

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

PRINTED: 04/26/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G749		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 02/06/2018	
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 the investigation of complaint #IN00250168.</p> <p>Complaint #IN00250168: Unsubstantiated, due to lack of sufficient evidence.</p> <p>Unrelated deficiencies cited.</p> <p>Dates of Survey: 2/1/18, 2/2/18, 2/5/18 and 2/6/18.</p> <p>Facility Number: 011595 Provider Number: 15G749 AIMS Number: 200905630</p> <p>These deficiencies reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 2/19/18.</p>			W 0000			
W 0102 Bldg. 00	<p>483.410 GOVERNING BODY AND MANAGEMENT The facility must ensure that specific governing body and management requirements are met.</p> <p>Based on observation, interview and record review for 2 of 2 sampled clients (A and B) plus 2 additional clients (C and D), the facility failed to meet the Condition of Participation: Governing Body. The governing body failed to ensure clients had the opportunity to participate in community activities. The governing body neglected to implement its written policy and procedures in regard to reporting to BDDS (Bureau of Developmental Disabilities Service) within 24 hours of administration knowledge of reported neglect by staff. The governing body neglected to implement its written policy and procedures to prevent neglect of clients A, B, C and D by not having sufficient</p>			W 0102	<p>W102: The facility must ensure that specific governing body and management requirements are met.</p> <p>Corrective Action: (Specific): All staff at the home will be re-trained on the Operation Standard for reporting and investigating allegations of abuse neglect exploitation mistreatment or violation of individual rights. The Site Supervisor will submit a schedule to the Area Supervisor daily to ensure the location is within ratio. The Area Supervisor will be</p>		03/08/2018

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 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>staffing for an ESN (Extensive Special Needs) home. The governing body failed to ensure allegations of abuse/mistreatment regarding client A were reported to the BDDS (Bureau of Developmental Disabilities Services) within 24 hours of the governing body's knowledge of the allegations in accordance with state law.</p> <p>For 2 of 2 sampled clients (A and B) plus 2 additional clients (C and D), the governing body failed to meet the Condition of Participation: Facility Staffing. The governing body failed to provide adequate staff so clients could participate in outings, day service, workshop and program implementation. The governing body failed to provide adequate staff to keep the ESN (Extensive Special Needs) home within ratio for clients A, B, C and D.</p> <p>For 2 of 2 sampled clients (A and B) plus 2 additional clients (C and D), the governing body failed to meet the Condition of Participation: Client Protections. The governing body neglected to implement its written policy and procedures in regard to reporting to BDDS (Bureau of Developmental Disabilities Service) within 24 hours of administration knowledge of reported neglect by staff. The governing body neglected to implement its written policy and procedures to prevent neglect of clients A, B, C and D by not having sufficient staffing for an ESN (Extensive Special Needs) home. The governing body failed to ensure allegations of abuse/mistreatment regarding client A were reported to the BDDS (Bureau of Developmental Disabilities Services) within 24 hours of the governing body's knowledge of the allegations in accordance with state law.</p> <p>Findings include:</p> <p>1. For 2 of 2 sampled clients (A and B) plus 2 additional clients (C and D), the governing body</p>		<p>submitting the schedule daily to the Program Manager and Executive Director to ensure the location is within ratio. The Area Supervisor will be retrained on ensuring the staffing ratios are consistent with the locations schedule per the regulations for the ESN home. The QIDP will be retrained to ensure that Active Treatment is provided per the client's active treatment programming plans. The Quality Assurance Manager will be re-trained on the Operation Standard for reporting and investigating allegations of abuse neglect exploitation mistreatment or violation of individual rights. The Quality Assurance Manager will also be put on a Performance Plan and will meet weekly with the Executive Director.</p> <p>How others will be identified: (Systemic): The Site Supervisor will be in the home at least five times weekly and the Area Supervisor will be in the home at least twice weekly to ensure the Operation Standard for reporting and investigating allegations of abuse neglect exploitation mistreatment or violation of individual rights policy is being followed. The QIDP will be in the home daily to ensure that the active treatment program plans are being implemented. Upper Management will be in the home at least twice monthly to ensure the Operation Standard for reporting and investigating allegations of abuse neglect exploitation mistreatment or violation of individual rights policy</p>				

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	<p>neglected to implement its written policy and procedures to report to BDDS (Bureau of Developmental Disabilities Service) within 24 hours of administration knowledge of reported neglect by staff. The governing body neglected to implement its written policy and procedures to prevent neglect of clients A, B, C and D by not having sufficient staffing for an ESN (Extensive Special Needs) home. The governing body failed to ensure clients had the opportunity to participate in community activities. The governing body failed to ensure allegations of abuse/mistreatment regarding client A were reported to the BDDS (Bureau of Developmental Disabilities Services) within 24 hours of the governing body's knowledge of the allegations in accordance with state law. For 2 of 2 sampled clients (A and B) plus 2 additional clients (C and D), the QIDP (Qualified Intellectual Disabilities Professional) failed to provide adequate staff so clients could participate in active treatment. For 2 of 2 sampled clients (A and B) plus 2 additional clients (C and D), the governing body failed to provide adequate staff to keep the ESN (Extensive Special Needs) home within ratio. For 2 of 2 sampled clients (A and B) plus 1 additional client (C), the governing body failed to implement programs for clients A, B and C at all times possible. For 2 of 2 sampled clients (A and B) plus 1 additional client (C), the governing body failed to implement clients A, B and C's active treatment schedules. Please see W104.</p> <p>2. For 2 of 2 sampled clients (A and B) plus 2 additional clients (C and D), the governing body failed to ensure clients had the opportunity to participate in community activities. The governing body neglected to implement its written policy and procedures to prevent abuse in regard to reporting to BDDS (Bureau of Developmental Disabilities Service) within 24 hours of administration knowledge of reported neglect by staff. The governing body neglected to implement its written</p>		<p>is being followed.</p> <p>Measures to be put in place: All staff at the home will be re-trained on the Operation Standard for reporting and investigating allegations of abuse neglect exploitation mistreatment or violation of individual rights. The Site Supervisor will submit a schedule to the Area Supervisor daily to ensure the location is within ratio. The Area Supervisor will be submitting the schedule daily to the Program Manager and Executive Director to ensure the location is within ratio. The Area Supervisor will be retrained on ensuring the staffing ratios are consistent with the locations schedule per the regulations for the ESN home. The QIDP will be retrained to ensure that Active Treatment is provided per the client's active treatment programming plans. The Quality Assurance Manager will be re-trained on the Operation Standard for reporting and investigating allegations of abuse neglect exploitation mistreatment or violation of individual rights. The Quality Assurance Manager will also be put on a Performance Plan and will meet weekly with the Executive Director.</p> <p>Monitoring of Corrective: The Site Supervisor will be in the home at least five times weekly and the Area Supervisor will be in the home at least twice weekly to ensure the Operation Standard for reporting and investigating allegations of abuse neglect exploitation mistreatment or violation of</p>				

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W 0104 Bldg. 00	<p>policy and procedures to prevent neglect of clients A, B, C and D by not having sufficient staffing for an ESN (Extensive Special Needs) home. The governing body failed to ensure allegations of abuse/mistreatment regarding client A were reported to the BDDS (Bureau of Developmental Disabilities Services) within 24 hours of the governing body's knowledge of the allegations in accordance with state law. Please see W122.</p> <p>3. For 2 of 2 sampled clients (A and B) plus 2 additional clients (C and D), the governing body failed to meet the Condition of Participation: Facility Staffing. The governing body failed to provide adequate staff so clients could participate in outings, day service, workshop and program implementation. The governing body failed to provide adequate staff to keep the ESN (Extensive Special Needs) home within ratio for clients A, B, C and D. Please see W158.</p> <p>9-3-1(a)</p> <p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based on observation, record review and interview for 2 of 2 sampled clients (A and B) plus 2 additional clients (C and D), the governing body neglected to implement its written policy and procedures to report to BDDS (Bureau of Developmental Disabilities Service) within 24 hours of administration knowledge of reported neglect by staff. The governing body neglected to implement its written policy and procedures to prevent neglect of clients A, B, C and D by having insufficient staffing for an ESN (Extensive Special Needs) home. For 2 of 2 sampled clients (A and B), the governing body failed to ensure clients had the opportunity to</p>			W 0104	<p>individual rights policy is being followed. The QIDP will be in the home daily to ensure that the active treatment program plans are being implemented. Upper Management will be in the home at least twice monthly to ensure the Operation Standard for reporting and investigating allegations of abuse neglect exploitation mistreatment or violation of individual rights policy is being followed. Completion date: 03.08.18</p> <p>W104: The governing body must exercise general policy, budget, and operating direction over the facility. Corrective Action: (Specific): All staff at the home will be re-trained on the Operation Standard for reporting and investigating allegations of abuse neglect exploitation mistreatment or violation of individual rights. The Site Supervisor will submit a schedule to the Area Supervisor daily to ensure the location is within</p>		03/08/2018

