

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G175	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	(X3) DATE SURVEY COMPLETED 12/05/2017
NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN		STREET ADDRESS, CITY, STATE, ZIP COD 3607 MIDDLE RD JEFFERSONVILLE, IN 47130		
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W 0000 Bldg. 00	<p>This visit was for the annual recertification and state licensure survey.</p> <p>Dates of Survey: November 27, 28, 29, December 1, 4 and 5, 2017.</p> <p>Facility Number: 000709 Provider Number: 15G175 AIMS Number: 100243190</p> <p>These federal deficiencies reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 12/20/17.</p>	W 0000		
W 0149 Bldg. 00	<p>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.</p> <p>Based on record review and interview for 1 of 4 sampled clients (#3) and 2 additional clients (#6 and #7), for 1 of 10 of reportable incidents (Bureau of Developmental Disabilities Services/BDDS report) of abuse/neglect reviewed, the facility failed to ensure the facility's neglect/abuse/mistreatment policy was</p>	W 0149	<p>W149: The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p>Corrective Action: (Specific): All staff in the home will be re-trained on the operation standard for reporting and</p>	01/04/2018

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 other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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>implemented in regards to staff to client verbal/emotional abuse.</p> <p>Findings include:</p> <p>The facility's Bureau of Developmental Disabilities Services/BDDS reports, incident reports and investigations were reviewed on 11/27/17 at 1:00 PM and indicated the following:</p> <p>An Investigation dated 6/21-26/17 indicated staff #9 was investigated for inappropriate verbalizations (cursing) toward clients #3, #6, and #7. The allegation was substantiated and staff #9 was terminated.</p> <p>Interview was conducted with Quality Assurance Manager staff on 11/27/17 at 1:30 PM indicated staff to client verbal abuse (cursing) was prohibited according the agency policy.</p> <p>The agency's revised policy dated 9/17/17 was reviewed on 11/28/17 at 2:30 PM and indicated, in part, the following:</p> <p>"Operation Standard Reporting and Investigating Abuse, Neglect, Exploitation, Mistreatment or Violation of an Individual's Rights</p>		<p>investigating allegations of abuse, neglect, exploitation, mistreatment and violation of individual rights.</p> <p>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 per policy and will notify the team of any incidents that is reported that needs an investigation. They will then submit the BDDS report and start an investigation. The Peer review team and the administrator will review the investigation within five days. The QA Manager will oversee QA coordinator to ensure that all incidents of abuse and neglect are addressed and have preventative measures implemented.</p> <p>Measures to be put in place: All staff in the home will be re-trained on the operation standard for reporting and investigating allegations of abuse, neglect, exploitation, mistreatment and violation of individual rights.</p> <p>Monitoring of Corrective Action: Quality Assurance will review all incidents daily to ensure that incidents of abuse</p>	

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	<p>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 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.</p> <p>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</p>			<p>and neglect are addressed and have preventative measures put in place per policy and will notify the team of any incidents that is reported that needs an investigation. They will then submit the BDDS report and start an investigation. The Peer review team and the administrator will review the investigation within five days. The QA Manager will oversee QA coordinator to ensure that all incidents of abuse and neglect are addressed and have preventative measures implemented.</p> <p>Completion date: 01.04.17</p>	

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	<p>treatment or care or use of bathroom facilities. Program Implementation/Intervention: Failure to provide goods and/or services necessary 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....</p> <p>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.</p> <p>Procedures:</p> <ol style="list-style-type: none"> 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 			

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	<p>report the suspected abuse, neglect, exploitation, mistreatment or violations of Individual's rights within 24 hours of the initial report to the appropriate contacts....</p> <p>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.</p> <p>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</p>			

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	investigation file will include the following components: a clear statement indicating why the 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			

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	<p>federal or state regulations were not 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.</p> <p>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."</p> <p>9-3-2(a)</p>			

