategies are included to address all target behaviors to ensure that all clients are protected from abuse/neglect in regard to target behaviors of peers. The Residential Manager and the QIDP will review behavior data for all clients at least monthly to ensure that all plans are effective and clients are free from potential of abuse neglect when it relates to target behaviors of peers. All clients behavior support plans will be reviewed at least quarterly by the</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 observation, record review and interview for 1 of 3 sampled clients (B), the facility failed to implement its policies and procedures to prevent neglect regarding the intimidation/emotional abuse of client B.</p> <p>This noncompliance resulted in an Immediate Jeopardy. The Immediate Jeopardy began on 3/11/16. The Immediate Jeopardy was identified on 3/29/16 at 8:15 AM. The agency's QIDP (Qualified Intellectual Disabilities Professional) was notified of the</p>	W 0149	<p>Behavior Review Committee (BRC) to ensure that all plans remain effective.</p> <p><b>Completion date: 05/01/2016</b></p> <p><b>W149:</b> The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p><b>Corrective Action: (Specific):</b> The local BDDS office was contacted immediately in regards to the Immediate Jeopardy citation and an immediate search for alternate placement was requested for client</p>	05/01/2016

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	<p>Immediate Jeopardy on 3/29/16 at 8:19 AM regarding the facility's failure to prevent intimidation/emotional abuse regarding client B.</p> <p>On 3/30/16 the facility submitted the following plan of action to remove the immediate jeopardy, "The provider has implemented the following protective measures for the removal of the Immediate Jeopardy Citation issued under Client Protections:</p> <ol style="list-style-type: none"> <li>1. The local BDDS (Bureau of Developmental Disabilities Services) office was contacted immediately in regards to the Immediate Jeopardy citation and immediate search for alternate placement was requested for the client with behavioral concerns and the housemate's complaint that he did not feel safe in the home. The client with behavioral concerns has a CIH (Community Integration Habilitation) Waiver and was moved to a waiver location the evening of 3/29/16.</li> <li>2. The QIDP held IDTs (Interdisciplinary Team meetings) with all other clients in the home to review the clients' Bill of Rights, Grievance Policy and Procedures and offered counseling. All clients report that they feel safe in their home since the client with behavioral concerns has moved.</li> </ol>		<p>with behavioral concerns and the housemates complaint that he did not feel safe in the home. The client with behavioral concerns has a CIH waiver and was moved to a waiver location the evening of 3/29/2016. The QIDP held IDT's with all other clients in the home to review the Bill of Rights, Grievance Policy and Procedures and offered counseling. All clients report that they feel safe in their home since the client with behavioral concerns has moved.</p> <p><b>How others will be identified:</b> <b>(Systemic):</b> All client behavior support plans will be reviewed to ensure that all preventative and reactive strategies are included to address all target behaviors to ensure that all clients are protected from abuse/neglect in regard to target behaviors of peers. The Residential Manager and the QIDP will review behavior data for all clients at least monthly to ensure that all plans are effective and clients are free from potential of abuse neglect when it relates to target behaviors of peers. All clients behavior support plans will be reviewed at least quarterly by the Behavior Review Committee (BRC) to ensure that all plans remain effective.</p> <p><b>Measures to be put in place:</b> The local BDDS office was contacted immediately in regards to the Immediate Jeopardy citation and an</p>	

