STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G159	A. BUILDING 00 B. WING	10/31/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RES CARE COMMUNITY ALTERNATIVES SE IN	1337 E SOUTHVIEW LN PAOLI, IN 47454

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W 0000 Bldg. 00	This visit was for an annual fundamental recertification and state licensure survey. Dates of Survey: October 30 and 31, 2017. Facility Number: 000695 AIM Number: 100243150 Provider Number: 15G159 These federal deficiencies reflect findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 11/8/17.	W 0000		
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 and interview for 2 of 4 sampled clients (#1 and #4), the facility's Governing Body failed to exercise general policy and operating direction over the facility by failing to keep the home in good repair. Findings include: During observations on 10/31/17 from	W 0104	**W104:** The governing body must exercise general policy, budget, and operating direction over the facility. **Corrective Action: (Specific):** All staff at the home will be re-trained on the Operation Standard for reporting and investigating allegations of abuse neglect exportation mistreatment or	11/30/2017

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

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	5:40 AM until 8:06 AM, client #1's bed and bedding were observed. Client #1 had a mattress with a zippered cover. The zippered cover was stained and discolored. Staff #3 stated on 10/31/17 at 5:45 AM client #1's "(mattress) cover needs replaced." The bedroom shared by clients #1 and #4 was observed on 10/31/17 at 3:50 PM. The walls were covered in holes where pictures or posters had formerly been arranged. The paint was faded, worn and did not match the clients' personal items or decorations. Staff #4 stated, on 10/31/17 at 3:55 PM: "We have been asking for paint." Interview with AS/Area Supervisor #1 on 10/31/17 at 4:00 PM indicated the facility's environmental issues (mattress cover and wall repair) would be addressed. 9-3-1(a)		violation of individual rights. The Site Supervisor will be re-trained on the timely completion of maintenance requests for items that need repaired in the home. The mattress cover has been replaced and the maintenance coordinator will repaint and repair the walls in clients #1 and client #4 room. **How others will be identified: (Systemic):** The Area Supervisor will visit the home at least every other week to complete and environmental inspection checklist and follow up on all repairs completed by the maintenance coordinator. **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 exportation mistreatment or violation of individual rights. The Site Supervisor will be re-trained on the timely completion of maintenance requests for items that need repaired in the home. The mattress cover has been replaced and the maintenance coordinator will repaint and repair the walls in clients #1 and client #4 room. **Monitoring of Corrective:** The Area Supervisor will visit the	

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			home at least every other week to complete and environmental inspection checklist and follow up on all repairs completed by the maintenance coordinator. **Completion date: 11.30.17**	
W 0149 Bldg. 00	483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview for 2 of 4 sampled clients (#1 and #2), for 1 of 20 of investigations and reportable incidents (Bureau of Developmental Disabilities Services/BDDS) reports of abuse/neglect reviewed, the facility failed to ensure the facility's neglect/abuse/mistreatment policy was implemented in regards to staff to client verbal/emotional abuse. Findings include: The facility's Bureau of Developmental Disabilities Services/BDDS reports, incident reports and investigations were reviewed on 10/30/17 at 7:00 PM and on 10/31/17 at 10:00 AM and indicated the following: An investigation report dated February 3-8, 2017 indicated former staff /FS #1 had been investigated for verbal abuse	W 0149	**W149:** That facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. **Corrective Action: (Specific):** All staff working 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's rights. Bill of Rights was reviewed with Client #2. **How others will be identified: (Systemic):** Quality Assurance will review all incidents daily to ensure that incidents of abuse and neglect are addressed and have preventative measures put in place. The QA Manager will meet with QA at least weekly for the next thirty days to ensure that all incidents of abuse and neglect	11/30/2017