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W 0210 Bldg. 00	<p>483.440(c)(3) INDIVIDUAL PROGRAM PLAN</p> <p>Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission.</p> <p>Based on observation, record review and interview for 1 of 4 sampled clients (#3), the facility failed to assess client #3 in regards to impulse behaviors he exhibited (inappropriate touching of others) to assist him in being successful in a work setting.</p> <p>Findings include:</p> <p>Observations were conducted on 11/28/17 from 6:00 AM until 12:15 PM. Client #3, who used a collapsible type wheelchair for mobility, did not attend a day program and no alternate program was provided at the facility during the observation period. Client #3 was in the living room watching television. The client also slept while reclining in front of the television.</p> <p>The facility's Bureau of Developmental Disabilities Services/BDDS reports, incident reports and investigations were reviewed on 11/27/17 at 1:00 PM and indicated the following:</p> <p>Client #3 had the following BDDS reports from the day program in regards to</p>	W 0210	<p>W210: Individual Program Plans: within 30 days after admission, the interdisciplinary team must perform accurate assessments as needed to supplement the preliminary evaluation conducted prior to admission.</p> <p>Corrective Action: (Specific): The QIDP is working with the local day services to complete a packet to try and get client #3 into a day service. Client #3 will attend the ResCare day service till a community day service is found. The QIDP will review all assessments to ensure they are accurate and no changes need to be made. The nurse and the QIDP will work together to get an assessment from a qualified agency that specializes in individuals with TBI'S.</p> <p>How others will be identified: (Systemic): The QIDP will re-trained on active treatment services as it relates to obtaining a day service</p>	01/04/2018

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	<p>inappropriate sexual behavior/touching other co-workers: On 2/24/17, client #3 kissed a female co-worker. On 2/27/17, client #3 held the hand of a female co-worker.</p> <p>Review of client #3's record on 11/29/17 at 3:57 PM indicated an IDT (Interdisciplinary Team) note by former QIDP #2 (date unknown) which indicated client #3 had a third "sexual inappropriate BDDS reportable" from the day service provider and his placement there would be terminated. The IDT indicated client #3 had a Behavior Support Plan/BSP of 11/7/17 which addressed inappropriate sexual behavior (unwanted advances of kissing and touching others). The record review indicated an Assessment of Pre-Requisite Vocational Skills dated 6/12/17 completed by the Area Supervisor. The assessment indicated client #3 could perform simple work like parts assembly with minimal supervision. The record review indicated an ISP/Individualized Support Plan dated 12/01/17 which indicated his diagnoses included, but were not limited to, mild level of intellectual Disability, Impulse Control Disorder, history of Traumatic Brain Injury (TBI) in 1992 (car wreck), and right side paralysis. No assessment of special</p>			<p>provider that meet criteria and certification requirements established by the division of aging and meets the clients active treatment needs set forth in the program plan. Day Service attendance will be reviewed on the day service attendance form by the QIDP at least weekly to ensure that all clients are attending day service as scheduled.</p> <p>Measures to be put in place: The QIDP is working with the local day services to complete a packet to try and get client #3 into a day service. Client #3 will attend the ResCare day service till a community day service is found. The QIDP will review all assessments to ensure they are accurate and no changes need to be made. The nurse and the QIDP will work together to get an assessment from a qualified agency that specializes in individuals with TBI'S.</p> <p>Monitoring of Corrective Action: The QIDP will re-trained on active treatment services as it relates to obtaining a day service provider that meet criteria and certification requirements established by the division of</p>

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W 0249 Bldg. 00	<p>needs in regards to the client's TBI by specialists in that particular field was included in the client's record.</p> <p>An interview conducted with the Assistant Executive Director on 12/05/17 at 4:09 PM indicated client #3 had not attended a day program regularly since the summer of 2017. (QIDP/Qualified Intellectual Disabilities Professional #1 was unavailable for interview).</p> <p>Interview with LPN #1 on 12/05/17 at 1:22 PM indicated client #3 had a traumatic brain injury/TBI and his short term memory was affected. The interview indicated client #3 could benefit from an assessment from a qualified agency who specialized in habilitation for people who had TBIs.</p> <p>9-3-4(a)</p> <p>483.440(d)(1) PROGRAM IMPLEMENTATION 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</p>		<p>aging and meets the clients active treatment needs set forth in the program plan. Day Service attendance will be reviewed on the day service attendance form by the QIDP at least weekly to ensure that all clients are attending day service as scheduled.</p> <p>Completion date: 01.04.17</p>	