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	<p>participate in community activities. The governing body failed to ensure allegations of abuse/mistreatment regarding client A were reported to the BDDS (Bureau of Developmental Disabilities Services) within 24 hours of the governing body's knowledge of the allegations in accordance with state law. For 2 of 2 sampled clients (A and B) plus 2 additional clients (C and D), the governing body failed to provide oversight of the QIDP (Qualified Intellectual Disabilities Professional) to provide adequate staff so clients could participate in active treatment. For 2 of 2 sampled clients (A and B) plus 2 additional clients (C and D), the governing body failed to provide adequate staff to keep the ESN (Extensive Special Needs) home within ratio. For 2 of 2 sampled clients (A and B) plus 1 additional client (C), the governing body failed to implement programs for clients A, B and C at all times possible. For 2 of 2 sampled clients (A and B) plus 1 additional client (C), the governing body failed to implement clients A, B and C's active treatment schedules.</p> <p>Findings include:</p> <ol style="list-style-type: none"> For 2 of 2 sampled clients (A and B), the governing body failed to ensure clients had the opportunity to participate in community activities. Please see W136. For 2 of 2 sampled clients (A and B) plus 2 additional clients (C and D), the governing body neglected to implement its written policy and procedures to report to BDDS (Bureau of Developmental Disabilities Service) within 24 hours of administration knowledge of reported neglect by staff. The governing body neglected to implement its written policy and procedures to prevent neglect of clients A, B, C and D by not having sufficient staffing for an ESN (Extensive Special Needs) home. Please see W149. 		<p>ratio. The Area Supervisor will be submitting the schedule daily to the Program Manager and Executive Director to ensure the location is within ratio. The Area Supervisor will be retrained on ensuring the staffing ratios are consistent with the locations schedule per the regulations for the ESN home. The QIDP will be retrained to ensure that Active Treatment is provided per the client's active treatment programming plans. The Quality Assurance Manager will be re-trained on the Operation Standard for reporting and investigating allegations of abuse neglect exploitation mistreatment or violation of individual rights. The Quality Assurance Manager will also be put on a Performance Plan and will meet weekly with the Executive Director.</p> <p>How others will be identified: (Systemic): The Site Supervisor will be in the home at least five times weekly and the Area Supervisor will be in the home at least twice weekly to ensure the Operation Standard for reporting and investigating allegations of abuse neglect exploitation mistreatment or violation of individual rights policy is being followed. The QIDP will review and revise all active treatment programming plans. The QIDP will be in the home daily to ensure that the active treatment program plans are being implemented. Upper Management will be in the home at least twice monthly to ensure the</p>				

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	<p>3. For 1 of 9 allegations of abuse, neglect or mistreatment reviewed, the governing body failed to ensure allegations of abuse/mistreatment regarding client A were reported to the BDDS (Bureau of Developmental Disabilities Services) within 24 hours of the governing body's knowledge of the allegations in accordance with state law. Please see W153.</p> <p>4. For 2 of 2 sampled clients (A and B) plus 2 additional clients (C and D), the QIDP (Qualified Intellectual Disabilities Professional) failed to provide adequate staff so clients could participate in active treatment. Please see W159.</p> <p>5. For 2 of 2 sampled clients (A and B) plus 2 additional clients (C and D), the governing body failed to provide adequate staff to keep the ESN (Extensive Special Needs) home within ratio. Please see W186.</p> <p>6. For 2 of 2 sampled clients (A and B) plus 1 additional client (C), the governing body failed to implement programs for clients A, B and C at all times possible. Please see W249.</p> <p>7. For 2 of 2 sampled clients (A and B) plus 1 additional client (C), the governing body failed to implement clients A, B and C's active treatment schedules. Please see W250.</p> <p>9-3-1(a)</p>		<p>Operation Standard for reporting and investigating allegations of abuse neglect exploitation mistreatment or violation of individual rights policy is being followed.</p> <p>Measures to be put in place: All staff at the home will be re-trained on the Operation Standard for reporting and investigating allegations of abuse neglect exploitation mistreatment or violation of individual rights. The Site Supervisor will submit a schedule to the Area Supervisor daily to ensure the location is within ratio. The Area Supervisor will be submitting the schedule daily to the Program Manager and Executive Director to ensure the location is within ratio. The Area Supervisor will be retrained on ensuring the staffing ratios are consistent with the locations schedule per the regulations for the ESN home. The QIDP will be retrained to ensure that Active Treatment is provided per the client's active treatment programming plans. The Quality Assurance Manager will be re-trained on the Operation Standard for reporting and investigating allegations of abuse neglect exploitation mistreatment or violation of individual rights. The Quality Assurance Manager will also be put on a Performance Plan and will meet weekly with the Executive Director.</p> <p>Monitoring of Corrective Action: The Site Supervisor will be in the home at least five times weekly</p>				

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W 0122 Bldg. 00	<p>483.420 CLIENT PROTECTIONS The facility must ensure that specific client protections requirements are met. Based on observation, interview and record review for 2 of 2 sampled clients (A and B) plus 2 additional clients (C and D), the facility failed to ensure the Condition of Participation: Client Protections was met. The facility failed to ensure clients had the opportunity to participate in community activities. The facility neglected to implement its written policy and procedures to prevent abuse in regard to reporting to BDDS (Bureau of Developmental Disabilities Service) within 24 hours of administration knowledge of reported neglect by staff. The facility neglected to implement its written policy and procedures to</p>			W 0122	<p>and the Area Supervisor will be in the home at least twice weekly to ensure the Operation Standard for reporting and investigating allegations of abuse neglect exploitation mistreatment or violation of individual rights policy is being followed. The QIDP will review and revise all active treatment programming plans. The QIDP will be in the home daily to ensure that the active treatment program plans are being implemented. Upper Management will be in the home at least twice monthly to ensure the Operation Standard for reporting and investigating allegations of abuse neglect exploitation mistreatment or violation of individual rights policy is being followed.</p> <p>Completion date: 03.08.18</p> <p>W122: The facility must ensure that specific client protections requirements are met. Corrective Action: (Specific): All staff at the home will be re-trained on the Operation Standard for reporting and investigating allegations of abuse neglect exploitation mistreatment or violation of individual rights. The Site Supervisor will submit a schedule to the Area Supervisor daily to ensure the location is within ratio. The Area Supervisor will be</p>		03/08/2018

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	<p>prevent neglect of clients A, B, C and D by not having sufficient staffing for an ESN (Extensive Special Needs) home. The facility failed to ensure allegations of abuse/mistreatment regarding client A were reported to the BDDS (Bureau of Developmental Disabilities Services) within 24 hours of the facility's knowledge of the allegations in accordance with state law.</p> <p>Findings include:</p> <p>1. The facility failed to ensure clients A and B had the opportunity to participate in community activities. Please see W136.</p> <p>2. The facility neglected to implement its written policy and procedures to report to BDDS within 24 hours of administration knowledge of reported neglect by staff. The facility neglected to implement its written policy and procedures to prevent neglect of clients A, B, C and D by not having sufficient staffing for an ESN (Extensive Special Needs) home. Please see W149.</p> <p>3. The facility failed to ensure allegations of abuse/mistreatment regarding 1 of 2 sampled clients (client A), were reported to the BDDS (Bureau of Developmental Disabilities Services) within 24 hours of the facility's knowledge of the allegations in accordance with state law. Please see W153.</p> <p>9-3-2(a)</p>		<p>submitting the schedule daily to the Program Manager and Executive Director to ensure the location is within ratio. The Area Supervisor will be retrained on ensuring the staffing ratios are consistent with the locations schedule per the regulations for the ESN home. The QIDP will be retrained to ensure that Active Treatment is provided per the client's active treatment programming plans. The Quality Assurance Manager will be re-trained on the Operation Standard for reporting and investigating allegations of abuse neglect exploitation mistreatment or violation of individual . The Quality Assurance Manager will also be put on a Performance Plan and will meet weekly with the Executive Director.</p> <p>How others will be identified: (Systemic): The Site Supervisor will be in the home at least five times weekly and the Area Supervisor will be in the home at least twice weekly to ensure the Operation Standard for reporting and investigating allegations of abuse neglect exploitation mistreatment or violation of individual rights policy is being followed. The QIDP will be in the home daily to ensure that the active treatment program plans are being implemented. Upper Management will be in the home at least twice monthly to ensure the Operation Standard for reporting and investigating allegations of abuse neglect exploitation mistreatment</p>				

