

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

PRINTED: 11/21/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G442		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 10/16/2017	
NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN				STREET ADDRESS, CITY, STATE, ZIP CODE 402 EWING LN JEFFERSONVILLE, IN 47130			
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W 0000 Bldg. 00	<p>This visit was for a full recertification and state licensure survey. This visit included the investigation of complaint #IN00236367.</p> <p>Complaint #IN00236367: Substantiated. Federal/state deficiencies related to the allegations are cited at W102, W104, W122, W149, W157 and W9999.</p> <p>Dates of Survey: October 10, 11, 12, 13 and 16, 2017.</p> <p>Facility Number: 000956 Provider Number: 15G442 AIMS Number: 100244760</p> <p>The following deficiencies reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 10/26/17.</p>			W 0000			
W 0102 Bldg. 00	<p>483.410 GOVERNING BODY AND MANAGEMENT The facility must ensure that specific governing body and management</p>						

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>requirements are met.</p> <p>Based on observation, record review and interview, the facility failed to meet the Condition of Participation: Governing Body for 4 of 4 sampled clients (A, B, C, and D), and 4 additional clients (E, F, G and H). The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility implemented policies and procedures which prohibited abuse/neglect/mistreatment of clients in regards to client to client physical/emotional abuse, staff to client neglect and failure to implement effective corrective measures.</p> <p>Findings include:</p> <p>1. The facility's governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility met the Condition of Participation: Client Protections. The facility's governing body failed to exercise general policy, budget and operating direction over the facility for 4 of 4 sampled clients (clients A, B, C and D) and for 4 additional clients (clients E, F, G and H) to ensure the facility implemented policies and procedures which prohibited abuse/neglect/mistreatment of clients in</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 Area Supervisor will be in the home at least three times weekly monitoring staff. The Site Supervisor will be re-trained on the timely completion of maintenance requests for items that need repaired in the home.</p> <p>How others will be identified: (Systemic): The maintenance coordinator will visit the home at least monthly and complete an environmental inspection checklist and turn it into the Program Manager each month for the next six months, If any areas are noted as needing repair the maintenance coordinator will schedule the repairs immediately. The Area Supervisor will visit the home at least every other week to complete and environmental inspection checklist and follow up on all repairs completed by the maintenance coordinator.</p> <p>Measures to be put in place: All staff at the home will be</p>		11/15/2017	

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W 0104 Bldg. 00	<p>regards to client to client physical/emotional abuse, staff to client neglect and failure to implement effective corrective measures. Please see W122.</p> <p>2. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility implemented policies and procedures which prohibited abuse/neglect/mistreatment of clients in regards to client to client physical/emotional abuse, staff to client neglect and failure to implement effective corrective measures. The governing body failed to maintain the facility in good repair for 4 of 4 sampled clients (A, B, C and D), and 4 additional clients (E, F, G and H). Please see W104.</p> <p>This federal tag relates to Complaint #IN00236367.</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.</p>			<p>re-trained on the Operation Standard for reporting and investigating allegations of abuse neglect exploitation mistreatment or violation of individual rights. The Area Supervisor will be in the home at least three times weekly monitoring staff. The Site Supervisor will be re-trained on the timely completion of maintenance requests for items that need repaired in the home.</p> <p>Monitoring of Corrective: The maintenance coordinator will visit the home at least monthly and complete an environmental inspection checklist and turn it into the Program Manager each month for the next six months. If any areas are noted as needing repair the maintenance coordinator will schedule the repairs immediately. The Area Supervisor will visit the home at least every other week to complete and environmental inspection checklist and follow up on all repairs completed by the maintenance coordinator.</p> <p>Completion date: 11.15.17</p>			

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	<p>Based on observation, record review and interview for 4 of 4 sampled clients (A, B, C and D) and 4 additional clients (E, F, G and H), the facility's governing body failed to exercise operating direction over the facility to maintain the facility in good repair. The governing body failed to ensure the facility prevented abuse/neglect and mistreatment of individuals living in the facility in regards to client to client physical/emotional abuse, staff to client neglect and failure to implement effective corrective measures.</p> <p>Findings include:</p> <p>1. Observations were completed at the facility with clients C, D, E, F, G, and H on the evening of 10/10/17 from 4:15 PM until 6:40 PM. The linoleum in the dining room area was scarred and had holes in it near the medication room door. The facility's medication room window was observed to be made of Plexiglas. The medication room door had 9 holes in it. The deep freezer near the medication room had 3 dents in the front of it. There were three drawer fronts missing from the kitchen cabinets in the kitchen/dining area. Client B's bedroom door was missing. Staff was asked (10/10/17 at 5:17 PM) why there were 9 holes in the</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 medication door has been replaced, a bedroom door was replaced and the cabinets was fixed or replaced. The Site Supervisor will be re-trained on the timely completion of maintenance requests for items that need repaired in the home. All staff in the home will be re-trained on the operation standard for reporting and investigating abuse neglect exploitation mistreatment or violation of an individual's rights. Client B received a CIH waiver and no longer resides in the home. The QIDP in the home will be retrained on ensuring that client to client investigations are complete and the quality Assurance Manager will review after they are completed.</p> <p>How others will be identified: (Systemic): The maintenance coordinator will visit the home at least monthly and complete an environmental inspection checklist and turn it into the Program Manager for the next six months, if any areas are noted as needing repair the maintenance coordinator will schedule the</p>		11/15/2017

