

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G745	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/02/2021
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NAME OF PROVIDER OR SUPPLIER RES CARE SOUTHEAST INDIANA	STREET ADDRESS, CITY, STATE, ZIP COD 16611 SIMA GRAY RD HENRYVILLE, IN 47126
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W 0000 Bldg. 00	<p>This visit was for a pre-determined full recertification and state licensure survey. This visit included a Covid-19 focused infection control survey.</p> <p>Survey dates: 11/29/21, 11/30/21, 12/1/21 and 12/2/21.</p> <p>Facility Number: 011663 Provider Number: 15G745 AIMS Number: 200902020</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 12/14/21.</p>	W 0000		
W 0140 Bldg. 00	<p>483.420(b)(1)(i) CLIENT FINANCES</p> <p>The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of clients. Based on record review and interview for 4 of 4 clients living at the group home (#1, #2, #3 and #4), the facility failed to ensure a full and complete accounting of clients #1, #2, #3 and #4's personal funds entrusted to the facility.</p> <p>Findings include:</p> <p>On 11/29/21 at 4:44 PM a review of the clients' finances was completed. The review indicated the following:</p> <p>1) Client #1 did not have a financial ledger available for review that included a \$52.00 monthly</p>	W 0140	To Correct the deficient practice, all supervisory staff have been re-trained on ResCare client finances procedures. 1,2,3, and 4 have had ledgers created and updated by the supervisory staff. Additionally, the Rescare supervisory team will meet to discuss the best practices of client finances at the ESN homes, ensure no others were ResCare will Audit the past 3 months of client finances to ensure they are accurate and up	01/02/2022

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>allotment of spending money on a P-Card (Home Debit Card). Client #1 did not have any cash in the home.</p> <p>2) Client #2 did not have a financial ledger available for review that included a \$52.00 monthly allotment of spending money on a P-card. Client #2 did not have any cash in the home.</p> <p>3) Client #3 did not have a financial ledger available for review that included a \$52.00 monthly allotment of spending money on a P-card. Client #3's actual cash on hand balance totaled \$19.60. Interview on 11/29/21 at 4:47 PM with the Qualified Intellectual Disabilities Professional (QIDP) indicated the \$52.00 monthly allotment of spending money was personal client money that should be accounted for on their cash on hand ledger. Client #3 ledger's did not include the \$52.00 monthly allotment of spending money on a P-Card for his portion.</p> <p>4) Client #4 did not have a financial ledger available for review that included a \$52.00 monthly allotment of spending money on a P-card. Client #4 did not have any cash in the home.</p> <p>On 11/29/21 at 4:47 PM, the QIDP asked staff #1 how they accounted for the client P-card in the binder and stated to staff #1, "Every client is allowed \$52.00. We don't have that actually logged. It needs to be, but it's not". The QIDP indicated she would be unable to provide accounting of clients #1, #2, #3 and #4 P-card purchases and use of money. The Surveyor then asked staff #1 a clarifying question that the P-card was not an individualized card for use. Staff #1 stated, "Correct, The flaw is one card".</p> <p>On 11/29/21 at 4:59 PM, the QIDP was</p>		to date. Additional monitoring will be achieved through weekly ledger review completed by the QIDP/Area Supervisor. Ongoing monitoring will be completed by monthly ledger review from the AS, and Monthly site reviews completed by ResCare supervisory staff.	

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W 0149 Bldg. 00	<p>interviewed. The QIDP was asked to describe the financial accounting issue. The QIDP stated, "Staff completing the ledgers understanding the need for accounting of the \$52.00. Within their personal ledgers. I get where they see it's a P-card and receipts (not itemized)".</p> <p>On 11/20/21 at 1:07 PM, the Assistant Executive Director (AED) was interviewed. The AED was asked about the accounting for clients #1, #2, #3 and #4's monthly allotment of \$52.00 spending money and their personal ledgers. The AED indicated a delay in moving to individual P-cards had occurred. The AED indicated staff should be using the P-card and maintaining itemized accounting through the clients' personal ledgers. The AED indicated the process was intended to ensure all clients had spending money to prevent behavioral issues for those who did not receive or have monies at times. The AED indicated the process needed to be reevaluated, but it was believed once the individualized P-cards were issued per client, the accounting would be simplified for obtaining individual receipts, expenditures and deposits. The AED was asked if staff should maintain accurate accounting of all monies for clients #1, #2, #3 and #4. The AED indicated yes by shaking his head.</p> <p>9-3-2(a) 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 record review and interview for 8 of 45 incident reports affecting clients #2, #3, #4 and former client #1, the facility failed to implement its policy and procedures for prohibiting abuse,</p>	W 0149	To correct the deficient practice all site staff have been re-trained on ResCare's ANE policy and procedures. As well as all clients	01/02/2022