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					<p>or violation of individual rights policy is being followed.</p> <p>Measures to be put in place: All staff at the home will be re-trained on the Operation Standard for reporting and investigating allegations of abuse neglect exploitation mistreatment or violation of individual rights. The Site Supervisor will submit a schedule to the Area Supervisor daily to ensure the location is within ratio. The Area Supervisor will be submitting the schedule daily to the Program Manager and Executive Director to ensure the location is within ratio. The Area Supervisor will be retrained on ensuring the staffing ratios are consistent with the locations schedule per the regulations for the ESN home. The QIDP will be retrained to ensure that Active Treatment is provided per the client's active treatment programming plans. The Quality Assurance Manager will be re-trained on the Operation Standard for reporting and investigating allegations of abuse neglect exploitation mistreatment or violation of individual rights. The Quality Assurance Manager will also be put on a Performance Plan and will meet weekly with the Executive Director.</p> <p>Monitoring of Corrective Action:): The Site Supervisor will be in the home at least five times weekly and the Area Supervisor will be in the home at least twice weekly to ensure the Operation Standard for</p>		

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W 0136 Bldg. 00	<p>483.420(a)(11) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the opportunity to participate in social, religious, and community group activities.</p> <p>Based on record review and interview for 2 of 2 sampled clients (A and B), the facility failed to ensure clients had the opportunity to participate in community activities.</p> <p>Findings include:</p> <p>Client A's record was reviewed on 2/2/18 at 10:00 AM. Client A's record did not include any documentation of community outings.</p> <p>Client B's record was reviewed on 2/2/18 at 12:00 PM. Client B's record did not include any documentation of community outings.</p> <p>Client A was interviewed on 2/1/18 at 10:00 AM.</p>			W 0136	<p>reporting and investigating allegations of abuse neglect exploitation mistreatment or violation of individual rights policy is being followed. The QIDP will be in the home daily to ensure that the active treatment program plans are being implemented. Upper Management will be in the home at least twice monthly to ensure the Operation Standard for reporting and investigating allegations of abuse neglect exploitation mistreatment or violation of individual rights policy is being followed.</p> <p>Completion date: 03.08.18</p> <p>W136: The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the opportunity to participate in social, religious, and community group activities.</p> <p>Corrective Action: (Specific): The Site Supervisor will be retrained on ensuring the location is within ratio at all times. The Site Supervisor will submit a schedule to the Area Supervisor daily to ensure the location is within ratio. The Area Supervisor will be submitting the schedule daily to the Program Manager and Executive Director to ensure the location is</p>		03/08/2018

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G749		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 02/06/2018	
NAME OF PROVIDER OR SUPPLIER RES CARE SOUTHEAST INDIANA				STREET ADDRESS, CITY, STATE, ZIP CODE 16613 SIMA GRAY RD HENRYVILLE, IN 47126			
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	<p>Client A indicated they (clients) could not go to workshop today because they did not have enough staff. Client A indicated he would like to go on outings but most of the time it wasn't possible due to the lack of staff.</p> <p>Client B was interviewed on 2/1/18 at 10:30 AM. Client B indicated they (clients) didn't get to go anywhere because there were not enough staff to take them.</p> <p>Staff #1 was interviewed on 2/1/18 at 10:05 AM. Staff #1 indicated there were only 2 staff in the home. Staff #1 indicated the staff at this house will often be sent to another home. Staff #1 indicated this would leave the home under ratio. Staff #1 indicated clients could not go on outings or go to day program because the house did not have enough staff.</p> <p>Staff #2 was interviewed on 2/1/18 at 10:10 AM. Staff #2 indicated the staff from the home was often sent to another home. Staff #2 indicated if they (staff) refused to go to another home they would have to clock out and be sent home. Staff #2 indicated the home would then be out of ratio again. Staff #2 indicated it was not fair to clients to not have adequate amount of staff. Staff #2 indicated when the home was out of ratio it puts clients and staff in danger. Staff #2 indicated clients could not go on outings or go to day program because the house did not have enough staff.</p> <p>AED (Assistant Executive Director) #1 was interviewed on 2/2/18 at 1:30 PM. AED #1 indicated when there were not enough staff clients would not be able to go on outings. AED #1 indicated the staff at the home would be sent to other homes if the need was present. AED #1 indicated this would put the home out of ratio.</p>		<p>within ratio. The Area Supervisor will be retrained on ensuring the staffing ratios are consistent with the locations schedule per the regulations for the ESN home. The QIDP will be retrained to ensure that Active Treatment is provided per the client's active treatment programming plans.</p> <p>How others will be identified: (Systemic): The Site Supervisor will submit a schedule to the Area Supervisor daily to ensure the location is within ratio. The Area Supervisor will be submitting the schedule daily to the Program Manager and Executive Director to ensure the location is within ratio. The QIDP will be in the home daily to ensure that the active treatment program plans are being implemented and will review all active treatment plans and revise and retrain if needed. Upper Management will be in the home at least twice monthly for observations.</p> <p>Measures to be put in place: The Site Supervisor will be retrained on ensuring the location is within ratio at all times. The Site Supervisor will submit a schedule to the Area Supervisor daily to ensure the location is within ratio. The Area Supervisor will be submitting the schedule daily to the Program Manager and Executive Director to ensure the location is within ratio. The Area Supervisor will be retrained on ensuring the staffing ratios are consistent with the locations schedule per the</p>				

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	9-3-2(a)		regulations for the ESN home. The QIDP will be retrained to ensure that Active Treatment is provided per the client's active treatment programming plans. Monitoring of Corrective Action:): The Site Supervisor will submit a schedule to the Area Supervisor daily to ensure the location is within ratio. The Area Supervisor will be submitting the schedule daily to the Program Manager and Executive Director to ensure the location is within ratio. The QIDP will be in the home daily to ensure that the active treatment program plans are being implemented and will review all active treatment plans and revise and retrain if needed. Upper Management will be in the home at least twice monthly for observations. Completion date: 03.08.18		
W 0149 Bldg. 00	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. Based on observation, record review and interview for 2 of 2 sampled clients (A and B) plus 2 additional clients (C and D), the facility neglected to implement its written policy and procedures to report to BDDS (Bureau of Developmental Disabilities Service) within 24 hours of administration knowledge of reported neglect by staff. The facility neglected to implement its written policy and procedures to prevent neglect of clients A, B, C and D by having sufficient staffing for an	W 0149	149: That facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Corrective Action: (Specific): All staff at the home will be re-trained on the Operation Standard for reporting and investigating allegations of abuse neglect	03/08/2018	

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	<p>ESN (Extensive Special Needs) home.</p> <p>Findings include:</p> <p>1. Observations were conducted on 2/1/18 from 10 AM through 11:30 AM. At 10:30 AM client A was interviewed. Client A indicated staff #4 had shown him knives and ninja stars. Client A indicated a few weeks ago staff #4 had taken him in the office and shown him a knife and then threw it at the door where it stuck. Client A indicated staff #4 had shown him a woman's private parts on his cell phone. Client A indicated staff #4 would order knives and stars and show him online. Client A indicated when the knives and stars came in staff #4 would bring them in to show him. Client A indicated staff #4 took him in the garage while he was in his pajamas and threw stars at an empty card board box. Client A indicated there were holes in the walls in the home as well as the garage where staff #4 had thrown weapons at them. At 10:40 AM the home's garage was observed to have 50 holes covering the wall. At 10:45 AM holes were observed in the dining room and living room walls.</p> <p>Staff #1 was interviewed on 2/1/18 at 10:05 AM. Staff #1 indicated staff #4 worked 3rd shift so he had not seen staff #4 with weapons. Staff #1 indicated client A had told him about staff #4 bringing the weapons. Staff #1 indicated the holes in the wall were clearly made by a knife. Staff #1 indicated he was present when client A reported the incident of staff #4 bringing/using weapons in the home to Quality Assurance.</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports were reviewed on 2/2/18 at 1:00 PM. The review did not indicate the incident of staff #4 bringing weapons to the workplace or showing client A nude photos.</p>		<p>exploitation mistreatment or violation of individual rights. The Site Supervisor will submit a schedule to the Area Supervisor daily to ensure the location is within ratio. The Area Supervisor will be submitting the schedule daily to the Program Manager and Executive Director to ensure the location is within ratio. The Area Supervisor will be retrained on ensuring the staffing ratios are consistent with the locations schedule per the regulations for the ESN home. The QIDP will be retrained to ensure that Active Treatment is provided per the client's active treatment programming plans. The Quality Assurance Manager will be re-trained on the Operation Standard for reporting and investigating allegations of abuse neglect exploitation mistreatment or violation of individual rights</p> <p>How others will be identified: (Systemic): The Site Supervisor will be in the home at least five times weekly and the Area Supervisor will be in the home at least twice weekly to ensure the Operation Standard for reporting and investigating allegations of abuse neglect exploitation mistreatment or violation of individual rights policy is being followed. The QIDP will be in the home daily to ensure that the active treatment program plans are being implemented. Upper Management will be in the home at least twice monthly to ensure the Operation Standard for reporting and investigating allegations of abuse</p>				

