

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

PRINTED: 07/02/2015  
FORM APPROVED  
OMB NO. 0938-0391

|  |  |  |                     |   |  |  |  |
|--|--|--|---------------------|---|--|--|--|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION            |  | X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>15G746 |                     | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 00<br>B. WING  |  | X3) DATE SURVEY<br>COMPLETED<br>05/15/2015 |  |
| NAME OF PROVIDER OR SUPPLIER<br><br>RES CARE SOUTHEAST INDIANA |  |  |                     | STREET ADDRESS, CITY, STATE, ZIP CODE<br>16609 SIMA GRAY RD<br>HENRYVILLE, IN 47126   |  |  |  |
| (X4) ID<br>PREFIX<br>TAG                                       | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)   |  | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY)  |  | (X5)<br>COMPLETION<br>DATE                 |  |
| W 0000<br><br>Bldg. 00   | <p>This visit was for an annual recertification and state licensure survey.</p> <p>Dates of Survey: May 13, 14 and 15, 2015.</p> <p>Provider Number: 15G746<br/>Facility Number: 011664<br/>AIM Number: 200902010</p> <p>These federal deficiencies reflect state findings in accordance with 460 IAC 9.</p>   |  | W 0000              |   |  |  |  |
| W 0104<br><br>Bldg. 00   | <p>483.410(a)(1)<br/>GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation and interview for 2 of 2 sampled clients (#1 and #2), and two additional clients (#3 and #4), the facility's governing body failed to exercise general policy, budget and operating direction over the facility to ensure the bathrooms were maintained.</p> <p>Findings include:</p> |  | W 0104              | <p><b>W104:</b> The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p><b>Corrective Action:(specific):</b><br/>Maintenance will pull the baseboards and replace. Bathrooms will be kept clean and if any lingering odor is noticed a work order will be placed with maintenance.</p> |  | 06/14/2015                                 |  |

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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| W 0460<br><br>Bldg. 00   | <p>During observations at the facility on the evening of 5/13/15 from 4:00 PM until 6:10 PM, clients #1, #2, #3, and #4's living quarters were observed. There was a strong odor emanating from each of the bathrooms.</p> <p>An interview with the Group Home Manager (GHM) #1 was conducted on 5/13/15 at 4:15 P.M. The GHM indicated there was an odor in the bathrooms but was unable to identify the nature of it.</p> <p>9-3-1(a)</p>            |  | W 0460              | <p><b>How others will be identified:</b><br/><b>(Systemic):</b> Thereshidential manager will inspect the bathrooms three times per week to ensurecleanliness and report any maintenance issues immediately.</p> <p><b>Measures to be put in place:</b><br/>Maintenance will pull the baseboards and replace. Bathrooms will be kept clean and if anylingering odor is noticed a work order will be placed with maintenance.</p> <p><b>Monitoring ofCorrective Action:</b><br/>The residential manager will inspect the bathrooms threetimes per week to ensure cleanliness and report any maintenance issuesimmediately.</p> <p><b>Completed date: 6.14.15</b></p> |  | 06/14/2015                                 |  |
|  | <p>483.480(a)(1)<br/>FOOD AND NUTRITION SERVICES<br/>Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.<br/>Based on observation, record review and interview for 1 of 2 sampled clients (#2), and 2 additional clients (#3 and #4), the facility failed to ensure clients were served their total menued diet.</p> <p>Findings include:</p> <p>Observations of the morning meal and its</p> |  |                     | <p><b>W460: Each client must receive a nourishing,well-balanced diet including modified and specially-prescribed diets.</b></p> <p><b>Corrective Action:(specific):</b> The Residential Manager and direct care staff will bein-serviced on following menus and consumer dining plans as well as offeringsubstitutions if needed.</p>  |  |  |  |

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|  | <p>preparation were conducted on 5/14/15 from 6:33 AM until 8:30 AM. At 7:25 AM, Client #2 ate two biscuits without jelly or margarine. At 7:30 AM, clients #2 and 4 ate a serving of Cheerios-type cereal with milk. At 8:00 AM, client #2 packed a third biscuit for a workshop snack. Client #3 had an Ensure (nutritional supplement) at 7:00 AM and refused breakfast.</p> <p>Review of the menu on 5/14/15 at 9:00 AM indicated the following menu for the breakfast that day (5/14/15): 1/2 (one half) cup orange juice (unavailable), 1/2 cup cold cereal or 3/4 (three quarters) cup hot cereal, one 2 inch biscuit, 1 cup coffee, 1 cup skimmed milk, 2 tablespoons of jelly (unavailable), and one teaspoon of margarine (unavailable).</p> <p>Review of client #2's record was done on 5/14/15 at 10:00 AM. The review indicated the 5/15 Medication Administration Record/MAR which listed his diet: 1800-2000 calories per day, 5 meals each to contain 300-500 calories, no fried food or fast food more than once a week. The diet was listed as NCS (no concentrated sweets) with portion control, seconds of vegetables only--non-starchy. Review of the packaging on the biscuits client #2 had for breakfast (5/14/15 at 10:30 AM),</p> |  |  |   | <p><b>How others will be identified:</b><br/><b>(Systemic):</b> The Residential Manager will ensure that the menus are followed and menu items are in the home and substitutions are available and being offered if needed.</p> <p><b>Measures to be put in place:</b> The Residential Manager and direct care staff will be in-serviced on following menus and consumer dining plans as well as offering substitutions if needed.</p> <p><b>Monitoring of Corrective Action:</b><br/>The Residential Manager will ensure that the menus are followed and menu items are in the home and substitutions are available and being offered if needed.</p> <p><b>Completed date: 6/14/15</b></p> |  |                            |

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|  | <p>indicated each biscuit was 170 calories.</p> <p>Interview with House Manager #2 on 5/14/15 at 11:00 AM indicated the facility did not have jelly, margarine, or juice for the breakfast meal available for consumption.</p> <p>9-3-8(a)</p> |  |  |   |  |  |                            |