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	<p>neglect, exploitation, mistreatment or violation of an individual's rights to prevent 1) a pattern of client-to-client physical aggression between clients #2, #3, #4 and former client #1 and 2) prevent former client #1 from elopement to a highway with escalated aggression.</p> <p>Findings include:</p> <p>On 11/29/21 at 2:52 PM, a review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports and accompanying investigation summaries was conducted. The review indicated the following, which affected clients #2, #3, #4 and former client #1:</p> <p>1) BDDS incident report dated 5/11/21 indicated, "It was reported [client #3] and [neighboring peer] were outside eating when [neighboring peer] kicked [client #3] in the groin area for no apparent reason. Staff was able to verbally redirect the men. No injuries were reported".</p> <p>Investigation Summary dated 5/11/21 indicated, "Briefly describe the incident: Staff and clients were at a picnic for all houses together. Clients were engaged in games. [Neighboring peer] ran up to and kicked [client #3] in the genital area ... Recommendations: Clients need to remain separated for a time to allow clients to calm down and move on from incident. Staff will continue to provide support and follow the clients BSPs (Behavior Support Plans) to maintain safety".</p> <p>BDDS incident report dated 5/12/21 indicated, "It was reported [client #3] was getting water to take medications when [client #4] hit [client #3] on the right arm. Staff verbally redirected [client #4] and he began to hit and kick staff. [Client #4] hit his head on the window and hit his arm on the bed.</p>		<p>BSP and behavioral protocols.¿ The IDT will convene to the ESN clients the IDT is addressing all needs and will update the plans per the IDT recommendations. All staff will be trained on any updates from the IDT.¿Additionally,¿the BC, QIDP, and AS have been trained to ensure the IDT is addressing any patterns of behaviors displayed by the clients. ¿Ongoing monitoring will be achieved through weekly site visits from the BC and QIDP¿to ensure staff are following ANE policies and all clients plans in place.¿</p>	

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	<p>[Client #4] sustained a ¼ inch scratch on his left arm. Staff applied first aid. Staff was able to verbally redirect [client #4]. [Client #3] sustained no injuries".</p> <p>Investigation Summary dated 5/13/21 indicated, "Briefly describe the incident: Clients were by the office door. As [client #3] went to get water to take meds (medicines), [client #4] reached out and 'slapped' him in the arm ...Is there a pattern of occurrences between these two clients? Yes ... Recommendations: Team will need to meet and discuss any changes to the BSPs of clients to reduce the behaviors of [client #4]".</p> <p>-BDDS incident report dated 7/27/21 indicated, "It was reported [client #2] was in the living room when [client #4] came out of his bedroom and hit [client #2] on the chest. Staff verbally redirected [client #4]. [Client #2] sustained a 1-inch red mark on the left side of his chest. The red mark has since disappeared".</p> <p>Investigation Summary dated 7/30/21 indicated, "Briefly describe the incident: [Client #2] was standing in the middle of the living room on shared side of home with housemate. [Client #4] ran out of his room directly to [client #2] and smacked him in the chest and ran away. Staff assessed [client #2] and noted a small red mark on his left chest area. [Client #4] was redirected back to his room to calm ... Is there a pattern of occurrences between these two clients? There isn't a pattern but there have been incidents in the past ... Recommendations: Clients in this home are prone to client to client. BSPs of all clients address physical aggression. Clients agitate each other on a daily basis. Staff need to ensure that one staff remain on each side of the home to intervene immediately when clients are in close</p>			