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	<p>Quality Manager (QM) #1 was interviewed on 2/1/18 at 2:00 PM. QM #1 indicated he was told about staff #4 bringing weapons to the workplace the previous week. QM #1 indicated he did not file a BDDS report. QM #1 indicated he told the home manager to talk to staff #4 and let him know he could not bring weapons in. QM #1 indicated staff #4 had been inserviced on weapons in the workplace. QM #1 indicated he was not aware staff #4 had shown nude photos to client A. QM #1 indicated he would file a BDDS report for the incident.</p> <p>Assistant Executive Director (AED) #1 was interviewed on 2/5/18 at 3:30 PM. AED indicated staff #4 received no disciplinary action for the incident. AED #1 indicated staff #4 had been inserviced on 2/2/18. AED indicated staff #4 had been inserviced on weapons in the workplace.</p> <p>2. Observations were conducted on 2/1/18 from 10:00 AM through 11:30 AM. Clients A, B, C and D were observed in the home with 2 staff.</p> <p>Time sheets were reviewed on 2/5/18 at 11:00 AM. Time sheets dated 1/1/18 through 1/31/18 indicated the home had 2 staff for first shift on 1/3/18, 1/6/18, 1/8/18, 1/13/18, 1/14/18, 1/20/18, 1/21/18, 1/27/18 and 1/28/18. The home had 2 staff on second shift on 1/1/18, 1/2/18, 1/3/18, 1/4/18, 1/5/18, 1/6/18, 1/7/18, 1/8/18, 1/9/18, 1/10/18, 1/11/18, 1/12/18, 1/13/18, 1/15/18, 1/16/18, 1/22/18, 1/23/18, 1/24/18, 1/25/18, 1/28/18, 1/29/18 and 1/30/18. The home had 1 staff on 2nd shift on 1/17/18, 1/19/18, 1/20/18, 1/21/18, 1/26/18 and 1/27/18. The home had 1 staff on 3rd shift on 1/3/18, 1/17/18, 1/21/18 and 1/27/18.</p> <p>Staff #1 was interviewed on 2/1/18 at 10:05 AM. Staff #1 indicated there were 2 staff working in the home during the observation. Staff #1 indicated the staff at this house will often be sent to another</p>		<p>neglect exploitation mistreatment or violation of individual rights policy is being followed.</p> <p>Measures to be put in place: All staff at the home will be re-trained on the Operation Standard for reporting and investigating allegations of abuse neglect exploitation mistreatment or violation of individual rights. The Site Supervisor will submit a schedule to the Area Supervisor daily to ensure the location is within ratio. The Area Supervisor will be submitting the schedule daily to the Program Manager and Executive Director to ensure the location is within ratio. The Area Supervisor will be retrained on ensuring the staffing ratios are consistent with the locations schedule per the regulations for the ESN home. The QIDP will be retrained to ensure that Active Treatment is provided per the client's active treatment programming plans. The Quality Assurance Manager will be re-trained on the Operation Standard for reporting and investigating allegations of abuse neglect exploitation mistreatment or violation of individual rights</p> <p>Monitoring of Corrective: The Site Supervisor will be in the home at least five times weekly and the Area Supervisor will be in the home at least twice weekly to ensure the Operation Standard for reporting and investigating allegations of abuse neglect exploitation mistreatment or violation of individual rights policy is being followed. The QIDP will be in the</p>				

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	<p>home. Staff #1 indicated this would leave the home under ratio. Staff #1 indicated clients A, B, C and D could not go on outings or go to day program because the house did not have enough staff.</p> <p>Staff #2 was interviewed on 2/1/18 at 10:10 AM. Staff #2 indicated the staff from the home was often sent to another home. Staff #2 indicated if they (staff) refused to go to another home they would have to clock out and be sent home. Staff #2 indicated the home would then be out of ratio again. Staff #2 indicated it was not fair to clients to not have adequate amount of staff. Staff #2 indicated when the home was out of ratio it puts clients and staff in danger. Staff #2 indicated clients A, B, C and D could not go on outings or go to day program because the house did not have enough staff.</p> <p>Staff #3 was interviewed on 2/2/18 at 11:00 AM. Staff #3 indicated they had been asked to go to other facility sites leaving this home out of ratio. Staff #3 indicated it is rare for the home to be staffed at ratio of 3 staff in the morning and afternoon and 2 staff on 3rd shift.</p> <p>Assistant Executive Director (AED) #1 was interviewed on 2/1/18 at 12:30 PM. AED #1 indicated the home should be staffed 3 on first shift, 3 on second shift and 2 on 3rd shift. AED #1 indicated if another home did not have staff, staff would be pulled from the home. AED #1 indicated if staff refused to leave the home putting it out of ratio they would be sent home without pay.</p> <p>The facility's records were further reviewed on 2/5/18 at 3:30 P.M. The facility's Abuse, Neglect, Exploitation Policy and Procedure revised date of 1/9/15 indicated the following:</p> <p>- "Community Alternatives South East staff actively advocate for the rights and safety of all individuals.</p>		<p>home daily to ensure that the active treatment program plans are being implemented. Upper Management will be in the home at least twice monthly to ensure the Operation Standard for reporting and investigating allegations of abuse neglect exploitation mistreatment or violation of individual rights policy is being followed.</p> <p>Completion date: 03.08.18</p>				

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W 0153 Bldg. 00	<p>All allegations or occurrences of abuse, neglect and/or exploitation shall be reported and thoroughly investigated. Community Alternatives South East strictly prohibits abuse, neglect and/or exploitation."</p> <p>-"The Clinical Supervisor will assign an investigative team and a thorough investigation will be completed within 5 business days of the report of the incident. Once the investigation has been completed, the investigation will be given to the Executive Director or designee for review."</p> <p>-"F. Abuse- Exploitation. 1. An act that deprives and individual of real or personal property by fraudulent or illegal means."</p> <p>-"E. Neglect- Emotional/Physical. 1. Failure to provide goods and/or services necessary for the individual to avoid physical harm. 2. Failure to provide the support necessary to an individual's psychological and social well being. 3. Failure to meet the basic need requirements such as food, shelter, clothing and to provide a safe environment."</p> <p>-"F. Neglect- Program Intervention. 1. Failure to provide goods and/or services necessary for the individual to avoid physical harm."</p> <p>9-3-2(a)</p> <p>483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures. Based on observation, record review and interview for 1 of 9 allegations of abuse, neglect or mistreatment reviewed, the facility failed to ensure</p>			W 0153	153: That facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are		03/08/2018

