

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

PRINTED: 03/20/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G723		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 12/05/2016	
NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN				STREET ADDRESS, CITY, STATE, ZIP CODE 13009 HORIZON DR MEMPHIS, IN 47143			
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W 0000 Bldg. 00	<p>This visit was for a PCR (Post Certification Revisit) to an extended annual recertification and state licensure survey completed on 7/29/16.</p> <p>This visit was in conjunction with the investigation of complaint #IN00210610 which resulted in an Immediate Jeopardy.</p> <p>Dates of Survey: 11/21/16, 11/22/16, 11/23/16, 11/28/16, 11/29/16, 11/30/16, 12/1/16, 12/2/16 and 12/5/16.</p> <p>Facility Number: 004615 Provider Number: 15G723 AIMS Number: 200528230</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 12/6/16.</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.</p>						

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>Based on observation, record review and interview for 2 of 2 sampled clients (A and B), the governing body failed to exercise operating direction over the facility to provide and/or deploy sufficient staffing during the day and evening shifts.</p> <p>Findings include:</p> <p>The governing body failed to exercise operating direction over the facility to provide and/or deploy sufficient staffing during the day and evening shifts for clients A and B. Please see W186.</p> <p>This deficiency was cited on 7/29/16. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-1(a)</p>		W 0104	<p>W104: The governing body must exercise general policy, budget and operating direction over the facility.</p> <p>Corrective Action: (Specific): An experienced residential manager has been assigned to the home that will ensure that staffing ratios in the home are consistent with the scheduled hours.</p> <p>How others will be identified: (Systemic): The Area Supervisor will be in the home at least three times weekly to ensure that staffing ratios in the home are consistent with scheduled hours. The Program Manager will be in the home at least twice weekly to ensure that staffing ratios are consistent with scheduled hours.</p> <p>Measures to be put in place: An experienced residential manager has been assigned to the home that will ensure that staffing ratios in the home are consistent with the scheduled hours.</p> <p>Monitoring of Corrective Action: The Area Supervisor will</p>		01/04/2017	

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W 0186 Bldg. 00	<p>483.430(d)(1-2) DIRECT CARE STAFF</p> <p>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 observation, record review and</p>		W 0186	<p>be in the home at least three times weekly to ensure that staffing ratios in the home are consistent with scheduled hours. The Program Manager will be in the home at least twice weekly to ensure that staffing ratios are consistent with scheduled hours.</p> <p>Completion date: 1/4/2017</p>		01/04/2017	

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	<p>interview for 2 of 2 sampled clients (A and B), the facility failed to provide and/or deploy sufficient staffing during the day and evening shifts to ensure clients' plans were implemented to protect client A from client to client abuse.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 11/21/16 from 4:00 PM through 5:45 PM. Clients A and B were observed in the home throughout the observation period. Client A was mostly non-verbal and small in stature. Client B was verbal and had a large frame/build. At 4:27 PM client A was observed in his bedroom on his bed. Client A was sitting up with a cover over him shaking and crying. Client A had mucus running from his nose to his mouth. Client A's right eye was swollen, black and purple. At 4:30 PM Qualified Intellectual Disabilities Professional (QIDP) #1 indicated client A had a black eye from client B hitting him in the kitchen last week. QIDP #1 stated, "[Client A] will sometimes cry as a behavior." QIDP #1 indicated client A had gotten in trouble earlier for taking pudding out of the office. At 5:07 PM client D was interviewed. Client D indicated he had seen client B and client A fighting. Client D stated, "[Client B]</p>				<p>W186: The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans.</p> <p>Corrective Action: (Specific): An experienced residential manager has been assigned to the home that will ensure that staffing ratios in the home are consistent with the scheduled hours.</p> <p>How others will be identified: (Systemic): The Area Supervisor will be in the home at least three times weekly to ensure that staffing ratios in the home are consistent with scheduled hours. The Program Manager will be in the home at least twice weekly to ensure that staffing ratios are consistent with scheduled hours.</p> <p>Measures to be put in place: An experienced residential manager has been assigned to the home that will ensure that staffing ratios in the home are consistent with the scheduled hours.</p>		