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	<p>medication room door, and why the bedroom door and drawer fronts were missing. Staff #2 stated, "She [client B] was very angry - that is why."</p> <p>2. Please refer to W149 for 4 of 4 sampled clients (A, B, C and D) and 4 additional clients (E, F, G and H), for 6 of 17 reportable incidents (Bureau of Developmental Disabilities Services/BDDS reports) of abuse/neglect reviewed, the facility's governing body failed to exercise operating direction over the facility to ensure their neglect/abuse/mistreatment policy was implemented in regards to client to client physical/emotional abuse, staff to client neglect and failure to implement effective corrective measures.</p> <p>This federal tag relates to Complaint #IN00236367.</p> <p>9-3-1(a)</p>				<p>repairs immediately. The Area Supervisor will visit the home at least every other week to complete and environmental inspection checklist and follow up on all repairs completed by the maintenance coordinator.</p> <p>Measures to be put in place: The medication door has been replaced, a bedroom door was replaced and the cabinets was fixed or replaced. The Site Supervisor will be re-trained on the timely completion of maintenance requests for items that need repaired in the home. All staff in the home will be re-trained on the operation standard for reporting and investigating abuse neglect exploitation mistreatment or violation of an individual's rights. Client B received a CIH waiver and no longer resides in the home. The QIDP in the home will be retrained on ensuring that client to client investigations are complete and the quality Assurance Manager will review after they are completed.</p> <p>Monitoring of Corrective Action: The maintenance coordinator will visit the home at least monthly and complete an environmental inspection checklist and turn it into the</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, record review and interview for 4 of 4 sampled clients (A, B, C and D) and 4 additional clients (E, F, G and H), for 6 of 17 reportable incidents (Bureau of Developmental Disabilities Services/BDDS reports) of abuse/neglect reviewed, the facility failed to meet the Condition of Participation: Client Protections. The facility failed to ensure the facility's neglect/abuse/mistreatment policy was implemented in regards to client to client physical/emotional abuse, staff to client neglect and failure to implement effective corrective measures.</p> <p>Findings include:</p>			W 0122	<p>Program Manager for the next six months, if any areas are noted as needing repair the maintenance coordinator will schedule the repairs immediately. The Area Supervisor will visit the home at least every other week to complete and environmental inspection checklist and follow up on all repairs completed by the maintenance coordinator.</p> <p>Completion date: 11.15.17</p> <p>W122: The facility must ensure that specific client protections requirements are met.</p> <p>Corrective Action: (Specific): The staff will be retrained on the operation standards for reporting and investigating abuse, neglect, exploration, mistreatment or violation of an individual's rights.</p> <p>How others will be identified: (Systemic): Client B was moved from the home. The ResCare Team worked with the local BDDS team to ensure the safety of</p>		11/15/2017

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W 0149 Bldg. 00	<p>1. Please refer to W149 for 4 of 4 sampled clients (A, B, C and D) and 4 additional clients (E, F, G and H), for 6 of 17 reportable incidents (Bureau of Developmental Disabilities Services/BDDS reports) of abuse/neglect reviewed, the facility neglected to implement their neglect/abuse/mistreatment policy in regards to client to client physical/emotional abuse, staff to client neglect and failure to implement effective corrective measures.</p> <p>2. Please refer to W157 for 3 of 4 sampled clients (B, C and D) and 4 additional clients (E, F, G and H), for 6 of 17 reportable incidents (Bureau of Developmental Disabilities Services/BDDS reports) of abuse/neglect reviewed, the facility failed to implement effective corrective measures in regards to client to client physical/emotional abuse.</p> <p>This federal tag relates to Complaint #IN00236367.</p> <p>9-3-2(a)</p> <p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit</p>				<p>the client and Client B received a CIH waiver.</p> <p>Measures to be put in place: The staff will be retrained on the operation standards for reporting and investigating abuse, neglect, exploration, mistreatment or violation of an individual's rights. .</p> <p>Monitoring of Corrective Action:) Client B was moved from the home. The ResCare Team worked with the local BDDS team to ensure the safety of the client and Client B received a CIH waiver.</p> <p>Completion date: 11.15.17</p>		