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	<p>proximity".</p> <p>-BDDS incident report dated 8/2/21 indicated, "It was reported [client #3] was sitting in the living room when [client #2] approached [client #3] and pulled [client #3's] hair then hit [client #3] in the rib area. Staff verbally redirected [client #2] ...".</p> <p>Investigation Summary dated 8/4/21 indicated, "Briefly describe the incident: [Client #2] came to other side of home in the living room and pulled [client #3's] hair and hit him in the ribs ... Is there a pattern of occurrences between these two clients? Yes. It happens often with these two clients. They are placed on opposite sides of the home to keep them apart as much as possible ...</p> <p>Recommendations: Staff need to remain close to these two clients when they are n (sic) the same area to prevent as many incidents between them as possible. Staff will follow clients' BSPs".</p> <p>-BDDS incident report dated 8/5/21 indicated, "It was reported [client #2] had been in the kitchen when he was returning to his room. [Client #4] was in his room attempting to pick up a picture from the floor. [Client #2] entered [client #4's] room and [client #4] hit [client #2] on the side of the head...".</p> <p>Investigation Summary dated 8/5/21 indicated, "Briefly describe the incident: [Client #2] went into [client #4's] room. [Client #4] became agitated and hit [client #2] in the side of the head ... Is there a pattern of occurrence between these two clients? Yes, they share one side of the home. They are often agitating each other ...</p> <p>Recommendations: Staff continue to follow BSPs of clients. Staff was counseled on how to be up and near these clients immediately when they are in close proximity and agitating each other".</p>			

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	<p>-BDDS incident report dated 8/7/21 indicated, "[Client #3] had been sitting outside when [Former client #1] began to chase [client #3] then tackled [client #3]. Both men fell to the ground. Police were called for safety of other clients. Staff initiated two-man YSIS (You're Safe, I'm Safe) with [former client #1]. [Former client #1] was calm when police and EMS (emergency medical service) arrived. EMT (emergency medical technician) did assessment on [client #3] as he was complaining of pain in his ankle. EMT reported normal findings. [Client #3] had no visible injuries. [Former client #1] sustained an 8-inch abrasion on the side of his left shin".</p> <p>Investigation Summary dated 8/9/21 indicated, "Briefly describe the incident: [Client #3] was staring at [former client #1] outside. [Former client #1] ran toward [client #3] and tackled him to the ground ... Is there a pattern of occurrences between these two clients? Yes ... Recommendations: Police were called but clients were calmed before police arrived. Police left without further incident. Staff will continue to work to keep clients apart and intervene early during interactions of the two clients".</p> <p>-BDDS incident report dated 8/18/21 indicated, "It was reported [client #3] was staring at [former client #1] when [former client #1] became agitated and went into [client #3's] bedroom and began to scratch, hit and attempted to bite [client #3]. Police were called for assistance. Staff initiated two-man YSIS for 4 seconds until [former client #1] stopped hitting [client #3]. When police arrived, [former client #1] hit an officer with his light saber. [Former client #1] was handcuffed and led out to the police vehicle where he kicked the back of the police vehicle, causing damage.</p>			

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	<p>[Former client #1] was transported to [name] county jail and charged with Resisting Arrest. [Former client #1] was also detained for a previous warrant. [Former client #1] remains in jail. [Client #3] sustained one 1 ½ inch and one ¼ inch scratches on his right hand and one 2-inch scratch on his right forearm".</p> <p>Investigation Summary dated 8/17/21 indicated, "Briefly describe the incident: Clients were in the living room together watching television. [Client #3] was staring at [former client #1]. After repeated requests to stop staring, [former client #1] jumped on [client #3] and began to hit, bite and scratch [client #3] ... Is there a pattern of occurrences between these two clients? Yes ... Recommendations: BC (Behavior Clinician) will review client's BSP to identify any changes that need to be made".</p> <p>-BDDS incident report dated 9/11/21 indicated, "[Client #2] went to take his medications when his housemate, [client #3] began antagonizing him. [Client #2] ran to [client #3] and hit him in the torso 4-5 times then ran back to the other side of the home".</p> <p>Investigation Summary dated 9/14/21 indicated, "Briefly describe the incident: [Client #2] came to side of home that is not his assigned area in order to get his medications. While on that side of the home, [client #3] began to say things to [client #2] and was (according to staff; redirected at least 5 times) antagonizing him. [Client #2] ran up to [client #3] and repeatedly hit him in the torso. [Client #2] ran to his side of the home and staff talked to him about what he had done. [Client #3] had red marks on his torso that staff felt might turn into bruises. Staff contact Nurse to report ... Is there a pattern of occurrences between these</p>			