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	<p>allegations of abuse/mistreatment regarding client A were reported to the BDDS (Bureau of Developmental Disabilities Services) within 24 hours of the facility's knowledge of the allegations in accordance with state law.</p> <p>Findings include:</p> <p>Observations were conducted on 2/1/18 from 10 AM through 11:30 AM. At 10:30 AM client A was interviewed. Client A indicated staff #4 had shown him knives and ninja stars. Client A indicated a few weeks ago staff #4 had taken him in the office and shown him a knife and then threw it at the door where it stuck. Client A indicated staff #4 had shown him a woman's private parts on his cell phone. Client A indicated staff #4 would order knives and stars and show him online. Client A indicated when the knives and stars came in staff #4 would bring them in to show him. Client A indicated staff #4 took him in the garage while he was in his pajamas and threw stars at an empty card board box. Client A indicated there were holes in the walls in the home as well as the garage where staff #4 had thrown weapons at them. At 10:40 AM the homes garage was observed to have 50 holes covering the wall. At 10:45 AM holes were observed in the dining room and living room walls.</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports were reviewed on 2/2/18 at 1:00 PM. The review did not indicate the incident of staff #4 bringing weapons to the workplace or showing client A nude photos.</p> <p>Quality Manager (QM) #1 was interviewed on 2/1/18 at 2:00 PM. QM #1 indicated he was told about staff #4 bringing weapons to the workplace the previous week. QM #1 indicated he did not file a BDDS report. QM #1 indicated he would file a BDDS report for the incident.</p>		<p>reported immediately to the administrator or to other officials in accordance with the State Law through established procedures.</p> <p>Corrective Action: (Specific): All staff at the home will be re-trained on the Operation Standard for reporting and investigating allegations of abuse neglect exploitation mistreatment or violation of individual rights. All staff in the location was retrained on the policy for weapons in the workplace. The Quality Assurance Manager will be re-trained on the Operation Standard for reporting and investigating allegations of abuse neglect exploitation mistreatment or violation of individual rights.</p> <p>How others will be identified: (Systemic): The Site Supervisor will be in the home at least five times weekly and the Area Supervisor will be in the home at least twice weekly to ensure the Operation Standard for reporting and investigating allegations of abuse neglect exploitation mistreatment or violation of individual rights policy is being followed. The Upper Management Team will be in the home at least twice monthly to ensure the Operation Standard for reporting and investigating allegations of abuse neglect exploitation mistreatment or violation of individual rights policy is being followed.</p> <p>Measures to be put in place: All staff at the home will be re-trained</p>				

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	<p>Assistant Executive Director (AED) #1 was interviewed on 2/5/18 at 3:30 PM. AED indicated a BDDS report should have been filed within 24 hours of the facility's knowledge.</p> <p>9-3-1(b)(5) 9-3-2(a)</p>			<p>on the Operation Standard for reporting and investigating allegations of abuse neglect exploitation mistreatment or violation of individual rights. All staff in the location was retrained on the policy for weapons in the workplace. The Quality Assurance Manager will be re-trained on the Operation Standard for reporting and investigating allegations of abuse neglect exploitation mistreatment or violation of individual rights.</p> <p>Monitoring of Corrective: The Site Supervisor will be in the home at least five times weekly and the Area Supervisor will be in the home at least twice weekly to ensure the Operation Standard for reporting and investigating allegations of abuse neglect exploitation mistreatment or violation of individual rights policy is being followed. The Upper Management Team will be in the home at least twice monthly to ensure the Operation Standard for reporting and investigating allegations of abuse neglect exploitation mistreatment or violation of individual rights policy is being followed.</p> <p>Completion date: 03.08.18</p>			
W 0158 Bldg. 00	<p>483.430 FACILITY STAFFING</p> <p>The facility must ensure that specific facility staffing requirements are met.</p> <p>Based on observation, interview and record review for 2 of 2 sampled clients (A and B) plus 2</p>		W 0158	<p>159: Each client's active treatment program must be integrated,</p>		03/08/2018	

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	<p>additional clients (C and D), the facility failed to meet the Condition of Participation: Facility Staffing. The facility failed to provide adequate staff so clients could participate in outings, day service, workshop and program implementation. The facility failed to provide adequate staff to keep the ESN (Extensive Special Needs) home within ratio for clients A, B, C and D.</p> <p>Findings include:</p> <p>1. The QIDP (Qualified Intellectual Disabilities Professional) failed to provide adequate staff so clients A, B, C and D could participate in outings, day service, workshop and program implementation. Please see W159.</p> <p>2. The facility failed to provide adequate staff to keep the ESN (Extensive Special Needs) home within ratio for clients A, B, C and D. Please see W186.</p> <p>9-3-3(a)</p>				<p>coordinated and monitored by a Qualified intellectual disability professional.</p> <p>Corrective Action: (Specific): All staff at the home will be re-trained on the Operation Standard for reporting and investigating allegations of abuse neglect exploitation mistreatment or violation of individual rights. All staff in the location will be retrained on all individual active treatment programming plans. The Site Supervisor will submit a schedule to the Area Supervisor daily to ensure the location is within ratio. The Area Supervisor will be submitting the schedule daily to the Program Manager and Executive Director to ensure the location is within ratio. The Area Supervisor will be retrained on ensuring the staffing ratios are consistent with the locations schedule per the regulations for the ESN home. The QIDP will be retrained to ensure that Active Treatment is provided per the client's active treatment programming plans.</p> <p>How others will be identified: (Systemic): The Site Supervisor will be in the home at least five times weekly and the Area Supervisor will be in the home at least twice weekly to ensure the Operation Standard for reporting and investigating allegations of abuse neglect exploitation mistreatment or violation of individual rights policy is being followed. The QIDP will be in the home daily to ensure that the active treatment program plans are being</p>		

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NAME OF PROVIDER OR SUPPLIER RES CARE SOUTHEAST INDIANA			STREET ADDRESS, CITY, STATE, ZIP CODE 16613 SIMA GRAY RD HENRYVILLE, IN 47126		
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			<p>implemented. Upper Management will be in the home at least twice monthly to ensure the Operation Standard for reporting and investigating allegations of abuse neglect exploitation mistreatment or violation of individual rights policy is being followed.</p> <p>Measures to be put in place: All staff at the home will be re-trained on the Operation Standard for reporting and investigating allegations of abuse neglect exploitation mistreatment or violation of individual rights. All staff in the location will be retrained on all individual active treatment programming plans. The Site Supervisor will submit a schedule to the Area Supervisor daily to ensure the location is within ratio. The Area Supervisor will be submitting the schedule daily to the Program Manager and Executive Director to ensure the location is within ratio. The Area Supervisor will be retrained on ensuring the staffing ratios are consistent with the locations schedule per the regulations for the ESN home. The QIDP will be retrained to ensure that Active Treatment is provided per the client's active treatment programming plans.</p> <p>Monitoring of Corrective: The Site Supervisor will be in the home at least five times weekly and the Area Supervisor will be in the home at least twice weekly to ensure the Operation Standard for reporting and investigating allegations of abuse neglect exploitation mistreatment or violation of</p>		

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W 0159 Bldg. 00	<p>483.430(a) QIDP</p> <p>Each client's active treatment program must be integrated, coordinated and monitored by a qualified intellectual disability professional. Based on observation, record review and interview for 2 of 2 sampled clients (A and B) plus 2 additional clients (C and D), the QIDP (Qualified Intellectual Disabilities Professional) failed to provide adequate staff so clients could participate in outings, day programming and program implementation.</p> <p>Findings include:</p> <p>Observations were conducted on 2/1/18 from 10:00 AM through 11:30 AM. Clients A, B, C and D were observed in the home with 2 staff.</p> <p>Time sheets were reviewed on 2/5/18 at 11:00 AM. Time sheets dated 1/1/18 through 1/31/18 indicated the home had 2 staff for first shift on 1/3/18, 1/6/18, 1/8/18, 1/13/18, 1/14/18, 1/20/18, 1/21/18, 1/27/18 and 1/28/18. The home had 2 staff on second shift on 1/1/18, 1/2/18, 1/3/18, 1/4/18, 1/5/18, 1/6/18, 1/7/18, 1/8/18, 1/9/18, 1/10/18, 1/11/18, 1/12/18, 1/13/18, 1/15/18, 1/16/18, 1/22/18, 1/23/18, 1/24/18,</p>			W 0159	<p>individual rights policy is being followed. The QIDP will be in the home daily to ensure that the active treatment program plans are being implemented. Upper Management will be in the home at least twice monthly to ensure the Operation Standard for reporting and investigating allegations of abuse neglect exploitation mistreatment or violation of individual rights policy is being followed.</p> <p>Completion date: 03.08.18</p> <p>159: Each client's active treatment program must be integrated, coordinated and monitored by a Qualified intellectual disability professional. Corrective Action: (Specific): All staff at the home will be re-trained on the Operation Standard for reporting and investigating allegations of abuse neglect exploitation mistreatment or violation of individual rights. All staff in the location will be retrained on all induvial active treatment programming plans. The Site Supervisor will submit a schedule to the Area Supervisor daily to ensure the location is within ratio. The Area Supervisor will be submitting the schedule daily to the Program Manager and Executive Director to ensure the location is within ratio. The Area Supervisor</p>		03/08/2018