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	<p>mistreatment, neglect or abuse of the client. Based on observation, record review and interview for 4 of 4 sampled clients (A, B, C and D) and 4 additional clients (E, F, G and H), for 6 of 11 of reportable incidents (Bureau of Developmental Disabilities Services/BDDS reports) of abuse/neglect reviewed, the facility neglected to ensure the facility's neglect/abuse/mistreatment policy was implemented in regards to client to client physical/emotional abuse, staff to client neglect and failure to implement effective corrective measures.</p> <p>Findings include:</p> <p>Observations were completed at the facility on the evening of 10/10/17 from 4:15 PM until 6:40 PM. Client B was not at the facility. The facility's medication room window was observed to be made of Plexiglas. The medication room door had 9 holes in it. The deep freezer near the medication room had 3 dents in the front of it. There were three drawer fronts missing from the kitchen cabinets in the kitchen/dining area. Client B's bedroom door was missing. Staff was asked (10/10/17 at 5:17 PM) why there were 9 holes in the medication room door, and why the bedroom door and drawer fronts were missing. Staff #2 stated, "She [client B]</p>			W 0149	<p>W149: The facility must develop and implement written procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p>Corrective Action: (Specific): All staff in the home will be re-trained on the operation standard for reporting and investigating abuse neglect exploitation mistreatment or violation of an individual's rights. Client B received a CIH waiver and no longer resides in the home.</p> <p>How others will be identified: (Systemic): Quality Assurance will review all incidents daily to ensure that incidents of peer to peer aggression are addressed and have preventative measures put in place. The QA Manager will meet with QA at least weekly for the next thirty days to ensure that all incidents of peer to peer aggression are addressed and have preventative measures implemented. The QIDP lead will meet with the QIDP weekly for the next thirty days to ensure all incidents are meeting to have IDT meetings to ensure programming plans</p>		11/15/2017

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	<p>was very angry - that is why."</p> <p>The facility's Bureau of Developmental Disabilities Services/BDDS reports, incident reports and investigations were reviewed on 10/10/17 at 1:00 PM and on 10/11/17 at 11:00 AM and indicated the following:</p> <p>1) A BDDS report dated 9/27/17 indicated an incident on 9/26/17 at 12:00 PM. "[Client B] was being noncompliant during the morning and stayed in her room. Staff periodically checked on her and then at approximately 12pm staff (staff #3) went to check on [client B] and saw her going out the door by her bedroom. Staff then got in the van and followed [client B] to a nearby school playground. Staff also contacted the area supervisor while maintaining line of sight of [client B]. The area supervisor arrived at the school and [client B] was sitting at the back side of it. As the area supervisor approached [client B], [client B] became verbally aggressive and then got up and began running around the school yard and adjoining empty lot. The staff followed [client B] and when she went toward the front of the school and attempted to enter the building staff placed [client B] in a 2 person YSIS (You're Safe, I'm Safe), hold (facility approved behavior management techniques) called 911 for assistance and</p>		<p>are accurate and need no changes.</p> <p>Measures to be put in place: All staff in the home will be re-trained on the operation standard for reporting and investigating abuse neglect exploitation mistreatment or violation of an individual's rights. Client B received a CIH waiver and no longer resides in the home.</p> <p>Monitoring of Corrective Action: Quality Assurance will review all incidents daily to ensure that incidents of peer to peer aggression are addressed and have preventative measures put in place. The QA Manager will meet with QA at least weekly for the next thirty days to ensure that all incidents of peer to peer aggression are addressed and have preventative measures implemented. The QIDP lead will meet with the QIDP weekly for the next thirty days to ensure all incidents are meeting to have IDT meetings to ensure programming plans are accurate and need no changes.</p>				

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	<p>then police and EMS (Emergency Medical Services) arrived on the scene and [client B] was released from the hold. The YSIS is HRC (facility's Human Rights Committee) and BSP (in client B's Behavior Support Plan) approved and was implemented for approximately 5 - 8 minutes."</p> <p>The BDDS report's "Plan to Resolve" component indicated:</p> <p>"[Client B] was transported to [name of hospital] ER for evaluation. Her mother (guardian) then made arrangements for [client B] to be transported to [name of hospital] in [city]. At this time [client B] remains inpatient with no anticipated discharge date. [Agency] remains in contact with the guardian and hospital for discharge and after care planning information."</p> <p>A "Consumer Elopement Investigation" signed by Lead QIDP/Qualified Intellectual Disabilities Professional #1 for the 9/26/17 incident concerning client B and staff #3 indicated the following.</p> <p>"Briefly describe the incident and any sustained injury if any. [Client B] was in her room banging on the walls for 2 hours. Staff asked her to please stop, but she kept going. Staff walked away and 18 minutes later staff went to check on her and she was gone. Staff checked around the house first and she wasn't anywhere</p>				<p>Completion date: 11.15.17</p>		

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	<p>to be found. Staff walked outside and walked down the driveway and still didn't see her. Staff then went back in the house, locked all the doors and got in the van and went looking for her. She was spotted by [name of elementary school]. Staff got out of the van to walk towards her. She took off again. Staff called for backup and still followed her. She jumped over the playground fence with staff following. When the backup arrived, staff was still following her around the school yard. Staff then called 911 and while waiting on 911 staff got ahold of [client B] and placed her in Company and BSP approved 2 man YSIS until 911 arrived."</p> <p>The staff interview component of the Elopement Investigation indicated the following regarding staff #3, who was on duty at the time of the incident with client B: "Staff was in the office working on paperwork and checking on [client B]. [Client B] was lying down in her room hitting the walls. Staff tried to redirect her but couldn't. 20 minutes later [client B] was nowhere to be found. staff went to look for her and found her by the Elementary school and called for back up. Staff got her into YSIS and called 911."</p> <p>A BDDS follow up report dated 10/11/17 indicated client B's Risperdal (antipsychotic medication) had been</p>						