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	<p>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 1 of 4 sampled clients (#4), the facility failed to implement client #4's mealtime program.</p> <p>Findings include:</p> <p>Observations were conducted at the facility on 11/27/17 from 4:20 PM until 6:30 PM and on 11/28/17 from 6:00 AM until 12:15 PM. Client #4 was observed during the evening meal and required verbal prompting to slow the pace of his eating. During breakfast on 11/28/17 at 6:45 AM, client #4 ate raisin toast he prepared but did not cut up into 16 pieces. The Area Supervisor/AS #3 sat beside client #4 but was unable (he ignored physical prompts) to redirect client #4 to cut his toast into 16 pieces. The client made his breakfast rapidly and ate it rapidly.</p> <p>The facility's investigations were reviewed on 11/27/17 at 1:00 PM and indicated an investigation on January 3rd through the 9th of 2017 wherein client #4 had choked during a meal of ham, beans and cornbread. The investigation indicated client #4's food was cut into 16 pieces according to his plan.</p>	W 0249	<p>W249: 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>Corrective Action: (Specific): All staff at the home will be retrained on the operation standards for reporting and investigating abuse, neglect, exploitation, mistreatment or violation of an individual's rights, the choking and coughing policy and all client dining plans.</p> <p>How others will be identified: (Systemic): The site Supervisor will be in the home at least five times weekly to ensure client dining plans are implemented as written and observing at least two meals daily. The area Supervisor will be in the home at least twice weekly to ensure that all client dining plans are</p>	01/04/2018

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	<p>He indicated distress and staff #8 performed the Heimlich Maneuver twice and client #4 spit up a piece of ham. 911 had been called. Client #4 was checked by the EMTs/Emergency Medical Technicians when the ambulance arrived. The investigation indicated client #4 "suffered no ill effects" from the incident. The investigation indicated staff were following the client's dining plan and followed the agency's choking protocol during the time of the incident. The investigation's recommendations, included in part, to retrain staff and follow the adjusted dining plan.</p> <p>Review of client #4's record on 12/01/17 at 1:00 PM indicated a 10/05/17 Health Risk Plan "Potential for Choking." The approach component of the Risk Plan indicated:</p> <ul style="list-style-type: none"> 1. Staff will administer meals per diet as ordered by physician. 2. Staff will assist with eating and cut breads (sandwiches) into 16 pieces." <p>On 11/28/17 at 6:45 AM, AS #3 indicated client #4's toast should have been cut into 16 pieces. QIDP/Qualified Intellectual Disabilities Professional #1 was unavailable for interview.</p> <p>9-3-4(a)</p>			<p>being implemented as written, and completing two meal observations weekly. The QIDP will be in the home at least twice weekly to ensure that all client dining plans are being implemented as written that all interventions are implemented and all policies are being followed. The QIDP will review and make changes to the ISP to and develop a more effective methodology to help the client eat safely per his dining plan. The nurse will be in the home at least once weekly to ensure that client dining plans are being followed during meals and completing two meal observations weekly.</p> <p>Measures to be put in place: The staff will be retrained on the operation standards for reporting and investigating abuse, neglect, exploration, mistreatment or violation of an individual's rights. The staff will be retrained on the choking and coughing policy. The staff will be retrained on all clients dining plans.</p> <p>Monitoring of Corrective Action: The site Supervisor will be in the home at least five times weekly to ensure client dining plans are implemented</p>