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	<p>two clients? Yes ... Recommendations: Ensure staffing ratio is in (sic) followed. Have staff follow BSPs of these clients and be aware they are in close proximity to each other so that interactions can occur immediately".</p> <p>2) BDDS incident report dated 6/21/21 indicated, "It was reported [former client #1] became agitated when staff verbally redirected him out of a housemate's bedroom. [Former client #1] went outside with staff following. [Former client #1] told staff he was going to run away. [Former client #1] went toward the highway and began walking alongside the highway. A second staff arrived and attempted to verbally redirect [former client #1] and [former client #1] attempted to hit staff. Police arrived at the scene and were able to speak with [former client #1] and [former client #1] returned to the group home. [Former client #1] then began to attempt to hit and bite staff. [Former client #1] also destroyed a downspout on the house and used a rock to break a window. Police then transported [former client #1] to jail and charged him with property destruction. [Former client #1] was released to staff on his own recognizance".</p> <p>Investigation Summary dated 6/19/21 indicated, "Briefly describe the incident: Client (former client #1) became upset over being asked to leave another client's room. Client threatened to elope and left area. Client (former client #1) was observed while walking away from home. Client returned to home and began beating on window in other consumer's room. Client bent the downspout near the window. Police were called. Police arrested client (former client #1) and took him to [name] county jail ... Recommendations: Staff will continue to provide support in verbally redirecting client in the early stage of crisis. Staff</p>			

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W 0153 Bldg. 00	<p>will follow all preventative and reactive strategies with client".</p> <p>On 12/1/21 at 10:18 AM, the Qualified Intellectual Disabilities Professional (QIDP) was interviewed. The QIDP was asked about the pattern of client-to-client physical aggression, former client #1's elopement to the highway with police involvement and implementation of the abuse, neglect, exploitation, mistreatment and or violation of individuals rights (ANE) policy. The QIDP indicated a pattern of client-to-client physical aggression had occurred. The QIDP indicated client #2 and client #3 had been separated to other sides of the home. The QIDP stated, "The room change happened based on the client-to-client. The QIDP was asked about former client #1's elopement with police involvement. The QIDP indicated the incident had occurred. The QIDP was asked if the ANE policy should be implemented at all times. The QIDP stated, "Yes, absolutely.</p> <p>On 12/1/21 at 3:25 PM, the ANE policy dated 5/5/21 was reviewed. The ANE policy indicated, "ResCare staff actively advocate for the rights and safety of all individuals ... ResCare strictly prohibits abuse, neglect, exploitation, mistreatment, or violation of an Individual's rights".</p> <p>9-3-2(a)</p> <p>483.420(d)(2)</p> <p>STAFF TREATMENT OF CLIENTS</p> <p>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</p>			

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	<p>established procedures.</p> <p>Based on record review and interview for 1 of 7 incident reports affecting former client #1, the facility failed to ensure former client #1's elopement with police involvement on 6/19/21 was immediately reported to the administrator and to the Bureau of Developmental Disabilities Services (BDDS) within 24 hours.</p> <p>Findings include:</p> <p>On 11/29/21 at 2:52 PM, a review of the BDDS incident reports and accompanying Investigative Summaries was completed. The reports indicated:</p> <p>-BDDS incident report dated 6/21/21 indicated, "It was reported [former client #1] became agitated when staff verbally redirected him out of a housemate's bedroom. [Former client #1] went outside with staff following. [Former client #1] told staff he was going to run away. [Former client #1] went toward the highway and began walking alongside the highway. A second staff arrived and attempted to verbally redirect [former client #1] and [former client #1] attempted to hit staff. Police arrived at the scene and were able to speak with [former client #1] and [former client #1] returned to the group home. [Former client #1] then began to attempt to hit and bite staff. [Former client #1] also destroyed a downspout on the house and used a rock to break a window. Police then transported [former client #1] to jail and charged him with property destruction. [Former client #1] was released to staff on his own recognizance". This incident occurred on 6/19/21 and was not reported until 6/21/21.</p> <p>Investigation Summary dated 6/19/21 indicated, "Briefly describe the incident: Client (former client #1) became upset over being asked to leave</p>	W 0153	To correct the deficient practice all site staff have been trained to report all incidents to the QA department in a timely manner. Additionally, supervisory staff have been trained to send any details to the QA department to ensure BDDS reports are submitted in a timely manner. Ongoing monitoring will be achieved through daily review of incident reports by the QA department to ensure all reports are reported to BDDS within 24 hrs.	01/02/2022	

