

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G749	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	(X3) DATE SURVEY COMPLETED 03/09/2018
NAME OF PROVIDER OR SUPPLIER RES CARE SOUTHEAST INDIANA		STREET ADDRESS, CITY, STATE, ZIP COD 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 post certification revisit (PCR) to the investigation of complaint #IN00250168 completed on 2/6/18.</p> <p>Unrelated deficiencies: Not corrected.</p> <p>This visit was in conjunction with the PCR to the recertification and state licensure survey completed on 10/26/17.</p> <p>Dates of Survey: 3/7/18 and 3/9/18</p> <p>Facility Number: 011595 Provider Number: 15G749 AIMS Number: 200905630</p> <p>These deficiencies reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review of this report completed by #09182 and #15068 on 4/4/18.</p>	W 0000		
W 0104 Bldg. 00	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on record review and interview for 2 of 2 sampled clients (A and B) plus 1 additional client (C), the governing body failed to exercise operating direction over the facility to provide adequate staff to keep the ESN (Extensive Special Needs) home within ratio.</p> <p>Findings include:</p> <p>For 2 of 2 sampled clients (A and B) plus 1 additional client (C), the governing body failed to</p>	W 0104	<p>W104: The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Corrective Action: (Specific): The site supervisor will be retrained on ensuring the location is within ratio per the schedule always. The Site Supervisor will submit a schedule to the Area Supervisor daily to ensure the</p>	04/16/2018

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>provide adequate staff to keep the ESN (Extensive Special Needs) home within ratio. Please see W186.</p> <p>This deficiency was cited on 2/6/18. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-1(a)</p>		<p>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 monthly for site observations.</p> <p>Measures to be put in place: The site supervisor will be retrained on ensuring the location is within ratio per the schedule always. 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</p>	

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W 0186 Bldg. 00	<p>483.430(d)(1-2) DIRECT CARE STAFF The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans.</p> <p>Direct care staff are defined as the present on-duty staff calculated over all shifts in a 24-hour period for each defined residential living unit.</p> <p>Based on record review and interview for 2 of 2 sampled clients (A and B) plus 1 additional client (C), the facility failed to provide adequate staff to keep the ESN (Extensive Special Needs) home within ratio.</p>	W 0186	<p>ratios are consistent with the locations schedule per the regulations for the ESN home.</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 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:</p>	04/16/2018

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	<p>Findings include:</p> <p>Time sheets were reviewed on 3/9/18 at 10:00 AM. Time sheets dated 2/7/18 through 3/7/18 indicated the home where clients A, B and C lived had 2 staff for first shift on 2/10/18, 2/11/18, 2/19/18, 2/20/18, 2/25/18, 2/28/18, 3/1/18, 3/5/18 and 3/6/18. The home had 2 staff on second shift on 2/8/18, 2/9/18, 2/10/18, 2/11/18, 2/12/18, 2/13/18, 2/14/18, 2/15/18, 2/16/18, 2/17/18, 2/19/18, 2/20/18, 2/21/18, 2/22/18, 2/23/18, 2/25/18, 2/26/18, 2/27/18, 2/28/18, 3/1/18, 3/2/18, 3/3/18, 3/4/18, 3/5/18, 3/6/18 and 3/7/18. The home had 1 staff on 3rd shift on 2/22/18 and 2/28/18.</p> <p>The State's undated Reimbursement Guidelines for the 24 hour Extensive Support Needs Residences were reviewed 3/7/18 at 3:00 PM. The reimbursement guidelines indicated the following:</p> <p>"ICF/MR (Intermediate Care Facility for the Mentally Retarded) residential Services, in the form of a 24 hour extensive support needs residence, are needed to support and maintain MR/DD (Mentally Retarded/Developmentally Disabled) consumers with challenging behavioral issues in the community. Consumers in an extensive needs residence will receive intensive assistance with their problematic behaviors (s) and continued active treatment, so that they may ultimately live a more community integrated life with the fewest possible supports...In general, those eligible to reside in an extensive support needs residence could not reside in their current residential settings due to intensive staffing needs. As such, to ensure the health and safety of the consumers and the community, consumers residing in these homes require on-site supervision at all times, and can never be unsupervised by staff or other responsible party."</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 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</p>	

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	<p>The undated reimbursement guidelines indicated "Individuals living in residences under this category must be supervised at all times and the staffing pattern at full capacity should be a minimum of:</p> <ul style="list-style-type: none"> -three (3) staff on the day shift; -three (3) staff on the evening shift; and -two (2) staff on the night shift." <p>Program Manager (PM) #1 was interviewed on 3/7/18 at 12:30 PM. PM #1 indicated the home should be staffed 3 on first shift, 3 on second shift and 2 on 3rd shift.</p> <p>This deficiency was cited on 2/6/18. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-3(a)</p>		<p>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:</p>	