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	<p>1/25/18, 1/28/18, 1/29/18 and 1/30/18. The home had 1 staff on 2nd shift on 1/17/18, 1/19/18, 1/20/18, 1/21/18, 1/26/18 and 1/27/18. The home had 1 staff on 3rd shift on 1/3/18, 1/17/18, 1/21/18 and 1/27/18.</p> <p>Staff #1 was interviewed on 2/1/18 at 10:05 AM. Staff #1 indicated there were 2 staff in the home. Staff #1 indicated the staff at this house will often be sent to another home. Staff #1 indicated this would leave the home under ratio. Staff #1 indicated clients A, B, C and D could not go on outings or go to day program because the house did not have enough staff.</p> <p>Staff #2 was interviewed on 2/1/18 at 10:10 AM. Staff #2 indicated the staff from the home was often sent to another home. Staff #2 indicated if they (staff) refused to go to another home they would have to clock out and be sent home. Staff #2 indicated the home would then be out of ratio again. Staff #2 indicated it was not fair to clients to not have adequate amount of staff. Staff #2 indicated when the home was out of ratio it puts clients and staff in danger. Staff #2 indicated clients A, B, C and D could not go on outings or go to day program because the house did not have enough staff.</p> <p>Staff #3 was interviewed on 2/2/18 at 11:00 AM. Staff #3 indicated they had been asked to go to other facility sites leaving this home out of ratio. Staff #3 indicated it is rare for the home to be staffed at ratio of 3 staff in the morning and afternoon and 2 staff on 3rd shift.</p> <p>QIDP Lead #1 was interviewed on 2/1/18 at 12:00 PM. QIDP Lead #1 indicated the home did not currently have a QIDP. QIDP Lead #1 indicated he was filling in as the QIDP for the home. QIDP Lead #1 indicated the home had not had their own QIDP for a few months. QIDP Lead #1 indicated the home was out of ratio on several occasions due</p>				<p>will be retrained on ensuring the staffing ratios are consistent with the locations schedule per the regulations for the ESN home. The QIDP will be retrained to ensure that Active Treatment is provided per the client's active treatment programming plans.</p> <p>How others will be identified: (Systemic): The Site Supervisor will be in the home at least five times weekly and the Area Supervisor will be in the home at least twice weekly to ensure the Operation Standard for reporting and investigating allegations of abuse neglect exploitation mistreatment or violation of individual rights policy is being followed. The QIDP will be in the home daily to ensure that the active treatment program plans are being implemented. Upper Management will be in the home at least twice monthly to ensure the Operation Standard for reporting and investigating allegations of abuse neglect exploitation mistreatment or violation of individual rights policy is being followed.</p> <p>Measures to be put in place: All staff at the home will be re-trained on the Operation Standard for reporting and investigating allegations of abuse neglect exploitation mistreatment or violation of individual rights. All staff in the location will be retrained on all individual active treatment programming plans. The Site Supervisor will submit a schedule to the Area Supervisor daily to ensure the location is within ratio.</p>		

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	<p>to staff shortages at other homes.</p> <p>Assistant Executive Director (AED) #1 was interviewed on 2/1/18 at 12:30 PM. AED #1 indicated the home should be staffed 3 on first shift, 3 on second shift and 2 on 3rd shift. AED #1 indicated if another home did not have staff, staff would be pulled from the home. AED #1 indicated if staff refused to leave the home putting it out of ratio they would be sent home without pay.</p> <p>9-3-3(a)</p>			<p>The Area Supervisor will be submitting the schedule daily to the Program Manager and Executive Director to ensure the location is within ratio. The Area Supervisor will be retrained on ensuring the staffing ratios are consistent with the locations schedule per the regulations for the ESN home. The QIDP will be retrained to ensure that Active Treatment is provided per the client's active treatment programming plans.</p> <p>Monitoring of Corrective: The Site Supervisor will be in the home at least five times weekly and the Area Supervisor will be in the home at least twice weekly to ensure the Operation Standard for reporting and investigating allegations of abuse neglect exploitation mistreatment or violation of individual rights policy is being followed. The QIDP will be in the home daily to ensure that the active treatment program plans are being implemented. Upper Management will be in the home at least twice monthly to ensure the Operation Standard for reporting and investigating allegations of abuse neglect exploitation mistreatment or violation of individual rights policy is being followed.</p> <p>Completion date: 03.08.18</p>			
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>						

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	<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 interview for 2 of 2 sampled clients (A and B) plus 2 additional clients (C and D), the facility failed to provide adequate staff to keep the ESN (Extensive Special Needs) home within ratio.</p> <p>Findings include:</p> <p>Observations were conducted on 2/1/18 from 10:00 AM through 11:30 AM. Clients A, B, C and D were observed in the home with 2 staff.</p> <p>Observations were conducted on 2/2/18 from 10:30 AM through 11:45 AM. Clients A, B, C and D were observed in the home with 3 staff.</p> <p>Observations were conducted on 2/5/18 from 11:30 AM through 1:25 PM. Clients A, B, C and D were observed in the home with 3 staff.</p> <p>Time sheets were reviewed on 2/5/18 at 11:00 AM. Time sheets dated 1/1/18 through 1/31/18 indicated the home had 2 staff for first shift on 1/3/18, 1/6/18, 1/8/18, 1/13/18, 1/14/18, 1/20/18, 1/21/18, 1/27/18 and 1/28/18. The home had 2 staff on second shift on 1/1/18, 1/2/18, 1/3/18, 1/4/18, 1/5/18, 1/6/18, 1/7/18, 1/8/18, 1/9/18, 1/10/18, 1/11/18, 1/12/18, 1/13/18, 1/15/18, 1/16/18, 1/22/18, 1/23/18, 1/24/18, 1/25/18, 1/28/18, 1/29/18 and 1/30/18. The home had 1 staff on 2nd shift on 1/17/18, 1/19/18, 1/20/18, 1/21/18, 1/26/18 and 1/27/18. The home had 1 staff on 3rd shift on 1/3/18, 1/17/18, 1/21/18 and 1/27/18.</p> <p>Client C's record was reviewed on 2/5/18 at 4:00 PM. Client C's 1/8/18 BSP (Behavior Support Plan) indicated, "Safety Protocol: 1-1 staffing defined as:</p>			W 0186	<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): The site supervisor will be retrained on ensuring the staffing ratio for the location is per the regulations for an ESN home. The Site Supervisor will submit a schedule to the Area Supervisor daily to ensure the location is within ratio. The Area Supervisor will be submitting the schedule daily to the Program Manager and Executive Director to ensure the location is within ratio. The Area Supervisor will be retrained on ensuring the staffing ratios are consistent with the locations schedule per the regulations for the ESN home.</p> <p>How others will be identified: (Systemic): The Site Supervisor will be in the home at least five times weekly and the Area Supervisor will be in the home at least twice weekly to ensure the staffing ratio is consistent with the schedule per the regulations for an ESN location. The QIDP will be in the home daily up to five days per week to ensure that the active treatment program plans are being implemented. Upper Management will be in the home at least twice</p>		03/08/2018

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	<p>staff will be assigned and will use a 1:1 staffing (1 staff to 1 client), will be within approximately 5 feet from him at all times and the staff will be looking at [client C]. That staff will not have any other responsibilities to any other consumer unless there is imminent risk of harm to self or others. Also staff can combine other 1:1 staffing or be replaced by the next longest tenured staff during situations where staff need to use the restroom for only the amount of time it takes for them to finish and get back. There will be no other situations where staff can leave the 1:1 they are assigned and the 1:1 staff can never be left alone."</p> <p>Staff #1 was interviewed on 2/1/18 at 10:05 AM. Staff #1 indicated there were 2 staff in the home. Staff #1 indicated the staff at this house will often be sent to another home. Staff #1 indicated this would leave the home under ratio. Staff #1 indicated clients A, B, C and D could not go on outings or go to day program because the house did not have enough staff.</p> <p>Staff #2 was interviewed on 2/1/18 at 10:10 AM. Staff #2 indicated the staff from the home was often sent to another home. Staff #2 indicated if they (staff) refused to go to another home they would have to clock out and be sent home. Staff #2 indicated the home would then be out of ratio again. Staff #2 indicated it was not fair to clients to not have adequate amount of staff. Staff #2 indicated when the home was out of ratio it puts clients and staff in danger. Staff #2 indicated clients A, B, C and D could not go on outings or go to day program because the house did not have enough staff.</p> <p>Staff #3 was interviewed on 2/2/18 at 11:00 AM. Staff #3 indicated they had been asked to go to other facility sites leaving this home out of ratio. Staff #3 indicated it is rare for the home to be staffed at ratio of 3 staff in the morning and</p>		<p>monthly for site observations.</p> <p>Measures to be put in place: The site supervisor will be retrained on ensuring the staffing ratio for the location is per the regulations for an ESN home. The Site Supervisor will submit a schedule to the Area Supervisor daily to ensure the location is within ratio. The Area Supervisor will be submitting the schedule daily to the Program Manager and Executive Director to ensure the location is within ratio. The Area Supervisor will be retrained on ensuring the staffing ratios are consistent with the locations schedule per the regulations for the ESN home.</p> <p>Monitoring of Corrective: The Site Supervisor will be in the home at least five times weekly and the Area Supervisor will be in the home at least twice weekly to ensure the staffing ratio is consistent with the schedule per the regulations for an ESN location. The QIDP will be in the home daily up to five days per week to ensure that the active treatment program plans are being implemented. Upper Management will be in the home at least twice monthly for site observations.</p> <p>Completion date: 03.08.18</p>				