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NAME OF PROVIDER OR SUPPLIER RES CARE SOUTHEAST INDIANA	STREET ADDRESS, CITY, STATE, ZIP COD 16611 SIMA GRAY RD HENRYVILLE, IN 47126
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W 0249 Bldg. 00	<p>another client's room. Client threatened to elope and left area. Client (former client #1) was observed while walking away from home. Client returned to home and began beating on window in other consumer's room. Client bent the downspout near the window. Police were called. Police arrested client (former client #1) and took him to [name] county jail ... Recommendations: Staff will continue to provide support in verbally redirecting client in the early stage of crisis. Staff will follow all preventative and reactive strategies with client".</p> <p>On 12/1/21 at 10:18 AM, the Qualified Intellectual Disabilities Professional (QIDP) was interviewed. The QIDP was asked about former client #1's elopement to the highway with police involvement and the delayed reporting of the incident. The QIDP indicated the incident had occurred and stated, "I can see what you're saying".</p> <p>On 12/1/21 at 11:15 AM, the QIDP provided further feedback concerning former client #1's elopement with police involvement and the reporting of the incident on 6/19/21. The QIDP indicated the staff at the home had submitted the incident through fax to the Quality Assurance Department and therefore it was not received as a reportable incident until 6/20/21 and then submitted on 6/21/21. The QIDP was asked if this incident should have immediately been reported to the administrator and to the BDDS within 24 hours. The QIDP stated, "Yes, they should have".</p> <p>9-3-2(a)</p> <p>483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan,</p>			

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	<p>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, record review and interview for 1 of 2 sampled clients (#1), and 2 additional clients (#3 and #4), the facility failed to implement clients #1, #3 and #4's program goals.</p> <p>Findings include:</p> <p>Observation was completed on 11/30/21 from 9:42 AM to 12:10 PM. During the observation clients #1, #2 and #3 remained in their rooms lying in their beds and slept until prompted for lunch. At 9:51 AM, staff #4 stated, "Usually they go back to bed to sleep until lunch. Then they stay up for the day. We like going to the basketball court. We do things around here and visits to the forestry". Staff #4 was asked when did the clients normally get back up for lunch. Staff #4 stated, "11a to 12p". Staff #4 indicated the routine of waking up at 7 AM for medications, a family style breakfast and showers was a daily routine, but then the clients would then regularly go back to their rooms to sleep until the noon meal. At 11:38 AM, client #3 come out of his room and asked staff #5 about having a snack. Staff #5 indicated to client #3 that lunch would be in 20 minutes and to wait for his noon meal. Client #3 remained up until the noon meal was served at 11:57 AM. Client #1 came out of his room at 11:44 AM. Client #1 remained up until the noon meal was served at 11:57 AM.</p> <p>At 11:57 AM, staff #2 went into client #4's room and verbally prompted him to get up for the noon meal. During the observation, the Qualified</p>	W 0249	<p>To correct the deficient practice all site staff have been re-trained on active treatment and each client's ISP goals and schedules. The QIDP will review each client's daily schedule to ensure it is accurate and up to date. Additional monitoring will be achieved through at least weekly site visits by the QIDP to ensure staff are implementing active treatment schedules as written. Ongoing monitoring will be achieved through weekly QIDP meetings with the QIDP lead to ensure the QIDP is integrating, coordinating, and monitoring for each client.</p> <p>Addendum-</p> <p>Additional monitoring will be achieved through three times a for a period of two months. The observations will be completed by the QIDP/BC or AS.</p>	01/02/2022

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	<p>Intellectual Disabilities Professional (QIDP) asked staff #4 at 10:48 AM what client #3 was doing. Staff #4 stated, "He's asleep". The QIDP then went over to staff #2 and asked what client #1 was doing. Staff #2 stated, "sleeping". At 10:50 AM, the QIDP went over to the other side of the home and asked staff #5 about activities and if there was more participation during the afternoons. Staff #5 indicated more participation did occur during the afternoons and began to describe the various type of activities all clients enjoyed and would participate in.</p> <p>On 11/30/21 at 2:56 PM, client #1's record was reviewed. The record indicated the following:</p> <p>-Individual Support Plan (ISP) dated 10/18/21 indicated, "Priority Objectives: 1. Money Management, 2. Utilizing Coping Skills, and 3. Medication Administration ...</p> <p>OBJECTIVE: Will brush teeth twice daily with two verbal prompts 75% of the opportunities for 12 consecutive months by 10/18/22.</p> <p>OBJECTIVE: Will pick out two medications with staff assistance, state the side effects, identify, and tell staff the purpose of medication without refusal with two verbal prompts 85% of the opportunities for 12 consecutive months by 10/18/22.</p> <p>OBJECTIVE: [Client #1] will determine how much money it will take to make a purchase in the community with staff's assistance 50% of all opportunities per month for 12 consecutive months by 10/18/2022. OBJECTIVE: [Client #1] will maintain appropriate conversations and boundaries with others by choosing an appropriate social skill to demonstrate frustration with others 75% of all opportunities per month for 12 consecutive months by 10/18/22".</p>			