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	<p>has sat on me, last night he gave [client C] like 5 wedgies. Staff watch but they don't do anything." Client D indicated he was worried about client B being mean. At 5:35 PM client D stated, "One time there was only 2 staff here, and one of them left to go to the store. [Client B] attacked [client A] and I had to help staff so they didn't get hurt."</p> <p>Observations were conducted on 11/22/16 from 7:00 AM through 8:15 AM. Clients A and B were observed in the home throughout the observation period. At 7:00 AM clients A and B were sitting beside each other at the kitchen table eating breakfast. Client A did not look at client B while eating his breakfast. There were no staff between clients A and B; one staff was in the kitchen at the counter.</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and Investigations were reviewed on 11/21/16 at 2:15 PM. The review indicated the following:</p> <p>1. On 9/6/16, the BDDS report indicated, "[Client A] was in his room getting up when staff saw [client B] in [client A's] room, and then observed [client B] hit [client A] in the lip. Staff asked [client B] why he hit [client A] and he first stated</p>				<p>Monitoring of Corrective Action: The Area Supervisor will be in the home at least three times weekly to ensure that staffing ratios in the home are consistent with scheduled hours. The Program Manager will be in the home at least twice weekly to ensure that staffing ratios are consistent with scheduled hours.</p> <p>Completion date: 1/4/2017</p>		

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	<p>there was no reason why he hit him. [Client B] later stated it was because [client A] had bit (sic) him, no bite marks were noted. [Client B] was redirected to his room where he displayed property destruction. Staff called police and EMS (Emergency Medical Services) for assistance and for further evaluation of [client A]."</p> <p>The 9/6/16 Investigation indicated, "There was insufficient staff in the home. BSP (Behavior Support Plan) was not followed. The other 2 staff were not in the home at the time of the incident. When they arrived they helped to take [client A] to Urgent Care. Recommendations: Staff to follow BSP."</p> <p>2. On 9/18/16, the BDDS report indicated, "[Client B] picked [client A] up, because [client A] took his pop tart, [client A] dropped his body weight and fell (sic), hitting his head on [client B's] bed causing a 2 inch abrasion to the back of his head. Staff called EMS and applied pressure to the area, EMS arrived and transported [client A] to the hospital for evaluation."</p> <p>The facility's 9/20/16 Investigation indicated, "By review of documents and interview of staff it was determined there was one staff working in the home while</p>						

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	<p>the home called for 3 (staff). Staff was unable to be in [client B's] room to witness the incident as he was passing medications." The investigation indicated Client A received 7 staples to the back of his head.</p> <p>3. On 10/2/16 the BDDS report indicated, "[Client B] hit [client A] in the head after [client A] bit [client B]. No injuries have been noted and the nurse was notified." The facility's 10/5/16 Investigation indicated, "It was revealed staff were not following plans, did not have [client B] on 1 to 1 (1 staff to 1 client), and the home was not sufficiently staffed."</p> <p>4. On 11/13/16, "[Client A] ran into the kitchen and went to grab a piece of pizza. [Client B] was sitting at the dining room table and when staff entered the kitchen, [client B] was holding [client A] up against the cabinet and stated [client A] hit his eye on the corner of the cabinet. When staff examined [client A] his left (physician report indicated right eye) eye was black and he had a contusion of the eye. The nurse was contacted and [client A] was taken to Urgent Care for evaluation."</p> <p>The 11/14/16 Investigation indicated, "Client's 1 on 1 staff were (sic) not in close proximity resulting in the incident</p>						

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	<p>occurring. Staff were not following protocol appropriately. All staff will be in-serviced on appropriate 1 on 1 training to prevent incidents of this nature from happening again. There is a pattern of occurrences between [client A] and [client B]."</p> <p>5. On 9/16/16 the BDDS report indicated, "A routine visit from the BDDS service coordinator was conducted on 9/16/16 and the following was reported during the visit. The home was out of ratio, 1 staff was present when the home called for 3 staff to be present, the staff member who was working was being picked up from work and his ride was standing in the yard of the group home upon service coordinator's arrival and [client B] reported staff are having non ResCare employees to the home, the front door to the home was left open and the alarm was off, medications were given late and narcotics were not double locked." The Plan to resolve was indicated as staff would be inserviced on the facility's no call no show policy, and the QIDP (Qualified Intellectual Disabilities Professional) would work with the Supervisor to ensure all shifts are covered.</p> <p>The time sheets were reviewed on 11/23/16 at 2:14 PM for 11/1/16 through</p>						