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	regarding yelling/cursing at client #1 because she was in the hallway while FS #1 was trying to clean the washer/dryer area. This allegation was not substantiated. FS #1 was investigated for yelling at client #2 and calling client #2 "fat." The investigation determined client #2 heard herself called "fat." The allegations regarding verbal/emotional abuse by FS #1 toward client #2 were substantiated and FS #1 was terminated from employment. Interview was conducted with Area Supervisor #1 on 10/31/17 at 3:30 PM which indicated FS #1 had been terminated from employment for verbal abuse of a client. The agency's revised policy dated 9/17/17 was reviewed on 10/30/17 at 7:30 PM and indicated, in part, the following: "Operation Standard Reporting and Investigating Abuse, Neglect, Exploitation, Mistreatment or Violation of an Individual's Rights ResCare staff actively advocate for the rights and safety of all individuals. All allegations or occurrences of abuse, neglect, exploitation, mistreatment or violation of an Individual's rights shall be reported to the appropriate authorities		are addressed and have preventative measures implemented. The site supervisor will be in the home at least five times weekly to ensure all operation standards and policies are being followed **Measures to be put in place:** All staff working 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's rights. Bill of Rights was reviewed with Client #2. **Monitoring of Corrective Action:** Quality Assurance will review all incidents daily to ensure that incidents of abuse and neglect are addressed and have preventative measures put in place. The QA Manager will meet with QA at least weekly for the next thirty days to ensure that all incidents of abuse and neglect are addressed and have preventative measures implemented. The site supervisor will be in the home at least five times weekly to ensure all operation standards and policies are being followed	

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	through the appropriate supervisory channels and will be thoroughly investigated under the policies of ResCare, local, state and federal guidelines. Although ResCare staff are instructed and encouraged to use the internal reporting system outlined below, any staff has the right to contact Adult Protective Services directly, should they suspect abuse, neglect, exploitation, mistreatment or violation of an Individual's rights. 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 movement for prolonged periods of time, Medical treatment or care or use of bathroom facilities. Program Implementation/Intervention: Failure to provide goods and/or services necessary		**Completion date: 11.30.17**	

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	for the individual to avoid physical harm and /or intentional failure to implement a support plan, inappropriate application of intervention, etc. which may result in jeopardy without qualified person notification/review.... All employees receive training upon hire regarding definitions/causes of different types of, how to identify, prevent, document, remedial action to be taken, timely debriefing following the incident and how to report abuse, neglect, exploitation, mistreatment or violation of an Individual's rights, as well as what to expect from an investigation. All employees receive this training upon hire and annually, thereafter. Procedures: 1. Any ResCare staff person who suspects an individual is the victim of abuse, neglect, exploitation or mistreatment of an individual should immediately notify the Program Manager, and then complete an Incident Report. The Program Manager will then notify the Executive Director. This step should be done within 24 hours. 2. The Program Manager, or designee, will report the suspected abuse, neglect, exploitation, mistreatment or violations of Individual's rights within 24 hours of the initial report to the appropriate			

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	contacts.... 3. Any staff person who is suspected of abuse, neglect, exploitation, mistreatment or violation of an Individual's rights toward an individual will be immediately suspended until the allegation can be fully investigated. After the investigation, if the allegation is not substantiated, the employee will be paid for missed scheduled hours. 4. The Program Manager will assign an investigative team. A full investigation will be conducted by investigators who have received training from Labor Relations Association and ResCare's internal procedures on investigations. ResCare will not allow for nepotism during the conducting, directing, reviewing or other managerial activity of an investigation into an allegation of abuse, neglect, exploitation or mistreatment, by prohibiting friends and relatives of an alleged perpetrator from engaging in these managerial activities. One of the investigators will complete a detailed investigative case summary based on witness statements and other evidence collected. The report will be maintained in a confidential, secured file at the office. The investigation file will include the following components: a clear statement indicating why the			