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	<p>-Meaningful Day undated schedule indicated, "9:00-10:00a Sunday through Saturday - a.m. goals, 10:00-11:00a Sunday through Saturday - snack/leisure and 11:00-12:00p for Tuesday - Cards/Rummy".</p> <p>-Active Treatment schedule was being developed by the Qualified Intellectual Disabilities Professional (QIDP). The QIDP indicated client #1's Active Treatment schedule would be the same as clients #3 and #4.</p> <p>On 11/30/21 at 4:11 PM, a focused review of client #4's record was conducted. The record indicated the following:</p> <p>-Individual Support Plan (ISP) dated 3/25/21 indicated, "Priority Objectives: 1. Improve domestic skills a. To hang or fold clean laundry and put it away. 2. Increase money skills a. Making a purchase in the community. 3. Improve meal clean-up skills a. Participate in sweeping dining room floor after dinner. 4. To improve oral skills a. Brushing his teeth twice daily. 5. Increase self-administration medication skills a. Will come to med room with cup of water with one verbal prompt. 6. Improve oral hygiene a. Using his mouthwash daily ... OBJECTIVE: Will do some type of chore around the house daily with staff assistance 75% of the opportunities for 12 months by 12/1/2021. OBJECTIVE: Will make his purchases in the community by handing the cashier money with one verbal prompt 40% of the opportunities for 12 months by 12/1/2021. OBJECTIVE: Will come to med room with cup of water and identify one of his pills with one verbal prompt 75% of the opportunities for twelve months by 12/1/2021. OBJECTIVE: Will clean up his place setting after meals in the dining room</p>			

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	<p>with two verbal prompts 50% of the opportunities for 12 months by 12/1/2021. OBJECTIVE: Will brush his teeth daily with two verbal prompts 50% of the opportunities for 12 months by 12/1/2021. OBJECTIVE: [Client #4] will use his mouthwash every night with two verbal prompts 50% of opportunities for 12 months by 12/1/2021".</p> <p>-Meaningful Day undated schedule indicated, "9:00-10:00a Sunday through Saturday - a.m. goals, 10:00-11:00a Sunday through Saturday - snack/leisure and 11:00-12:00p for Tuesday - Cards/Rummy".</p> <p>-Active Treatment undated schedule indicated, "Monday through Friday: Day Program or [recreation center] M-F 8:00 AM - 12:00 PM - communication skills; vocational skills, snacks; lunch **Assist staff with meal prep and cleanup ...".</p> <p>On 11/20/21 at 4:15 PM, a focused review of client #3's record was conducted, The record indicated the following:</p> <p>-Individual Support Plan (ISP) dated 2/25/21 indicated, "PRIORITY OBJECTIVES: 1. Increase knowledge and practice of self-care by bathing daily. 2. Improve knowledge and practice of oral hygiene. 3. Participate in self-administration of medication. 4. Increase home maintenance skills by learning to do household chores. 5. Improve appropriate pedestrian skills. 6. Engaging in a healthy lifestyle. 7. Learn effective financial management ...</p> <p>OBJECTIVE: Will bathe daily with two verbal prompts 90% of the opportunities for 12 consecutive months by 2/20/2022.</p> <p>OBJECTIVE: Will brush teeth twice daily with two verbal prompts 65% of the opportunities for 12</p>			