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	<p>increased from 0.5 milligrams/mg twice daily to 1.00 mg twice daily. The client was to be discharged from the hospital to the facility's care on 10/12/17.</p> <p>2) BDDS reports dated 9/5/17 for each client (A, B, C, D, E, F, G and H) indicated an allegation of staff neglect by the former House Manager/HM #2. The incident was investigated September 9-12, 2017. When third shift arrived at the facility at 12 midnight HM #2 was in her car outside the facility and the 8 clients were inside sleeping. Investigation concluded HM #2 left clients in the home alone. Peer review of the incident recommended HM #2 be terminated. The follow-up BDDS report dated 9/15/17 indicated staff was terminated for client neglect. The BDDS report indicated corrective measures implemented were clients A, B, C, D, E, F, G and H receiving training on the clients' bill of rights and the agency's Grievance procedure. Facility staff were to be retrained on the agency's ANE (Abuse/Neglect/Exploitation) policy and gentle teaching techniques.</p> <p>3) BDDS report dated 7/26/17 indicated an incident with client B on 7/25/17 at 7:40 PM. "[Client B] was in the living room relaxing on the couch after staff</p>						

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	<p>redirected her away from soft drinks due to medical issues and her restriction of one soft drink daily. [Client B] then left the home unannounced and went to the neighborhood store and got a soft drink. [Client B] then returned home after approximately 50 minutes, took the phone for her phone time, went in the office area, slammed the door and began throwing chairs. [Client B] then became calm and there were no further issues.</p> <p>The BDDS report's "Plan to Resolve" component indicated: "The team will meet to discuss the incident and if any changes are needed at this time. The staff will continue to report all incidents of elopement immediately and [client B] will receive counseling on the dangers of leaving the home without supervision and without notifying the home staff. At this time [client B] is doing well with no further issues and received no injuries during the time she was out of the home alone."</p> <p>4) A 5/19/17 BDDS report indicated client B had a behavioral incident at the workshop on 5/19/17. The BDDS report by workshop supervisory staff #1 indicated, "[client B] was having a physically aggressive behavior and throwing chairs on the work floor. [Workshop supervisory staff #1]</p>						

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	<p>initiated SCM (Safe Crisis Management/a standing extended arm assist-manual restraint), upper torso to prevent harm to offending consumer (client B), staff and other consumers on the work floor as well as to prevent property destruction. Consumer calmed quickly (three seconds) and (facility) staff were notified to come and pick her up." Interview with workshop supervisory staff #1 on 10/11/17 at 2:44 PM indicated client B did not attend workshop on a routine basis. When client B did attend, she would refuse to work. The client would act out to receive attention. The client's behaviors would escalate as in the throwing of the dining area's metal/plastic chairs. The client's peers (Clients H, C, F, G and E) had expressed fear of her when she exhibited the destructive behaviors.</p> <p>5) BDDS report of 5/18/17 of an incident on 5/17/17 at 7:58 PM of injury of known origin.</p> <p>"On 5/17/17 [client B] was outside when she became upset. Staff prompted [client B] to come inside and take her 8:00 PM medications and [client B] punched the glass window, breaking it and cutting her hand. [Client B] then entered the office, threw a chair, slammed the door and staff implemented one person You're safe I'm safe (YSIS/facility approved behavior</p>						

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	<p>management system) techniques per her BSP/Behavior Support Plan. [Client B] was able to hit staff in the chest, [client B] calmed down and no further YSIS was needed. The nurse and EMS (Emergency Medical Services) was (sic) called. [Client] was transported to ER (local emergency room) for evaluation of her hand. Upon arrival to the ER, [client B] was assessed and diagnosed with a laceration to her hand." The BDDS report's "Plan to Resolve (Immediate and Long Term)" component indicated client B would follow-up with her primary care physician and she had a BSP in place for aggression.</p> <p>6) BDDS report dated 4/29/17 indicated client to client physical aggression which occurred on 4/28/17 at 9:43 PM. Clients A and B, "began cursing at one another. Staff used verbal redirection and before staff could intervene, they began to hit one another and fell to the ground." Staff separated both individuals and assessed them for injuries. Client B had redness on the right knee. Client A had scratches on the right palm due to the fall. The BDDS report's "Plan to Resolve (Immediate and Long Term)" component indicated, "Both individuals have BSP's (sic) in place to address the aggression, immediate preventative measures include review of bill of rights and grievance procedure</p>						

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	<p>with both individuals and guardians and a client to client investigation will be completed. Staff will continue to follow plans and report any incidents or behaviors to the team."</p> <p>Confidential interview/CI #1 indicated clients were fearful of client B when physical aggression and property destruction were exhibited by client B. CI #1 stated clients "Go to my room and lock the door," when client B displays behaviors. CI #1 stated "she [client B] scares me."</p> <p>Confidential Interview/CI #2 indicated when client B eloped to the elementary school she pounded on the doors and the school's alarm sounded. The school's principal was notified. Children at the playground witnessed the behaviors. Two staff could not contain her so police were called and she was transported to a local hospital. At the hospital, it took "five people" to restrain her. She has broken windows and thrown chairs. Some windows have been replaced with Plexiglas. Her behaviors are increasing. The other "clients (clients C, D, E, F, G and H) in the home are afraid of client B]."</p> <p>When asked what is done when client B is having aggressive and destructive</p>						