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W 9999 Bldg. 00	State Findings: The following Community Residential Facilities for Persons with Developmental		W 9999	<p>as written and observing at least two meals daily. The area Supervisor will be in the home at least twice weekly to ensure that all client dining plans are being implemented as written, and completing two meal observations weekly.</p> <p>The QIDP will be in the home at least twice weekly to ensure that all client dining plans are being implemented as written that all interventions are implemented and all policies are being followed. The QIDP will review and make changes to the ISP to and develop a more effective methodology to help the client eat safely per his dining plan. The nurse will be in the home at least once weekly to ensure that client dining plans are being followed during meals and completing two meal observations weekly.</p> <p>Completion date: 01.04.17</p> <p>W9999: The following Community Residential Facilities for Persons with Developmental Disabilities rule was not met 460 IAC 9-3-4</p>	01/04/2018

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G175	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 12/05/2017
NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN		STREET ADDRESS, CITY, STATE, ZIP COD 3607 MIDDLE RD JEFFERSONVILLE, IN 47130		
(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
	<p>Disabilities rule was not met:</p> <p>460 IAC 9-3-4 Active Treatment Services.</p> <p>(b) The provider shall obtain day services for each resident which: (1) meet the criteria and certification requirements established by the division of aging and rehabilitative services for all day service providers; (2) meet the resident's active treatment needs set forth in the resident's individual program plan as determined by the interdisciplinary team conference with preference for services in the least restrictive environment.</p> <p>This state rule was not met as evidenced by:</p> <p>Based on observation, record review and interview, the facility failed to meet the active treatment needs pertaining to day services programming for 1 of 4 sampled clients (#3).</p> <p>Findings include:</p> <p>Client #3 was observed to be at the facility on 11/28/17 from 6:00 AM until 12:00 PM. The client did not go to a day program with his peers. The client was observed to be asleep in a recliner in front of the television on 11/28/17 at 11:00 AM. No alternative day service was observed to be provided</p>		<p>Active Treatment (b) The provider shall obtain day services for each resident which: (1) meet criteria and certification requirements established by the division of aging and rehabilitative services for all day service providers; (2) meet the residents individual program plan as determined by the interdisciplinary team conference with preference for services in the least restrictive environment.</p> <p>Corrective Action: (Specific): The QIDP is working with the local day services to complete a packet to try and get client #3 into a day service. Client #3 will attend the ResCare day service till a community day service is found.</p> <p>How others will be identified: (Systemic): The QIDP will re-trained on active treatment services as it relates to obtaining a day service provider that meet criteria and certification requirements established by the division of aging and meets the clients active treatment needs set forth in the program plan. Day Service attendance will be reviewed on the day service attendance form by the QIDP</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G175	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 12/05/2017
NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN		STREET ADDRESS, CITY, STATE, ZIP COD 3607 MIDDLE RD JEFFERSONVILLE, IN 47130		
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	<p>for client #3.</p> <p>Review of client #3's record on 11/29/17 at 3:57 PM indicated an Assessment of Pre-Requisite Vocational Skills dated 6/12/17 completed by the Area Supervisor. The assessment indicated client #3 could perform simple work like parts assembly with minimal supervision.</p> <p>An interview conducted with the Assistant Executive Director on 12/05/17 at 4:09 PM indicated client #3 had not attended a day program regularly since the summer of 2017. (QIDP/Qualified Intellectual Disabilities Professional #1 was unavailable for interview). The interview indicated the client had been to the facility run day program but refused to attend on a daily basis.</p> <p>9-3-4(b)(1)(2)</p>		<p>at least weekly to ensure that all clients are attending day service as scheduled.</p> <p>Measures to be put in place: The QIDP is working with the local day services to complete a packet to try and get client #3 into a day service. Client #3 will attend the ResCare day service till a community day service is found.</p> <p>Monitoring of Corrective Action: The QIDP will re-trained on active treatment services as it relates to obtaining a day service provider that meet criteria and certification requirements established by the division of aging and meets the clients active treatment needs set forth in the program plan. Day Service attendance will be reviewed on the day service attendance form by the QIDP at least weekly to ensure that all clients are attending day service as scheduled.</p> <p>Completion date: 01.04.17</p>	