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	<p>The facility implemented the plan of action. The implementation of the plan of action was verified during monitoring observations held on 3/30/16 from 6:40 AM through 7:40 AM at the facility. Client A was not present in the home through the observation period.</p> <p>Interview with RM (Resident Manager) #1 on 3/30/16 at 6:50 AM indicated Client A had been moved to a waiver home on 3/29/16. RM #1 indicated all clients in the home felt safe.</p> <p>Client B was interviewed on 3/30/16 at 6:55 AM. Client B indicated he felt safe with client A no longer residing in the home.</p> <p>Client F was interviewed on 3/30/16 at 6:57 AM. Client F indicated he felt safe with client A no longer residing in the home.</p> <p>Interview with Staff # 2 on 3/30/16 at 6:58 AM indicated client A no longer lived in the group home.</p> <p>The facility's IDT forms were reviewed on 3/30/16 at 3:00 PM. The review indicated the facility had completed IDT meetings with clients B, C, D, E and F. The review indicated the facility's IDT</p>		<p>immediate search for alternate placement was requested for client with behavioral concerns and the housemate's complaint that he did not feel safe in the home. The client with behavioral concerns has a CIH waiver and was moved to a waiver location the evening of 3/29/2016. The QIDP held IDT's with all other clients in the home to review the Bill of Rights, Grievance Policy and Procedures and offered counseling. All clients report that they feel safe in their home since the client with behavioral concerns has moved.</p> <p><b>Monitoring of Corrective Action:</b> All client behavior support plans will be reviewed to ensure that all preventative and reactive strategies are included to address all target behaviors to ensure that all clients are protected from abuse/neglect in regard to target behaviors of peers. The Residential Manager and the QIDP will review behavior data for all clients at least monthly to ensure that all plans are effective and clients are free from potential of abuse neglect when it relates to target behaviors of peers. All clients behavior support plans will be reviewed at least quarterly by the Behavior Review Committee (BRC) to ensure that all plans remain effective.</p>	

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	<p>had discussed and reviewed the facility's Bill of Rights, Grievance Policy and offered clients B, C, D, E and F emotional support.</p> <p>The Immediate Jeopardy was removed on 4/1/6 at 9:15 AM when through observations, interviews and record reviews, it was determined the facility had implemented the plan of action to remove the immediate jeopardy and the steps taken removed the immediacy of the problem. Even though the facility's corrective action removed the Immediate Jeopardy, the facility remained out of compliance at a standard level.</p> <p>Findings include:</p> <p>The facility's Bureau of Developmental Disabilities Services (BDDS) reports and investigations were reviewed on 3/28/16 at 2:57 PM. The review indicated the following:</p> <p>-BDDS report dated 1/14/16 indicated, "On 1/14/16 staff reported that when [client A] is having behaviors [client B] will go outside and sit on the bench on the side of the house. When they asked him why he does this he stated that he is afraid of [client A]."</p> <p>-BDDS report dated 3/23/16 indicated,</p>		<p>Completion date: 05/01/2016</p>	

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	<p>"[Client A] had verbal aggression and physical aggression towards staff and attempted to go after housemates. The police were contacted and [client A's] guardian requested that he was taken (sic) to [hospital] for evaluation."</p> <p>-Incident Report dated 3/23/16 indicated, "[Client A] came out of his room to eat dinner. Once he got done eating dinner he threw his plate on the floor and broke the plate. After breaking the plate he attacked [staff #3]. [Client A] then ran to the living room and started throwing stuff and breaking stuff. [Staff #3] put him in YSIS (Your Safe I'm Safe/physical restraint) and he said that he wanted to go to bed. Once [staff #3] let him go he grabbed [staff #3] and ripped her shirt off. [Client A] then bit [staff #3] on the face and neck. [Client A] was put in YSIS once again. [Staff #3] told him that he needed to go to his room and calm down. So [staff #3] took him to his room. [Client A] sat in his room hitting himself and scratching himself. [Staff #3] asked him why he was doing it and he said that he was doing it to get staff in trouble. [Client A] sat in his room for 5 minutes then came running out at [staff #3] and spit on her 3 times. He then started punching [staff #3] and throwing stuff over the kitchen wall at the other staff and clients. While throwing stuff over the</p>			

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	<p>wall he told [staff #3] he was going to kill her."</p> <p>Client D was interviewed on 3/28/16 at 5:40 PM. Client D stated, "I'm not afraid of [client A]. He knows I can handle my business. I think [client C] can handle himself too. [Client B] is really the one that I think is afraid. Everyone tries to stay away from [client A]. He's always throwing things and kicking staff's [expletive]. [Client A] was out here the other night (3/23/16) kicking staff's [expletive]. It went on for like 4 hours."</p> <p>-BDDS report dated 3/24/16 indicated, "[Client A] and [client B] were getting off the van when [client A] pushed [client B] and hit him in his back. [Client A] ran inside and continued with aggression towards staff. Staff used redirection and followed [client A's] BSP (Behavior Support Plan)."</p> <p>-Internal Incident Report dated 3/11/16 indicated, "[Client A] started calling [client B] names (sic) staff told him to stop calling names (sic) [client A] then told staff he would stop. [Client A] tried to fist bump staff (sic) once staff went to fist bump him back he grabbed her arm and bit staff's wrist. Staff got her arm back from [client A] and went to go get the phone out of the office. [Client A] ran</p>			