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W 0249 Bldg. 00	<p>afternoon and 2 staff on 3rd shift.</p> <p>Assistant Executive Director (AED) #1 was interviewed on 2/1/18 at 12:30 PM. AED #1 indicated the home should be staffed 3 on first shift, 3 on second shift and 2 on 3rd shift. AED #1 indicated if another home did not have staff, staff would be pulled from the home. AED #1 indicated if staff refused to leave the home putting it out of ratio they would be sent home without pay.</p> <p>9-3-3(a)</p> <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, interview and record review and interview for 2 of 2 sampled clients (A and B) plus 1 additional client (C), the facility failed to implement programs for clients A, B and C at all times possible.</p> <p>Findings include:</p> <p>Observations were conducted on 2/1/18 from 10:00 AM through 11:30 AM. Clients A, B, C and D were observed throughout the observation. During the observation there were 2 staff and 4 clients. At 10:00 AM client C was sitting on a couch in the living room area of the home watching TV. Client C did not move off of the couch during the observation period. At 10:00 AM client A was in his bedroom, client B was walking around the home. At 10:30 AM client A came out of his bedroom to talk to this surveyor. After speaking to the surveyor client A</p>		W 0249	<p>W249 : Program Implementation</p> <p>Corrective Action: (Specific): The site supervisor will be retrained on ensuring the staffing ratio for the location is per the regulations for an ESN home. The Site Supervisor will submit a schedule to the Area Supervisor daily to ensure the location is within ratio. The Area Supervisor will be submitting the schedule daily to the Program Manager and Executive Director to ensure the location is within ratio. The Area Supervisor will be retrained on ensuring the staffing ratios are consistent with the locations schedule per the regulations for the ESN home. The staff in the location will be retrained</p>		03/08/2018	

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	<p>went back to his bedroom. At 10:30 AM client B was still walking around the home talking to staff. Programming was not implemented during the observation.</p> <p>Observations were conducted on 2/2/18 from 11:00 AM through 12:30 PM. At 11:00 AM client C was sitting on the couch in the living room area watching TV. Client C did not move from the couch during the observation period. At 11:00 AM client B was observed walking around the house talking to staff. Client B walked around the house socializing throughout the observation. At 11:00 AM client A was in his bedroom, client A did not come out of the bedroom during the observation period. Programming was not implemented during the observation.</p> <p>Observations were conducted on 2/5/18 from 1:30 PM through 2:45 PM. At 1:30 PM client C was observed to be in his bed asleep. Client C did not get out of bed during the observation period. Client A was watching TV in the living room area of the home throughout the observation period. At 1:30 PM client B asked staff if he could go to the park, client B was told he could not go to the park due to the weather. At 1:45 PM client B came into the office to talk to staff. At 1:50 PM the house manager received a phone call from the BC (Behavioral Consultant) indicating client B had ingested a tack. At 2:00 PM client B was taken to the Urgent Care by staff #2. Programming was not implemented during the observation.</p> <p>Client A's record was reviewed on 2/2/18 at 2:00 PM. Client A's undated Active Treatment Schedule (ATS) indicated from 8 AM through 4 PM client A would attend workshop/day program. ATS indicated "If not at work will do the following from 8 AM- 4 PM: Communication to staff where he would like to go for an outing, exercising or going for a walk.</p>		<p>on the induvial active treatment programming plans. The QIDP will be retrained on ensuring that the active treatment Programming plans are being implemented daily.</p> <p>How others will be identified: (Systemic): The Site Supervisor will be in the home at least five times weekly and the Area Supervisor will be in the home at least twice weekly to ensure the staffing ratio is consistent with the schedule per the regulations for an ESN location. The site supervisor will be in the home at least five times weekly, the Area supervisor will be in the home at least twice weekly to ensure client active treatment programming plans are being implemented. The QIDP will be in the home daily up to five days per week to ensure that the active treatment program plans are being implemented. Upper Management will be in the home at least twice monthly for site observations.</p> <p>Measures to be put in place: The site supervisor will be retrained on ensuring the staffing ratio for the location is per the regulations for an ESN home. The Site Supervisor will submit a schedule to the Area Supervisor daily to ensure the location is within ratio. The Area Supervisor will be submitting the schedule daily to the Program Manager and Executive Director to ensure the location is within ratio. The Area Supervisor will be retrained on ensuring the staffing ratios are consistent with the locations schedule per the</p>				

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NAME OF PROVIDER OR SUPPLIER RES CARE SOUTHEAST INDIANA				STREET ADDRESS, CITY, STATE, ZIP CODE 16613 SIMA GRAY RD HENRYVILLE, IN 47126			
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	<p>[Client A] may also choose from the following activities that he wants to do: going to movies, shopping, going to the [recreation center], visiting a park or museum, go out to eat." Client A's 8/1/17 Individual Support Plan (ISP) indicated client A's goals were, "Brush teeth once daily, bathe daily, will process his laundry, will participate in medication administration, choose an appropriate portion of food, communicate wants/needs without using offensive language, maintain appropriate conversations and boundaries with others."</p> <p>Client B's record was reviewed on 2/2/18 at 2:30 PM. Client B's undated ATS indicated from 8 AM through 4 PM client B would attend workshop/day program. ATS indicated "If not at work will do the following from 8 AM- 4 PM: Communicating to staff where he would like to go for an outing, exercising or going for a walk. [Client B] may also choose from the following activities that he wants to do: going to movies, shopping, going to the [recreation center], visiting a park or museum, go out to eat." Client B's 11/21/17 ISP (Individual Service Plan) indicated his goals were, "Will bathe daily, brush teeth twice daily, participate in medication administration, process his dirty clothes, communicate his wants and needs without offensive language, determine how much money it will take to make a purchase."</p> <p>Client C's record was reviewed on 2/2/18 at 3:00 PM. Client C's undated ATS indicated from 8 AM through 4 PM client C would attend workshop/day program. ATS indicated "If not at work will do the following from 8 AM- 4 PM: Communicating to staff where he would like to go for an outing, exercising or going for a walk. [Client C] may also choose from the following activities that he wants to do: going to movies, shopping, going to the [recreation center], visiting a park or museum, go out to eat. Client C's 1/8/18 BSP (Behavior Support</p>		<p>regulations for the ESN home. The staff in the location will be retrained on the individual active treatment programming plans. The QIDP will be retrained on ensuring that the active treatment Programming plans are being implemented daily.</p> <p>Monitoring of Corrective Action :) The Site Supervisor will be in the home at least five times weekly and the Area Supervisor will be in the home at least twice weekly to ensure the staffing ratio is consistent with the schedule per the regulations for an ESN location. The site supervisor will be in the home at least five times weekly, the Area supervisor will be in the home at least twice weekly to ensure client active treatment programming plans are being implemented. The QIDP will be in the home daily up to five days per week to ensure that the active treatment program plans are being implemented. Upper Management will be in the home at least twice monthly for site observations.</p> <p>Completion date: 03.08.18</p>				

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	<p>Plan) indicated, "Safety Protocol: 1-1 staffing defined as: staff will be assigned and will use a 1:1 staffing (1 staff to 1 client), will be within approximately 5 feet from him at all times and the staff will be looking at [client C]. That staff will not have any other responsibilities to any other consumer unless there is imminent risk of harm to self or others. Also staff can combine other 1:1 staffing or be replaced by the next longest tenured staff during situations where staff need to use the restroom for only the amount of time it takes for them to finish and get back There will be no other situations where staff can leave the 1:1 they are assigned and the 1:1 staff can never be left alone. Client C's 1/8/18 ISP (Individual Service Plan) indicated his goals were, "Will bathe daily, brush teeth twice daily, participate in medication administration, process his dirty clothes, communicate his wants and needs without offensive language, determine how much money it will take to make a purchase."</p> <p>Staff #1 was interviewed on 2/1/18 at 10:30 AM. Staff #1 indicated clients could not go to day program due to lack of staffing. Staff #1 indicated if the home only has 2 staff then clients can not go to day program or on outings. Staff #1 indicated due to lack of staffing, it was hard to implement the clients' active treatment programs.</p> <p>Staff #2 was interviewed on 2/1/8 at 10:40 AM. Staff #2 indicated indicated client A had not been enrolled into a day program. Staff #2 indicated client B could not go to day program due to behaviors. Staff #2 indicated client C does go to workshop but could not go on 2/1/18 due to lack of staff. Staff #2 indicated it was hard to implement the clients' active treatment schedules due to lack of staffing.</p> <p>Staff #1 was interviewed on 2/2/18 at 11:30 AM. Staff #1 indicated no clients were going to</p>						