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	<p>11/20/16. The time sheets indicated the home was under ratio for the following days on first shift: November 2, 3, 7, and 18th. The home was under ratio for second shift: November 3, 4, 5, 9, 14, 17 and 18.</p> <p>The facility neglected to ensure sufficient staff worked and/or were deployed in a manner to monitor the clients to prevent client B from targeting/injuring client A.</p> <p>Client A's record was reviewed on 11/22/16 at 11:23 AM. Client A's 9/6/16 Medical Discharge Sheet (MDS) from [name of hospital] indicated a diagnosis of Lip Laceration. Client A's 9/18/16 MDS from [Emergency Room] indicated a diagnosis of head laceration with staples. Client A's 11/13/16 MDS from [hospital] indicated a diagnosis of Right eye/Orbital trauma to face.</p> <p>Client A's 9/27/16 BSP indicated, "[Client A] should be line of sight supervision, (close enough to physically intervene), and one to one in the shower." Client A's 9/27/16 BSP indicated the facility neglected to ensure facility staff implemented client A's BSP to ensure client A was monitored by staff to prevent client B from targeting client A.</p> <p>Client B's record was reviewed on 11/22/16 at 1:56 PM. Client B's 6/1/16</p>						

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	<p>IDT (Interdisciplinary Team) indicated client B should be on 1:1 staffing due to issues with elopement. Client B's 9/27/16 BSP indicated client B had demonstrated physical aggression before moving to this home. The facility neglected to indicate how client B was to be monitored to prevent him from targeting/abusing client A.</p> <p>Program Manager (PM) #1 was interviewed on 11/22/16 at 2:36 PM. PM #1 indicated the home should have 3 staff on first and second shifts and 2 staff on the third shift.</p> <p>Behavioral Consultant (BC) #1 was interviewed on 11/28/16 at 10:20 AM. BC #1 indicated she believed one staff could block client B, but she wasn't sure if one staff would be able to put client B in a YSIS (You're Safe I'm Safe Hold). BC #1 indicated staff have been retrained on more than one occasion, and they have not changed the staffing or added more staffing to the home.</p> <p>This deficiency was cited on 7/29/16. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-3(a)</p>						

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W 0249 Bldg. 00	<p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review and interview for 2 of 2 sampled clients (A and B), the facility failed to implement the clients' plans as written to provide proper supervision to clients A and B.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 11/21/16 from 4:00 PM through 5:45 PM. Clients A and B were observed in the home throughout the observation period. Client A was mostly non-verbal and small in stature. Client B was verbal and had a large frame/build. At 4:27 PM client A was observed in his bedroom on his bed. Client A was sitting up with a cover over him shaking and crying. Client A had mucus running from his nose to his mouth. Client A's right eye was swollen, black and purple. At 4:30 PM Qualified Intellectual Disabilities Professional (QIDP) #1 indicated client A had a black eye from client B hitting him in the kitchen last week. QIDP #1</p>		W 0249	<p>W249: As soon as the interdisciplinary team has formulated a clients' individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Corrective Action: (Specific): All staff will be re-trained on working the entirety of their scheduled shift and not leaving the home without staff in place to relieve them. All clients active treatment schedules will be reviewed by the team and revised as indicated. All staff at the home will be re-trained on active treatment and all client active treatment schedules. Client A's BSP has been revised to include a one to one staff defined s within 5 feet at all times while awake with staff positioned between Client A and Client B when in the common areas of the home and</p>		01/04/2017	