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	<p>consecutive months by 2/20/2022.</p> <p>OBJECTIVE: Will pick out two medications with staff assistance state the side effects, identify and tell staff the purpose of medication without refusal with two verbal prompts 75% of the opportunities for 12 consecutive months by 2/20/2022.</p> <p>OBJECTIVE: Will complete an independence goal without engaging with staff or client distraction 100% of the opportunities for 12 consecutive months by 2/20/2022.</p> <p>OBJECTIVE: Will display safety and pedestrian skills in the community 100% of opportunities for 12 consecutive months by 2/20/2022.</p> <p>OBJECTIVE: [Client #3] will choose an appropriate portion of food given verbal prompt 85% of all opportunities per month for 12 consecutive months by 2/20/2022.</p> <p>OBJECTIVE: [Client #3] will determine how much money it will take to make a purchase in the community with staff's assistance 50% of all opportunities per month for 12 consecutive months by 2/20/2022. OBJECTIVE: [Client #3] will maintain appropriate conversations and boundaries with others and express his emotions in an appropriate manner (not using allegations towards staff) 75% of all opportunities per month for 12 consecutive months by 2/20/2022".</p> <p>- Meaningful Day undated schedule indicated, "9:00-10:00a Sunday through Saturday - a.m. goals, 10:00-11:00a Sunday through Saturday - snack/leisure and 11:00-12:00p for Tuesday - Cards/Rummy".</p> <p>-Active Treatment undated schedule indicated, "Monday through Friday: Day Program or [recreation center] M-F 8:00 AM - 12:00 PM - communication skills; vocational skills, snacks; lunch **Assist staff with meal prep and cleanup ...".</p>			

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W 0250 Bldg. 00	<p>On 11/30/21 at 1:25 PM, the Qualified Intellectual Disabilities Professional (QIDP) was interviewed. The QIDP was asked about clients #1, #3 and #4 sleeping during the observation period and if staff should be prompting the clients to work on goals and objectives outlined within their individual plans. The QIDP indicated staff should be prompting clients for participation. The QIDP was asked if staff should be prompting clients #1, #3 and #4 to engage in formal and informal activity participation. The QIDP stated, "They should".</p> <p>9-3-4(a)</p> <p>483.440(d)(2) 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. Based on observation, record review and interview for 1 of 2 sampled clients (#1), and 2 additional clients (#3 and #4), the facility failed to implement clients #1, #3 and #4's active treatment and/or meaningful day schedules.</p> <p>Findings include:</p> <p>Observation was completed on 11/30/21 from 9:42 AM to 12:10 PM. During the observation clients #1, #2 and #3 remained in their rooms lying in their beds and slept until prompted for lunch. At 9:51 AM, staff #4 stated, "Usually they go back to bed to sleep until lunch. Then they stay up for the day. We like going to the basketball court. We do things around here and visits to the forestry". Staff #4 was asked when did the clients normally get back up for lunch. Staff #4 stated, "11a to 12p". Staff #4 indicated the routine of waking up</p>	W 0250	To correct the deficient practice all site staff have been re-trained on active treatment and each client's ISP goals and schedules. The QIDP will review each client's daily schedule to ensure it is accurate and up to date. Additional monitoring will be achieved through at least weekly site visits by the QIDP to ensure staff are implementing active treatment schedules as written. Ongoing monitoring will be achieved through weekly QIDP meetings with the QIDP lead to ensure the QIDP is integrating, coordinating, and monitoring for each client.	01/02/2022

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	<p>at 7 AM for medications, a family style breakfast and showers was a daily routine, but then the clients would then regularly go back to their rooms to sleep until the noon meal. At 11:38 AM, client #3 come out of his room and asked staff #5 about having a snack. Staff #5 indicated to client #3 that lunch would be in 20 minutes and to wait for his noon meal. Client #3 remained up until the noon meal was served at 11:57 AM. Client #1 came out of his room at 11:44 AM. Client #1 remained up until the noon meal was served at 11:57 AM.</p> <p>At 11:57 AM, staff #2 went into client #4's room and verbally prompted him to get up for the noon meal. During the observation, the Qualified Intellectual Disabilities Professional (QIDP) asked staff #4 at 10:48 AM what client #3 was doing. Staff #4 stated, "He's asleep". The QIDP then went over to staff #2 and asked what client #1 was doing. Staff #2 stated, "sleeping". At 10:50 AM, the QIDP went over to the other side of the home and asked staff #5 about activities and if there was more participation during the afternoons. Staff #5 indicated more participation did occur during the afternoons and began to describe the various type of activities all clients enjoyed and would participate in.</p> <p>On 11/30/21 at 2:56 PM, client #1's record was reviewed. The record indicated the following:</p> <p>-Meaningful Day undated schedule indicated, "9:00-10:00a Sunday through Saturday - a.m. goals, 10:00-11:00a Sunday through Saturday - snack/leisure and 11:00-12:00p for Tuesday - Cards/Rummy".</p> <p>-Active Treatment schedule was being developed by the Qualified Intellectual Disabilities</p>			