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	<p>behaviors interview with client E on 10/10/17 at 5:25 PM stated: "Stay in my room until staff say it's safe to come out." "[Client B] threw dining room chairs and broke glass, fell and cut her hand."</p> <p>Interview was conducted with Quality Assurance Manager staff on 10/13/17 at 10:45 AM regarding client B's hospitalization on 8/19/17. The client's guardian/mother had arranged for the hospitalization and the transportation to the hospital. The facility staff did not report the absence and hospitalization of client B to Quality Assurance/QA staff so a reportable incident could be filed in a timely manner. The interview indicated the agency's policy indicated an incident report would be filed and sent to QA and supervisory staff would be notified of any incident regarding clients. The facility's staff had not followed the timely reporting policy.</p> <p>The agency's revised policy dated 9/17/17 was reviewed on 10/11/17 at 4:30 PM and indicated, in part, the following:</p> <p>"Operation Standard Reporting and Investigating Abuse, Neglect, Exploitation, Mistreatment or Violation of an Individual's Rights</p> <p>ResCare staff actively advocate for the</p>						

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	<p>rights and safety of all individuals. All allegations or occurrences of abuse, neglect, exploitation, mistreatment or violation of an Individual's rights shall be reported to the appropriate authorities through the appropriate supervisory channels and will be thoroughly investigated under the policies of ResCare, local, state and federal guidelines.</p> <p>Although ResCare staff are instructed and encouraged to use the internal reporting system outlined below, any staff has the right to contact Adult Protective Services directly, should they suspect abuse, neglect, exploitation, mistreatment or violation of an Individual's rights.</p> <p>ResCare strictly prohibits abuse, neglect, exploitation, mistreatment or violation of an Individual's rights. These include and are defined as any of the following: corporal punishment i.e. forced physical activity, hitting, pinching, the application of pain or noxious stimuli, the use of electric shock, the infliction of physical pain, seclusion in an area which exit is prohibited, verbal abuse including screaming, swearing, name-calling, belittling, damaging an individual's self-respect or dignity, failure to follow physician's orders, denial of sleep, shelter, food, drink, physical movement</p>						

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	<p>for prolonged periods of time, Medical treatment or care or use of bathroom facilities. Program</p> <p>Implementation/Intervention: Failure to provide goods and/or services necessary for the individual to avoid physical harm and /or intentional failure to implement a support plan, inappropriate application of intervention, etc. which may result in jeopardy without qualified person notification/review....</p> <p>All employees receive training upon hire regarding definitions/causes of different types of, how to identify, prevent, document, remedial action to be taken, timely debriefing following the incident and how to report abuse, neglect, exploitation, mistreatment or violation of an Individual's rights, as well as what to expect from an investigation. All employees receive this training upon hire and annually, thereafter.</p> <p>Procedures:</p> <p>1. Any ResCare staff person who suspects an individual is the victim of abuse, neglect, exploitation or mistreatment of an individual should immediately notify the Program Manager, and then complete an Incident Report. The Program Manager will then notify the Executive Director. This step should be done within 24 hours.</p>						

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	<p>2. The Program Manager, or designee, will report the suspected abuse, neglect, exploitation, mistreatment or violations of Individual's rights within 24 hours of the initial report to the appropriate contacts....</p> <p>3. Any staff person who is suspected of abuse, neglect, exploitation, mistreatment or violation of an Individual's rights toward an individual will be immediately suspended until the allegation can be fully investigated. After the investigation, if the allegation is not substantiated, the employee will be paid for missed scheduled hours.</p> <p>4. The Program Manager will assign an investigative team. A full investigation will be conducted by investigators who have received training from Labor Relations Association and ResCare's internal procedures on investigations. ResCare will not allow for nepotism during the conducting, directing, reviewing or other managerial activity of an investigation into an allegation of abuse, neglect, exploitation or mistreatment, by prohibiting friends and relatives of an alleged perpetrator from engaging in these managerial activities. One of the investigators will complete a detailed investigative case summary based on witness statements and other</p>						

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	evidence collected. The report will be maintained in a confidential, secured file at the office. The investigation file will include the following components: a clear statement indicating why the investigation/review is being conducted along with the nature of the allegations/event (e.g., allegation of neglect, etc.), a clear statement of the event or alleged event in a time-line format including what, where, and when the event happened or is alleged to have happened, Identification by name and title of all involved parties or alleged involved parties including any victim(s) or alleged victim(s), all staff assigned to the victim(s) or alleged victim(s) at the time of the incident, all alleged perpetrators, when indicated; and all actual or potential witnesses to the event or alleged event, signed and dated statements from all involved parties, including all actual and potential witnesses to the event or alleged event, a statement describing all record and other document review associated with the event or alleged event, copies of all records and other documents reviewed that provide evidence supporting the finding of the investigation or review, if there are any discrepancies/conflicts between the evidence gathered, the discrepancy is resolved and/or explained, a determination if rights have been						