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	<p>stated, "[Client A] will sometimes cry as a behavior." QIDP #1 indicated client A had gotten in trouble earlier for taking pudding out of the office. At 5:07 PM client D was interviewed. Client D indicated he had seen client B and client A fighting. Client D stated, "[Client B] has sat on me, last night he gave [client C] like 5 wedgies. Staff watch but they don't do anything." Client D indicated he was worried about client B being mean. At 5:35 PM client D stated, "One time there was only 2 staff here, and one of them left to go to the store. [Client B] attacked [client A] and I had to help staff so they didn't get hurt."</p> <p>Observations were conducted on 11/22/16 from 7:00 AM through 8:15 AM. Clients A and B were observed in the home throughout the observation period. At 7:00 AM clients A and B were sitting beside each other at the kitchen table eating breakfast. Client A did not look at client B while eating his breakfast. There were no staff between clients A and B; one staff was in the kitchen at the counter.</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and Investigations were reviewed on 11/21/16 at 2:15 PM. The review indicated the following:</p>		<p>in the van and 15 minute checks while asleep. All staff at the home have been re-trained on all client BSP's. The IDT met to discuss Client B's current placement, the team determined that an alternate placement needed to be secured. A transition call has been completed and Client B is scheduled to move out of the home on 12/23/2016. Administrative Observations have been implemented in the home for at least 16 hours per day to ensure that all staff is implementing plans as written. The Administrative Observations for at least 16 hours per day in the home will continue until after Client B moves from the home.</p> <p>How others will be identified: (Systemic): The QIDP will be at the home at least 10 hours per week to monitor, coordinate and integrate all client program plans and ensure that staff is implementing all client plans as written. The BC will be in the home at least 10 hours per week to ensure that plans are being implemented as written, conduct observations and review of documentation, revise plans as indicated and train staff as needed. The Administrative staff completing the observations in the home will be ensuring that staff is implementing Client A and Client B's program plans to ensure the safety of Client A as</p>				

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	<p>1. On 9/6/16, the BDDS report indicated, "[Client A] was in his room getting up when staff saw [client B] in [client A's] room, and then observed [client B] hit [client A] in the lip. Staff asked [client B] why he hit [client A] and he first stated there was no reason why he hit him. [Client B] later stated it was because [client A] had bit (sic) him, no bite marks were noted. [Client B] was redirected to his room where he displayed property destruction. Staff called police and EMS (Emergency Medical Services) for assistance and for further evaluation of [client A]."</p> <p>The 9/6/16 Investigation indicated, "There was insufficient staff in the home. BSP (Behavior Support Plan) was not followed. The other 2 staff were not in the home at the time of the incident. When they arrived they helped to take [client A] to Urgent Care. Recommendations: Staff to follow BSP."</p> <p>2. On 9/18/16, the BDDS report indicated, "[Client B] picked [client A] up, because [client A] took his pop tart, [client A] dropped his body weight and fell (sic), hitting his head on [client B's] bed causing a 2 inch abrasion to the back of his head. Staff called EMS and applied pressure to the area, EMS arrived and</p>			<p>well as all other clients in the home.</p> <p>Measures to be put in place: All staff will be re-trained on working the entirety of their scheduled shift and not leaving the home without staff in place to relieve them. All clients active treatment schedules will be reviewed by the team and revised as indicated. All staff at the home will be re-trained on active treatment and all client active treatment schedules. Client A's BSP has been revised to include a one to one staff defined s within 5 feet at all times while awake with staff positioned between Client A and Client B when in the common areas of the home and in the van and 15 minute checks while asleep. All staff at the home have been re-trained on all client BSP's. The IDT met to discuss Client B's current placement, the team determined that an alternate placement needed to be secured. A transition call has been completed and Client B is scheduled to move out of the home on 12/23/2016. Administrative Observations have been implemented in the home for at least 16 hours per day to ensure that all staff is implementing plans as written. The Administrative Observations for at least 16 hours per day in the home will continue until after Client B moves from the home.</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G723		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 12/05/2016	
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	<p>transported [client A] to the hospital for evaluation."</p> <p>The facility's 9/20/16 Investigation indicated, "By review of documents and interview of staff it was determined there was one staff working in the home while the home called for 3 (staff). Staff was unable to be in [client B's] room to witness the incident as he was passing medications." The investigation indicated Client A received 7 staples to the back of his head.</p> <p>3. On 10/2/16 the BDDS report indicated, "[Client B] hit [client A] in the head after [client A] bit [client B]. No injuries have been noted and the nurse was notified." The facility's 10/5/16 Investigation indicated, "It was revealed staff were not following plans, did not have [client B] on 1 to 1 (1 staff to 1 client), and the home was not sufficiently staffed."</p> <p>4. On 11/13/16, "[Client A] ran into the kitchen and went to grab a piece of pizza. [Client B] was sitting at the dining room table and when staff entered the kitchen, [client B] was holding [client A] up against the cabinet and stated [client A] hit his eye on the corner of the cabinet. When staff examined [client A] his left (physician report indicated right eye) eye was black and he had a contusion of the</p>		<p>Monitoring of Corrective Action: The QIDP will be at the home at least 10 hours per week to monitor, coordinate and integrate all client program plans and ensure that staff is implementing all client plans as written. The BC will be in the home at least 10 hours per week to ensure that plans are being implemented as written, conduct observations and review of documentation, revise plans as indicated and train staff as needed. The Administrative staff completing the observations in the home will be ensuring that staff is implementing Client A and Client B's program plans to ensure the safety of Client A as well as all other clients in the home.</p> <p>Completion date: 01/4/2017</p>				