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W 0250 Bldg. 00	<p>workshop today because the home was getting a new client.</p> <p>Home Manager (HM) #1 was interviewed on 2/5/18 at 2:00 PM. HM #1 indicated client C did not go to day program on 2/5/18 because he refused to get out of bed. HM #1 indicated client C has been refusing to go to any programs.</p> <p>Workshop Manager (WM) #1 was interviewed on 2/2/18 at 2:00 PM. WM #1 indicated client C had been to workshop 1 day in the last 90 days. WM #1 stated he would like for him to come to workshop because "he is a big help."</p> <p>AED (Assistant Executive Director) #1 was interviewed on 2/5/18 at 3:30 PM. AED #1 indicated client programs should be implemented at all times possible. AED #1 indicated if clients were not in day program they should be implementing other programs and outings.</p> <p>9-3-4(a)</p> <p>483.440(d)(2)</p> <p>PROGRAM IMPLEMENTATION</p> <p>The facility must develop an active treatment schedule that outlines the current active treatment program and that is readily available for review by relevant staff.</p> <p>Based on record review and interview for 2 of 2 sampled clients (A and B) plus 1 additional client (C), the facility failed to implement clients A, B and C's active treatment schedules.</p> <p>Findings include:</p> <p>Observations were conducted on 2/1/18 from 10:00 AM through 11:30 AM. Clients A, B, C and D were observed throughout the observation. During the observation there were 2 staff and 4 clients. At</p>			W 0250	<p>250 : The facility must develop an active treatment schedule that outlines the current active treatment program and that is readily available for review by relevant staff.</p> <p>Corrective Action: (Specific): The site supervisor will be retrained on ensuring the staffing ratio for the location is per the regulations for an ESN home. The Site Supervisor</p>		03/08/2018

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	<p>10:00 AM client C was sitting on a couch in the living room area of the home watching TV. Client C did not move off of the couch during the observation period. At 10:00 AM client A was in his bedroom, client B was walking around the home. At 10:30 AM client A came out of his bedroom to talk to this surveyor. After speaking to the surveyor client A went back to his bedroom. At 10:30 AM client B was still walking around the home talking to staff.</p> <p>Observations were conducted on 2/2/18 from 11:00 AM through 12:30 PM. At 11:00 AM client C was sitting on the couch in the living room area watching TV. Client C did not move from the couch during the observation period. At 11:00 AM client B was observed walking around the house talking to staff. Client B walked around the house socializing throughout the observation. At 11:00 AM client A was in his bedroom, client A did not come out of the bedroom during the observation period.</p> <p>Observations were conducted on 2/5/18 from 1:30 PM through 2:45 PM. At 1:30 PM client C was observed to be in his bed asleep. Client C did not get out of bed during the observation period. Client A was watching TV in the living room area of the home throughout the observation period. At 1:30 PM client B asked staff if he could go to the park, client B was told he could not go to the park due to the weather. At 1:45 PM client B came into the office to talk to staff. At 1:50 PM the house manager received a phone call from the BC (Behavioral Consultant) indicating client B had ingested a tack. At 2:00 PM client B was taken to the Urgent Care by staff #2.</p> <p>Client A's record was reviewed on 2/2/18 at 2:00 PM. Client A's undated Active Treatment Schedule (ATS) indicated from 8 AM through 4 PM client A would attend workshop/day program. ATS indicated "If not at work will do the following from 8 AM- 4</p>		<p>will submit a schedule to the Area Supervisor daily to ensure the location is within ratio. The Area Supervisor will be submitting the schedule daily to the Program Manager and Executive Director to ensure the location is within ratio. The Area Supervisor will be retrained on ensuring the staffing ratios are consistent with the locations schedule per the regulations for the ESN home. The staff in the location will be retrained on the induvial active treatment programming plans. The QIDP will be retrained on ensuring that the active treatment Programming plans are being implemented daily.</p> <p>How others will be identified: (Systemic): The Site Supervisor will be in the home at least five times weekly and the Area Supervisor will be in the home at least twice weekly to ensure the staffing ratio is consistent with the schedule per the regulations for an ESN location. The site supervisor will be in the home at least five times weekly, the Area supervisor will be in the home at least twice weekly to ensure client active treatment programming plans are being implemented. The QIDP will be in the home daily up to five days per week to ensure that the active treatment program plans are being implemented. Upper Management will be in the home at least twice monthly for site observations.</p> <p>Measures to be put in place: The site supervisor will be retrained on ensuring the staffing</p>				

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	<p>PM: Communicating to staff where he would like to go for an outing, exercising or going for a walk. [Client A] may also choose from the following activities that he wants to do: going to movies, shopping, going to the [recreation center], visiting a park or museum, go out to eat."</p> <p>Client B's record was reviewed on 2/2/18 at 2:30 PM. Client B's undated ATS indicated from 8 AM through 4 PM client B would attend workshop/day program. ATS indicated "If not at work will do the following from 8 AM- 4 PM: Communicating to staff where he would like to go for an outing, exercising or going for a walk. [Client B] may also choose from the following activities that he wants to do: going to movies, shopping, going to the [recreation center], visiting a park or museum, go out to eat."</p> <p>Client C's record was reviewed on 2/2/18 at 3:00 PM. Client C's undated ATS indicated from 8 AM through 4 PM client C would attend workshop/day program. ATS indicated "If not at work will do the following from 8 AM- 4 PM: Communicating to staff where he would like to go for an outing, exercising or going for a walk. [Client C] may also choose from the following activities that he wants to do: going to movies, shopping, going to the [recreation center], visiting a park or museum, go out to eat."</p> <p>Staff #1 was interviewed on 2/1/18 at 10:30 AM. Staff #1 indicated clients could not go to day program due to lack of staffing. Staff #1 indicated if the home only has 2 staff then clients can not go to day program or on outings. Staff #1 indicated due to lack of staff it was hard to implement the clients active treatment schedule.</p> <p>Staff #2 was interviewed on 2/1/8 at 10:40 AM. Staff #2 indicated indicated client A had not been</p>		<p>ratio for the location is per the regulations for an ESN home. The Site Supervisor will submit a schedule to the Area Supervisor daily to ensure the location is within ratio. The Area Supervisor will be submitting the schedule daily to the Program Manager and Executive Director to ensure the location is within ratio. The Area Supervisor will be retrained on ensuring the staffing ratios are consistent with the locations schedule per the regulations for the ESN home. The staff in the location will be retrained on the indivial active treatment programming plans. The QIDP will be retrained on ensuring that the active treatment Programming plans are being implemented daily.</p> <p>Monitoring of Corrective Action :) The Site Supervisor will be in the home at least five times weekly and the Area Supervisor will be in the home at least twice weekly to ensure the staffing ratio is consistent with the schedule per the regulations for an ESN location. The site supervisor will be in the home at least five times weekly, the Area supervisor will be in the home at least twice weekly to ensure client active treatment programming plans are being implemented. The QIDP will be in the home daily up to five days per week to ensure that the active treatment program plans are being implemented. Upper Management will be in the home at least twice monthly for site observations.</p> <p>Completion date: 03.08.18</p>				

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	<p>enrolled into a day program. Staff #2 indicated client B could not go to day program due to behaviors. Staff #3 indicated client C does go to workshop but could not go on 2/1/18 due to lack of staff. Staff #2 indicated with only 2 staff it was hard to implement the active treatment schedule.</p> <p>Staff #1 was interviewed on 2/2/18 at 11:30 AM. Staff #1 indicated no clients were going to workshop today because the home was getting a new client.</p> <p>Home Manager (HM) #1 was interviewed on 2/5/18 at 2:00 PM. HM #1 indicated client C did not go to day program on 2/5/18 because he refused to get out of bed.</p> <p>AED (Assistant Executive Director) #1 was interviewed on 2/5/18 at 3:30 PM. AED #1 indicated active treatment schedules should be implemented at all times possible.</p> <p>9-3-4(a)</p>						