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

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	<p>violated, if services and/or care were not provided or were not appropriately provided, if agency policies and/or procedures were not followed, and/or if any federal or state regulations were not followed, a clear statement of substantiation or non-substantiation of any allegation that includes a description/summary of the evidence that result in the finding, a definitive description of all corrective actions developed and implemented and/or to be implemented as a result of the investigation or review, including completion dates for each corrective action, the signature, name and title of the person completing the investigation and the date the investigation was completed.</p> <p>5. An investigative peer review committee chosen by the Executive Director will meet to discuss the outcome of the investigation and to ensure that a thorough investigation has been completed. Members of the committee must include at least one of the investigators, the Executive Director or designee, Program Manager, QA representative and a Human Resources representative."</p> <p>This federal tag relates to Complaint #IN00236367.</p>						

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W 0157 Bldg. 00	<p>9-3-2(a)</p> <p>483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken. Based on observation, record review and interview for 3 of 4 sampled clients (B, C and D) and 4 additional clients (E, F, G and H), for 7 of 17 reportable incidents (Bureau of Developmental Disabilities Services/BDDS reports) of abuse/neglect reviewed, the facility failed to implement effective corrective measures in regards to client to client physical/emotional abuse.</p> <p>Findings include:</p> <p>Observations were completed at the facility on the evening of 10/10/17 from 4:15 PM until 6:40 PM. Client B was not at the facility. The facility's medication room window was observed to be made of Plexiglas. The medication room door had 9 holes in it. The deep freezer near the medication room had 3 dents in the front of it. There were three drawer fronts missing from the kitchen cabinets in the kitchen/dining area. Client B's bedroom door was</p>			W 0157	<p>W157: If alleged violation is verified, appropriate corrective action must be taken.</p> <p>Corrective Action: (Specific): All staff in the home will be re-trained on the operation standard for reporting and investigating allegations of abuse, neglect, exploitation, mistreatment and violation of individual rights. The medication door has been replaced, a bedroom door was replaced and the cabinets was fixed or replaced. The Site Supervisor will be re-trained on the timely completion of maintenance requests for items that need repaired in the home.</p> <p>How others will be identified: (Systemic): The site supervisor will be in the home at least five times weekly to ensure all operation standards and policies are being followed. The maintenance coordinator will visit the home at least monthly and complete an environmental inspection checklist and turn it</p>		11/15/2017

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	<p>missing. Staff was asked (10/10/17 at 5:17 PM) why there were 9 holes in the medication room door, and why the bedroom door and drawer fronts were missing. Staff #2 stated, "She [client B] was very angry - that is why."</p> <p>The facility's Bureau of Developmental Disabilities Services/BDDS reports, incident reports and investigations were reviewed on 10/10/17 at 1:00 PM and on 10/11/17 at 11:00 AM and indicated the following:</p> <p>1) A BDDS report dated 9/27/17 indicated an incident on 9/26/17 at 12:00 PM. "[Client B] was being noncompliant during the morning and stayed in her room. Staff periodically checked on her and then at approximately 12pm staff (staff #3) went to check on [client B] and saw her going out the door by her bedroom. Staff then got in the van and followed [client B] to a nearby school playground. Staff also contacted the area supervisor while maintaining line of sight of [client B]. The area supervisor arrived at the school and [client B] was sitting at the back side of it. As the area supervisor approached [client B], [client B] became verbally aggressive and then got up and began running around the school yard and adjoining empty lot. The staff followed [client B] and when she went toward the</p>				<p>into the Program Manager for the next six months, if any areas are noted as needing repair the maintenance coordinator will schedule the repairs immediately. The Area Supervisor will visit the home at least every other week to complete and environmental inspection checklist and follow up on all repairs completed by the maintenance coordinator.</p> <p>Measures to be put in place: All staff in the home will be re-trained on the operation standard for reporting and investigating allegations of abuse, neglect, exploitation, mistreatment and violation of individual rights. The medication door has been replaced, a bedroom door was replaced and the cabinets was fixed or replaced. The Site Supervisor will be re-trained on the timely completion of maintenance requests for items that need repaired in the home.</p> <p>Monitoring of Corrective Action: The site supervisor will be in the home at least five times weekly to ensure all operation standards and policies are being followed. The maintenance coordinator will visit the home at least monthly and complete an environmental inspection checklist and turn it into the Program Manager for the next six months, if any areas are noted as</p>		

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	<p>front of the school and attempted to enter the building staff placed [client B] in a 2 person YSIS (You're Safe, I'm Safe) hold (facility approved behavior management techniques), called 911 for assistance and then police and EMS (Emergency Medical Services) arrived on the scene and [client B] was released from the hold. The YSIS is HRC (facility's Human Rights Committee) and BSP (in client B's Behavior Support Plan) approved and was implemented for approximately 5 - 8 minutes."</p> <p>The BDDS report's "Plan to Resolve" component indicated:</p> <p>"[Client B] was transported to [name of hospital] ER for evaluation. Her mother (guardian) then made arrangements for [client B] to be transported to [name of hospital] in [city]. At this time [client B] remains inpatient with no anticipated discharge date. [Agency] remains in contact with the guardian and hospital for discharge and after care planning information."</p> <p>A "Consumer Elopement Investigation" signed by Lead QIDP/Qualified Intellectual Disabilities Professional #1 for the 9/26/17 incident concerning client B and staff #3 indicated the following. "Briefly describe the incident and any sustained injury if any. [Client B] was in her room banging on the walls for 2</p>		<p>needing repair the maintenance coordinator will schedule the repairs immediately. The Area Supervisor will visit the home at least every other week to complete and environmental inspection checklist and follow up on all repairs completed by the maintenance coordinator.</p> <p>Completion date: 11.15.17</p>				

