

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>15G749</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED <b>10/26/2017</b>
NAME OF PROVIDER OR SUPPLIER  <b>RES CARE SOUTHEAST INDIANA</b>		STREET ADDRESS, CITY, STATE, ZIP CODE  <b>16613 SIMA GRAY RD HENRYVILLE, IN 47126</b>		
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W 0000  Bldg. 00	<p>This visit was for a recertification and state licensure survey.</p> <p>Dates of Survey: 10/23/17, 10/24/17 and 10/26/17.</p> <p>Facility Number: 011595 Provider Number: 15G749 AIMS Number: 200905630</p> <p>This deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 11/6/17.</p>	W 0000		
W 0186  Bldg. 00	<p>483.430(d)(1-2) <b>DIRECT CARE STAFF</b> The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans.</p> <p>Direct care staff are defined as the present on-duty staff calculated over all shifts in a 24-hour period for each defined residential living unit.</p> <p>Based on record review and interview for 2 of 2 sampled clients (#1 and #2), plus 2 additional clients (#3 and #4), the facility failed to provide sufficient staffing. The facility failed to provide 3 staff on first</p>	W 0186	<p><b>W186:</b> The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans.</p>	11/25/2017

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>and second shifts and 2 staff on third shift.</p> <p>Findings include:</p> <p>BDDS (Bureau of Developmental Disabilities Services) reports were reviewed on 10/23/17 at 12:30 PM. BDDS reports indicated the following:</p> <p>BDDS report dated 7/18/17 indicated, "[Name] BDDS coordinator contacted the Program Manager (PM) at 3:03 PM and reported the staffing ratio at [home] was below the required level of supervision." Investigation dated 7/21/17 indicated, "The investigation has been concluded and it is substantiated that the home was below the required supervision level on 7/18/17. The home was out of ratio for approximately 1.5 hours due to a staff being a no call, no show. In addition, the employee, [name] resigned his position with the company on 7/19/17. The RM (Residential Manager) returned to the home as soon as he was made aware of the drop in supervision and finished the shift to ensure the proper supervision level was met. There were no injuries and clients did not suffer any adverse effects during the time of the drop in supervision. There was double staffing in the home until the RM returned to increase the level of</p>		<p><b>Corrective Action:</b> <b>(Specific):</b> The Residential Manager will be re-trained on ensuring that the home is staffed according to the scheduled hours for the home.</p> <p><b>How others will be identified:</b> <b>(Systemic):</b> The Area Supervisor will review the schedule with the Residential Manager at least daily to ensure that the home is staffed according to the scheduled hours for the home. The Program Manager will review the schedule with the Area Supervisor weekly to ensure that the home is staffed according to the scheduled hours for the home</p> <p><b>Measures to be put in place:</b> The Residential Manager will be re-trained on ensuring that the home is staffed according to the scheduled hours for the home.</p> <p><b>Monitoring of Corrective Action:</b> The Area Supervisor will review the schedule with the Residential Manager at least daily to ensure that the home is staffed according to the scheduled hours for the home. The Program Manager</p>	

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	<p>supervision to the required level of supervision to the required 3 staff on 2nd shift. In addition, staff have been instructed to report all instances when there is a drop in the required supervision in the home."</p> <p>BDDS report dated 8/31/17 indicated, "BDDS coordinator, [name] found [House] [address] out of staffing ratio on this day. All four clients (clients #1, #2, #3, and #4) were at home but only 2 staff were on duty. This home requires 3 staff to be on duty during waking hours if all 4 clients are home. Coordinator interviewed [client #3], Coordinator asked [client #3] why he wasn't at workshop on this day. He stated because another person had a doctor appointment. At that time [client #4] came up and said he had a doctor appointment. Coordinator asked if everyone had to go and [client #3] responded 'yes'. Client #3 requires 1:1 (1 staff to 1 client) staffing from his staff while at the workshop and this staff person was not available due to being out of ratio."</p> <p>BDDS report dated 9/18/17 indicated, "BDDS Service Coordinator (SC), [name], was visiting this home on this day. 2 clients were in the home with one staff while another staff was out with 2 clients. It was first reported to SC by</p>			<p>will review the schedule with the Area Supervisor weekly to ensure that the home is staffed according to the scheduled hours for the home</p> <p><b>Completion date: 11/25/17</b></p>	

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	<p>[staff] that only he and the House Manager were there today. Staff then said [client #1] decided to go to the workshop for a little bit today. SC called [workshop] and it was confirmed that [client #1] and [client #3] were at the workshop. Upon arrival back to the home the house will be out of ratio. The home should be staffed 3:3:2."</p> <p>Staff time cards were reviewed on 10/24/17 at 10:00 AM. Staff time cards for dates 10/1/17 through 10/22/17 did not indicate staff shortages.</p> <p>House Manager (HM) #1 was interviewed on 10/24/17 at 7:00 AM. HM #1 indicated for the past month they have had no staffing issues. HM #1 indicated they have switched to 12 hour shifts. HM #1 indicated the staff like the switch because it allows them to have more days off.</p> <p>Associate Executive Director (AED) #1 was interviewed on 10/24/17 at 4:00 PM. AED #1 indicated the home should have 3 staff on 1st shift, 3 staff on 2nd shift and 2 staff on overnight shift when clients #1, #2, #3 and #4 are in the home. AED #1 indicated the home has switched to 12 hour shifts to eliminate the staffing issues. AED #1 indicated this has been going well. AED #1 indicated if there is a</p>				

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	<p>staffing shortage HM #1 fills the position. AED #1 indicated if HM #1 can not fill the shortage the Area Supervisor will fill the position.</p> <p>9-3-3(a)</p>				