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	investigation/review is being conducted along with the nature of the allegations/event (e.g., allegation of neglect, etc.), a clear statement of the event or alleged event in a time-line format including what, where, and when the event happened or is alleged to have happened, Identification by name and title of all involved parties or alleged involved parties including any victim(s) or alleged victim(s), all staff assigned to the victim(s) or alleged victim(s) at the time of the incident, all alleged perpetrators, when indicated; and all actual or potential witnesses to the event or alleged event, signed and dated statements from all involved parties, including all actual and potential witnesses to the event or alleged event, a statement describing all record and other document review associated with the event or alleged event, copies of all records and other documents reviewed that provide evidence supporting the finding of the investigation or review, if there are any discrepancies/conflicts between the evidence gathered, the discrepancy is resolved and/or explained, a determination if rights have been violated, if services and/or care were not provided or were not appropriately provided, if agency policies and/or procedures were not followed, and/or if any federal or state regulations were not			

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	followed, a clear statement of substantiation or non-substantiation of any allegation that includes a description/summary of the evidence that result in the finding, a definitive description of all corrective actions developed and implemented and/or to be implemented as a result of the investigation or review, including completion dates for each corrective action, the signature, name and title of the person completing the investigation and the date the investigation was completed. 5. An investigative peer review committee chosen by the Executive Director will meet to discuss the outcome of the investigation and to ensure that a thorough investigation has been completed. Members of the committee must include at least one of the investigators, the Executive Director or designee, Program Manager, QA representative and a Human Resources representative." 9-3-2(a)			
W 0227 Bldg. 00	483.440(c)(4) INDIVIDUAL PROGRAM PLAN The individual program plan states the specific objectives necessary to meet the			

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	client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. Based on record review and interview for 1 of 4 sampled clients (#4), the QIDP/Qualified Intellectual Disabilities Professional failed to revise client #4's active treatment program/Individual Support Plan (ISP) training objectives or BSP/ Behavior Support Plan to include methods to address issues with avoiding instances of exploitation in social situations. Findings include: Record review for Client #4 was done on 10/31/17 at 11:35 AM and 2:30 PM. The reviews indicated an ISP dated 6/20/17 and a BSP dated 6/20/17. The ISP/Individual Support Plan contained training objectives to complete a shower daily, do subtraction on the client's financial accounts ledger, complete her daily chore (home maintenance) and discuss situations when one needed to call emergency services/911. The review indicated client #4's CFA/Comprehensive Functional Assessment dated 10/28/17. The sexual awareness component of the CFA indicated client #4 lacked the ability to resist manipulation by others in social situations, was not aware of the possibility of sexually transmitted	W 0227	**W227:** The individual Program Plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c) (3) of section. **Corrective Action: (Specific):** The QIDP will be retrained on ensuring all Programing Plans are current and reviewed at least quarterly. Client #4 programming plans will be reviewed and updated and will include in-depth training methodology. **How others will be identified: (Systemic):** The QIDP lead will meet with the QIDP weekly for the next thirty days to ensure all programming plans are current and up to date with the correct information. The Area Supervisor will review all clients CFA'S in the home to ensure that all assessments are current and correct. **Measures to be put in place:** The QIDP will be retrained on ensuring all Programing Plans are current and reviewed at least	11/30/2017

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	diseases and lacked training in the avoidance of sexually transmitted diseases. The ISP/BSP had no indepth training methodology to assist client #4 in learning social awareness skills in regards to sexual exploitation and making good life choices. An interview with Area Supervisor #1 and QIDP #1 on 10/31/17 at 3:30 PM indicated client #4's ISP/BSP had been written when she was new to the facility. The staff knew and understood client #4's needs better now and the programs should be revised as necessary. The interview indicated client #4 was vulnerable to social (sexual) exploitation. The interview indicated the client's guardian stressed the need for client #4 to be continually supervised in the community, and in the presence of men, in particular. The interview indicated client #4's main barrier to moving on into a less restrictive living situation was her lack of insight and skill in avoiding exploitation by men. 9-3-4(a)		quarterly. Client #4 programming plans will be reviewed and updated and will include in-depth training methodology. **Monitoring of Corrective Action:** The QIDP lead will meet with the QIDP weekly for the next thirty days to ensure all programming plans are current and up to date with the correct information. The Area Supervisor will review all clients CFA'S in the home to ensure that all assessments are current and correct. **Completion date: 11.30.17**	

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