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	<p>hours. Staff asked her to please stop, but she kept going. Staff walked away and 18 minutes later staff went to check on her and she was gone. Staff checked around the house first and she wasn't anywhere to be found. Staff walked outside and walked down the driveway and still didn't see her. Staff then went back in the house, locked all the doors and got in the van and went looking for her. She was spotted by [name of elementary school]. Staff got out of the van to walk towards her. She took off again. Staff called for backup and still followed her. She jumped over the playground fence with staff following. When the backup arrived, staff was still following her around the school yard. Staff then called 911 and while waiting on 911 staff got ahold of [client B] and placed her in Company and BSP approved 2 man YSIS until 911 arrived."</p> <p>The staff interview component of the Elopement Investigation indicated the following regarding staff #3, who was on duty at the time of the incident with client B: "Staff was in the office working on paperwork and checking on [client B]. [Client B] was lying down in her room hitting the walls. Staff tried to redirect her but couldn't. 20 minutes later [client B] was nowhere to be found. Staff went to look for her and found her by the Elementary school and called for back</p>						

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	<p>up. Staff got her into YSIS and called 911."</p> <p>A BDDS follow up report dated 10/11/17 indicated client B's Risperdal (antipsychotic medication) had been increased from 0.5 milligrams/mg twice daily to 1.00 mg twice daily. The client was to be discharged from the hospital to the facility's care on 10/12/17.</p> <p>2) A BDDS report dated 8/26/17 indicated an incident regarding client B on 8/19/17 at 2:20 PM. The date of knowledge of the incident was noted to be 8/25/17. "On 8.19.17 [client B] was transported and admitted to a [type of hospital] in [city] due to the recent behaviors of physical aggression and per her guardians recommendations. This was discussed at a team meeting on 8.17.17."</p> <p>The BDDS report's "Plan to Resolve" component indicated: "[Client B] will be evaluated at the [hospital] for up to 14 days. The IR (incident report) was not submitted until 8.25.17 therefore all staff will be in serviced (sic) on timely incident reporting. In addition [agency] remains in contact with the hospital for discharge and after care."</p> <p>3) BDDS report dated 7/26/17 indicated an incident with client B on 7/25/17 at</p>						

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	<p>7:40 PM.</p> <p>"[Client B] was in the living room relaxing on the couch after staff redirected her away from soft drinks due to medical issues and her restriction of one soft drink daily. [Client B] then left the home unannounced and went to the neighborhood store and got a soft drink. [Client B] then returned home after approximately 50 minutes, took the phone for her phone time, went in the office area, slammed the door and began throwing chairs. [Client B] then became calm and there were no further issues."</p> <p>The BDDS report's "Plan to Resolve" component indicated:</p> <p>"The team will meet to discuss the incident and if any changes are needed at this time. The staff will continue to report all incidents of elopement immediately and [client B] will receive counseling on the dangers of leaving the home without supervision and without notifying the home staff. At this time [client B] is doing well with no further issues and received no injuries during the time she was out of the home alone."</p> <p>4) A 5/19/17 BDDS report indicated client B had a behavioral incident at the workshop on 5/19/17.</p> <p>The BDDS report by workshop supervisory staff #1 indicated, "[client B]</p>						

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	<p>was having a physically aggressive behavior and throwing chairs on the work floor. [Workshop supervisory staff #1] initiated SCM (Safe Crisis Management/a standing extended arm assist-manual restraint), upper torso to prevent harm to offending consumer (client B), staff and other consumers on the work floor as well as to prevent property destruction. Consumer calmed quickly (three seconds) and (facility) staff were notified to come and pick her up." Interview with workshop supervisory staff #1 on 10/11/17 at 2:44 PM indicated client B did not attend workshop on a routine basis. When client B did attended, she would refuse to work. The client would act out to receive attention. The client's behaviors would escalate as in the throwing of the dining area's metal/plastic chairs. The client's peers (Clients H, C, F, G and E) had expressed fear of her when she exhibited the destructive behaviors.</p> <p>5) BDDS report of 5/18/17 of an incident on 5/17/17 at 7:58 PM of injury of known origin. "ON 5/17/17 [client B] was outside when she became upset. Staff prompted [client B] to come inside and take her 8:00 PM medications and [client B] punched the glass window, breaking it and cutting her hand. [Client B] then entered the office,</p>						