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PRINTED: 03/20/2017
FORM APPROVED
OMB NO. 0938-0391

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	<p>eye. The nurse was contacted and [client A] was taken to Urgent Care for evaluation."</p> <p>The 11/14/16 Investigation indicated, "Client's 1 on 1 staff were (sic) not in close proximity resulting in the incident occurring. Staff were not following protocol appropriately. All staff will be in-serviced on appropriate 1 on 1 training to prevent incidents of this nature from happening again. There is a pattern of occurrences between [client A] and [client B]."</p> <p>5. On 9/16/16 the BDDS report indicated, "A routine visit from the BDDS service coordinator was conducted on 9/16/16 and the following was reported during the visit. The home was out of ratio, 1 staff was present when the home called for 3 staff to be present, the staff member who was working was being picked up from work and his ride was standing in the yard of the group home upon service coordinator's arrival and [client B] reported staff are having non ResCare employees to the home, the front door to the home was left open and the alarm was off, medications were given late and narcotics were not double locked." The Plan to resolve was indicated as staff would be inserviced on the facility's no call no show policy, and the QIDP</p>						

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	<p>(Qualified Intellectual Disabilities Professional) would work with the Supervisor to ensure all shifts are covered.</p> <p>Client A's record was reviewed on 11/22/16 at 11:23 AM. Client A's 9/6/16 Medical Discharge Sheet (MDS) from [name of hospital] indicated a diagnosis of Lip Laceration. Client A's 9/18/16 MDS from [Emergency Room] indicated a diagnosis of head laceration with staples. Client A's 11/13/16 MDS from [hospital] indicated a diagnosis of Right eye/Orbital trauma to face.</p> <p>Client A's 9/27/16 BSP indicated, "[Client A] should be line of sight supervision, (close enough to physically intervene), and one to one in the shower." Client A's 9/27/16 BSP indicated the facility neglected to ensure facility staff implemented client A's BSP to ensure client A was monitored by staff to prevent client B from targeting client A.</p> <p>Client B's record was reviewed on 11/22/16 at 1:56 PM. Client B's 6/1/16 IDT (Interdisciplinary Team) indicated client B should be on 1:1 staffing due to issues with elopement. Client B's 9/27/16 BSP indicated client B had demonstrated physical aggression before moving to this home. The facility neglected to indicate</p>						

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	<p>how client B was to be monitored to prevent him from targeting/abusing client A.</p> <p>QIDP #1 was interviewed on 11/22/16 at 2:36 PM. QIDP #1 indicated client A should be within line of sight at all times. QIDP #1 indicated client B should be one on one within arm's distance at all times.</p> <p>Behavioral Consultant (BC) #1 was interviewed on 11/28/16 at 10:20 AM. BC #1 indicated she believed one staff could block client B, but she wasn't sure if one staff would be able to put client B in a YSIS (You're Safe I'm Safe Hold). BC #1 indicated she doesn't believe the staff are following the plans.</p> <p>This deficiency was cited on 7/29/16. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-4(a)</p>						