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	<p>in the office and attacked staff, while in the office [client B] ran out of the front door. Then the [Residential Manager (RM) #1] pulled up and [client B] went and got in her backseat and started crying saying that he was scared because of [client A]. Once [client A] saw [RM #1] outside he ran out of the door. [Client A] kept trying to get in the car, [RM #1] would not let him in because [client B] was already in the backseat. Staff then called another group home. They came and calmed him down. [Client A] had to be put in YSIS to stop him from attacking everyone."</p> <p>ED (Executive Director) #1 was interviewed on 3/28/16 at 4:30 PM. ED #1 indicated the abuse and neglect policy should be implemented. ED #1 stated,"[Client A] is not appropriate for the home."</p> <p>RM #1 was interviewed on 3/28/16 at 5:30 PM. RM #1 indicated on 3/11/16 at 4:00 AM she received a call from staff #2 who was working at the home alone and requested assistance due to client A's behavior. RM #1 indicated she arrived at the group home at 4:35 AM. RM #1 indicated when she arrived client B was sitting on the bench outside the home and client A was throwing book bags out the front door. [Client B] ran and jumped in</p>			

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	<p>the back seat of my car to get away from [client A]. He was crying and said he was scared. [Client A] came up to the car and was trying to get in but we kept the doors locked to keep him away from [client B]." RM #1 stated,"[Client B] is afraid of [client A]." RM #1 stated,"The other clients, [clients B, D, E and F], are uncomfortable around [client A] and have to go to their rooms due to his behaviors." RM #1 stated, "[Client A's] on line of sight supervision when he's awake and on 15 minute checks at night. When we see him getting agitated or trying to bully the other clients we redirect him. When he get's physical, we call for support from [nearby agency group home]. They come and put him in YSIS."</p> <p>Staff #1 was interviewed on 3/28/16 at 5:45 PM. Staff #1 indicated in August 2015 client C had to go to the hospital to have his pacemaker checked due to an altercation with client A. Staff #1 stated, "[Clients B, C, D, E and F] will leave the dinner table without eating when [client A] starts to have a behavior then [client A] will sit and finish his meal. [Client B] is afraid of [client A]." Staff #1 indicated the 3/23/16 incident regarding client A and the police lasted over 4 hours. Staff #1 stated, "[Client A] ripped that girls, [staff #3's], shirt, undershirt and bra</p>			

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	<p>completely off while they were in the driveway. He hit her in the head. We try to do YSIS but it really doesn't work. He gets out of the holds." Staff #1 stated, "[Client B] is probably afraid because he sees staff getting beat up all the time."</p> <p>Client B was interviewed on 3/28/16 at 5:50 PM. Client B was interested in discussing the Surveyor's earrings and automobile. Client B was distracted and would not answer questions about his house or roommates.</p> <p>Staff #2 was interviewed on 3/29/16 at 7:23 AM. Staff #2 stated, "[Client B] will hide and cry when [client A] has behaviors."</p> <p>Client A's record was reviewed on 3/29/16 at 8:15 AM. Client A's BSP (Behavior Support Plan) dated 2/2/16 indicated client A was moved from a prior group home due to aggression towards his previous roommates. Client A's BSP dated 2/2/16 indicated client A was on line of sight supervision, should be verbally redirected when showing signs of agitation and YSIS should be used when he attempted to hit, kick or throw things at clients or staff.</p> <p>The facility's policies and procedures were reviewed on 3/28/16 at 3:30 PM.</p>			

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W 9999  Bldg. 00	<p>The facility's Preventing Abuse and Neglect policy dated 8/01/07 indicated, "Abuse-Emotional/Intimidation: The act of insulting or coarse language or gestures directed toward an individual that subject him or her to humiliation or degradation. Attitude or acts that interfere with psychological and social well being of an individual.</p> <p>Neglect-Emotional/Physical: Failure to provide the support necessary to an individuals (sic) psychological and social well being."</p> <p>This federal tag relates to Complaint #IN00186897.</p> <p>This federal tag was cited on 1/19/16. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-2(a)</p>	W 9999	There is no citation for this listed on the 2567	04/24/2016