

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G749	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 01/25/2017
NAME OF PROVIDER OR SUPPLIER RES CARE SOUTHEAST INDIANA		STREET ADDRESS, CITY, STATE, ZIP CODE 16613 SIMA GRAY RD HENRYVILLE, IN 47126		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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 9/14/16.</p> <p>This visit was done in conjunction with the investigation of complaint #IN00219620.</p> <p>Dates of Survey: 1/20/17, 1/24/17 and 1/25/17.</p> <p>Facility Number: 011595 Provider Number: 15G749 AIMS Number: 200905630</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 2/6/17.</p>	W 0000		
W 0154 Bldg. 00	483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all			

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>alleged violations are thoroughly investigated.</p> <p>Based on record review and interview for 6 of 7 allegations of abuse, neglect or injuries of unknown origin reviewed, the facility failed to ensure a thorough investigation was completed of an allegation of neglect regarding clients A, B, C and D.</p> <p>Findings include:</p> <p>The facility's Bureau of Developmental Disabilities Services (BDDS) reports were reviewed on 1/24/17 at 1:30 PM. The BDDS reports indicated the following:</p> <p>BDDS report dated 11/29/16 for clients A, B, C and D indicated, "The ESN (Extensive Support Needs) group home [location] are (sic) required to have 3 staff members present during waking hours and 2 staff members present during night time, when all individuals are home. An anonymous call was received by the BDDS (Bureau of Developmental Disabilities Services) service coordinator, on 11/29/16, stating all 3 ESN homes were out of staffing ratio, and was (sic) frequently out of staffing ratio. No further details were given and the caller did not report their name. The facility was</p>	W 0154	<p>W154: The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Corrective Action: (Specific): The QA Manager will be re-trained on the completion of investigations for incidents that require an investigation be initiated.</p> <p>How others will be identified: (Systemic): The Program Manager and the QA Manager will meet at least twice weekly to review incident reports for the home to ensure that an investigation is initiated if required and the peer review will review investigations at least weekly to ensure that all investigations are thorough and completed timely.</p> <p>Measures to be put in place: The QA Manager will be re-trained on the completion of investigations for incidents that require an investigation</p>	02/24/2017

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	<p>contacted by the BDDS service coordinator in regards to the allegations. All 3 group homes were contacted and it was confirmed the homes had appropriate staffing and were not out of ratio. Inservices and training will be conducted with all staff to ensure they are following proper chain of command in regards to who to contact should there be issues in the homes, such as staffing ratios. There were no incidents or injuries reported as a result of this allegation. There were no staff suspended as a result of this allegation, all sites were within ratio."</p> <p>Staff time cards were reviewed on 1/24/17 at 3:00 PM. Staff time cards indicated the home was under ratio on the following days; 1st shift was run with one person on 1/2/17, half day 1/12/17, and 1/18/17. 1st shift was run with 2 people on 12/23/16, 12/25/16, 12/26/16, 12/28/16, 12/29/16, 12/30/16, 1/3/17, 1/5/17, 1/7/17, 1/8/17, 1/13/17, 1/16/17, 1/21/17, 1/22/17. 2nd shift was run with 1 person on 12/23/16, 12/24/16, 12/25/16, 12/28/16, 12/31/16, 1/1/17, 1/3/17, 1/14/17 and 1/15/17. 2nd shift was run with two people on 12/26/16, 12/27/16, 12/29/16, 1/2/17, 1/5/17, 1/6/17, 1/7/17, 1/8/17, 1/9/17, 1/10/17, 1/11/17, 1/12/17, 1/13/17, 1/16/17, 1/17/17, 1/18/17, 1/19/17, 1/20/17, 1/21/17, 1/22/17. Third shift was run</p>			<p>be initiated.</p> <p>Monitoring of Corrective Action: The Program Manager and the QA Manager will meet at least twice weekly to review incident reports for the home to ensure that an investigation is initiated if required and the peer review will review investigations at least weekly to ensure that all investigations are thorough and completed timely.</p> <p>Completion date: 2/24/2017</p>	