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	<p>threw a chair, slammed the door and staff implemented one person You're safe I'm safe (YSIS/facility approved behavior management system) techniques per her BSP/Behavior Support Plan. [Client B] was able to hit staff in the chest, [client B] calmed down and no further YSIS was needed. The nurse and EMS (Emergency Medical Services) was (sic) called. [Client] was transported to ER (local emergency room) for evaluation of her hand. Upon arrival to the ER, [client B] was assessed and diagnosed with a laceration to her hand." The BDDS report's "Plan to Resolve (Immediate and Long Term)" component indicated client B would follow-up with her primary care physician and she had a BSP in place for aggression.</p> <p>6) BDDS report dated 4/29/17 indicated client to client physical aggression which occurred on 4/28/17 at 9:43 PM. Clients A and B, "began cursing at one another. Staff used verbal redirection and before staff could intervene, they began to hit one another and fell to the ground." Staff separated both individuals and assessed them for injuries. Client B had redness on the right knee. Client A had scratches on the right palm due to the fall. The BDDS report's "Plan to Resolve (Immediate and Long Term)" component indicated, "Both</p>						

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	<p>individuals have BSP's (sic) in place to address the aggression, immediate preventative measures include review of bill of rights and grievance procedure with both individuals and guardians and a client to client investigation will be completed. Staff will continue to follow plans and report any incidents or behaviors to the team."</p> <p>Confidential interview/CI #1 indicated clients were fearful of client B when physical aggression and property destruction were exhibited by client B. CI #1 stated clients "Go to my room and lock the door," when client B displays behaviors. CI #1 stated "she [client B] scares me."</p> <p>Confidential Interview/CI #2 indicated when client B eloped to the elementary school she pounded on the doors and the school's alarm sounded. The school's principal was notified. Children at the playground witnessed the behaviors. Two staff could not contain her so police were called and she was transported to a local hospital. At the hospital, it took "five people" to restrain her. She has broken windows and thrown chairs. Some windows have been replaced with Plexiglas. Her behaviors are increasing. The other "clients (clients C, D, E, F, G and H) in the home are</p>						

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W 9999 Bldg. 00	<p>afraid of client B]."</p> <p>When asked what is done when client B is having aggressive and destructive behaviors interview with client E on 10/10/17 at 5:25 PM stated: "Stay in my room until staff say it's safe to come out." "[Client B] threw dining room chairs and broke glass, fell and cut her hand."</p> <p>This federal tag relates to Complaint #IN00236367.</p> <p>9-3-2(a)</p> <p>State Findings</p> <p>The following Community Residential Facilities for Persons with Developmental Disabilities Rule was not met.</p> <p>460 IAC 9-3-1(b)(4) Governing Body (b) The residential provider shall report the following circumstances to the division by telephone no later than the first business day followed by written summaries as requested by the division.</p> <p>(4) Illness of any resident which requires hospitalization....</p>			W 9999	<p>W999: The following Community Residential Facilities for Persons with Developmental Disabilities Rule was not met.</p> <p>Corrective Action: (Specific): The Quality Assurance Coordinator will be retrained on timely reporting on BDDS guidelines.</p> <p>How others will be identified: (Systemic): The Quality Assurance Manager will meet with the Quality Assurance Coordinator weekly to ensure all incident are being reported timely within the BDDS guidelines.</p>		11/15/2017

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	<p>The state rule was not met as evidenced by:</p> <p>Based on record review and interview for 1 of 4 sampled clients (B), for 1 of 17 of reportable incidents (Bureau of Developmental Disabilities Services/BDDS reports) reviewed, the facility failed to report an incident of hospitalization of client B in a timely manner.</p> <p>Findings include:</p> <p>The facility's Bureau of Developmental Disabilities Services/BDDS reports, incident reports and investigations were reviewed on 10/10/17 at 1:00 PM and on 10/11/17 at 11:00 AM and indicated the following:</p> <p>A BDDS report dated 8/26/17 indicated an incident regarding client B on 8/19/17 at 2:20 PM. the date of knowledge of the incident was noted to be 8/25/17. "On 8.19.17 [client B] was transported and admitted to a [type of hospital] in [city] due to the recent behaviors of physical aggression and per her guardians recommendations. This was discussed at a team meeting on 8.17.17.</p> <p>The BDDS report's "Plan to Resolve" component indicated: [Client B] will be evaluated at the</p>				<p>Measures to be put in place: The Quality Assurance Coordinator will be retrained on timely reporting on BDDS guidelines</p> <p>Monitoring of Corrective Action: The Quality Assurance Manager will meet with the Quality Assurance Coordinator weekly to ensure all incident are being reported timely within the BDDS guidelines.</p> <p>Completion date: 11.15.17</p>		

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	<p>[hospital] for up to 14 days. The IR (incident report) was not submitted until 8.25.17 therefore all staff will be in serviced (sic) on timely incident reporting. In addition [agency] remains in contact with the hospital for discharge and after care."</p> <p>Interview was conducted with Quality Assurance Manager staff on 10/13/17 at 10:45 AM regarding client B's hospitalization on 8/19/17. The client's guardian/mother had arranged for the hospitalization and the transportation to the hospital. The facility staff did not report the absence and hospitalization of client B to Quality Assurance/QA staff so a reportable incident could be filed in a timely manner. The interview indicated the agency's policy indicated an incident report would be filed and sent to QA and supervisory staff would be notified of any incident regarding clients. The facility's staff had not followed the timely reporting policy.</p> <p>This federal tag relates to Complaint #IN00236367.</p> <p>9-3-1(b)(4)</p>						