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W 0186 Bldg. 00	<p>with one staff on 12/26/16, 12/28/16 and 12/30/16. No investigation was completed for this incident.</p> <p>Program Manager (PM) #1 was interviewed on 1/24/17 at 3:30 PM. PM #1 indicated the home should have 3 staff on 1st shift, 3 staff on 2nd shift and 2 staff on overnight shift. PM #1 indicated the home was fully staffed. PM #1 indicated the facility did have trouble keeping staff. PM #1 indicated investigations should be completed for all allegations of abuse, neglect or injuries of unknown origin.</p> <p>9-3-2(a)</p> <p>483.430(d)(1-2) DIRECT CARE STAFF 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 (A and B), plus 2 additional clients (C and D), the facility</p>		W 0186	W186: The facility must provide sufficient direct care staff to manage and supervise clients in	02/24/2017

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	<p>failed to provide sufficient staffing. The facility failed to provide 3 staff on first and second shifts and 2 staff on third shift.</p> <p>Findings include:</p> <p>The facility's Bureau of Developmental Disabilities Services (BDDS) reports were reviewed on 1/24/17 at 1:30 PM. The BDDS reports indicated the following:</p> <p>BDDS report dated 11/29/16 for clients A, B, C and D indicated, "The ESN (Extensive Support Needs) group home [location] are (sic) required to have 3 staff members present during waking hours and 2 staff members present during night time, when all individuals are home. An anonymous call was received by the BDDS (Bureau of Developmental Disabilities Services) service coordinator, on 11/29/16, stating all 3 ESN homes were out of staffing ratio, and was (sic) frequently out of staffing ratio. No further details were given and the caller did not report their name. The facility was contacted by the BDDS service coordinator in regards to the allegations. All 3 group homes were contacted and it was confirmed the homes had appropriate staffing and were not out of ratio.</p> <p>Inservices and training will be conducted</p>		<p>accordance with their individual program plans.</p> <p>Corrective Action: (Specific): The Residential Manager will be re-trained on ensuring that the home is staffed according to the scheduled hours for the home.</p> <p>How others will be identified: (Systemic): 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 daily to ensure that the home is staffed according to the scheduled hours for the home</p> <p>Measures to be put in place: The Residential Manager will be re-trained on ensuring that the home is staffed according to the scheduled hours for the home.</p>	

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	<p>with all staff to ensure they are following proper chain of command in regards to who to contact should there be issues in the homes, such as staffing ratios. There were no incidents or injuries reported as a result of this allegation. There were no staff suspended as a result of this allegation, all sites were within ratio."</p> <p>Staff time cards were reviewed on 1/24/17 at 3:00 PM. Staff time cards indicated the home was under ratio on the following days: 1st shift was run with one person on 1/2/17, half day 1/12/17, and 1/18/17. 1st shift was run with 2 people on 12/23/16, 12/25/16, 12/26/16, 12/28/16, 12/29/16, 12/30/16, 1/3/17, 1/5/17, 1/7/17, 1/8/17, 1/13/17, 1/16/17, 1/21/17, 1/22/17. 2nd shift was run with 1 person on 12/23/16, 12/24/16, 12/25/16, 12/28/16, 12/31/16, 1/1/17, 1/3/17, 1/14/17 and 1/15/17. 2nd shift was run with two people on 12/26/16, 12/27/16, 12/29/16, 1/2/17, 1/5/17, 1/6/17, 1/7/17, 1/8/17, 1/9/17, 1/10/17, 1/11/17, 1/12/17, 1/13/17, 1/16/17, 1/17/17, 1/18/17, 1/19/17, 1/20/17, 1/21/17, 1/22/17. Third shift was run with one staff on 12/26/16, 12/28/16 and 12/30/16.</p> <p>Staff #1 was interviewed on 1/20/17 at 10:32 AM. Staff #1 indicated there were times when there were one or two staff</p>			<p>Monitoring of Corrective Action: 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 daily to ensure that the home is staffed according to the scheduled hours for the home</p> <p>Completion date: 2/24/2017</p>	

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	<p>working when there should be 3 staff.</p> <p>Program Manager (PM) #1 was interviewed on 1/24/17 at 3:30 PM. PM #1 indicated the home should have 3 staff on 1st shift, 3 staff on 2nd shift and 2 staff on overnight shift. PM #1 indicated the home was fully staffed. PM #1 indicated the facility did have trouble keeping staff.</p> <p>9-3-3(a)</p>				