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	<p>Professional (QIDP). The QIDP indicated client #1's Active Treatment schedule would be the same as clients #3 and #4.</p> <p>On 11/30/21 at 4:11 PM, a focused review of client #4's record was conducted. The record indicated the following:</p> <p>-Meaningful Day undated schedule indicated, "9:00-10:00a Sunday through Saturday - a.m. goals, 10:00-11:00a Sunday through Saturday - snack/leisure and 11:00-12:00p for Tuesday - Cards/Rummy".</p> <p>-Active Treatment undated schedule indicated, "Monday through Friday: Day Program or [recreation center] M-F 8:00 AM - 12:00 PM - communication skills; vocational skills, snacks; lunch **Assist staff with meal prep and cleanup ...".</p> <p>On 11/20/21 at 4:15 PM, a focused review of client #3's record was conducted, The record indicated the following:</p> <p>- Meaningful Day undated schedule indicated, "9:00-10:00a Sunday through Saturday - a.m. goals, 10:00-11:00a Sunday through Saturday - snack/leisure and 11:00-12:00p for Tuesday - Cards/Rummy".</p> <p>-Active Treatment undated schedule indicated, "Monday through Friday: Day Program or [recreation center] M-F 8:00 AM - 12:00 PM - communication skills; vocational skills, snacks; lunch **Assist staff with meal prep and cleanup ...".</p> <p>On 11/30/21 at 1:25 PM, the Qualified Intellectual Disabilities Professional (QIDP) was interviewed.</p>			

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W 0455 Bldg. 00	<p>The QIDP was asked about clients #1, #3 and #4 sleeping during the observation period and if staff should be prompting the clients to follow their active treatment schedules and/or meaningful day schedules. The QIDP indicated staff should be prompting clients for participation. The QIDP indicated a team meeting to review the routine and individual schedules would be needed. The QIDP was asked if staff should be prompting clients #1, #3 and #4 to engage in formal and informal activity participation. The QIDP stated, "They should".</p> <p>9-3-4(a)</p> <p>483.470(l)(1) INFECTION CONTROL</p> <p>There must be an active program for the prevention, control, and investigation of infection and communicable diseases. Based on observation, record review and interview for 4 of 4 clients living at the group home (#1, #2, #3 and #4), the facility failed to ensure staff implemented strategies to reduce the risk of COVID-19 by failing to ensure the visitor screening was completed and temperatures were recorded.</p> <p>Findings include:</p> <p>Observations were completed on 11/29/21 from 3:53 PM to 5:58 PM and on 11/30/21 from 9:42 AM to 12:10 PM. During observations multiple maintenance workers entered the home to complete work without being screened or having their temperature taken. On 11/29/21 the first of the maintenance workers arrived at the home and entered at 4:21 PM. At 4:55 PM, the first maintenance worker left the and then returned inside with a second maintenance worker. At 5:32</p>	W 0455	<p>To correct the deficient practice all site staff have been re-trained on ResCare Covid prevention policies including screening procedures for employees and outside entities. Additional monitoring will be achieved by weekly observations completed by the area supervisor and QIDP to ensure screening procedures are being followed. Ongoing monitoring will be achieved through routine monthly observations from administration, and the QIDP. Additionally, a monthly site and record review audit will be completed by ResCare supervisory staff.</p>	01/02/2022

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	<p>PM, the two maintenance workers exited the home and then reentered. During the observation, neither of the maintenance workers were screened for Covid-19 nor had their temperatures recorded. This affected clients #1, #2, #3 and #4.</p> <p>On 11/30/21 at 11:11 AM a maintenance worker entered the home and went to the medication administration room where repairs were being made and returned with a container. The maintenance worker indicated to staff #4 that he would return to the home around 2 PM and then exited. The maintenance worker was not screened for Covid-19 nor was his temperature recorded. At 12:01 PM, staff #4 was asked about the maintenance workers entering the home and the provider policy for visitor screening or if contractors were to self-screen like staff coming on shift for Covid-19 precautions. Staff #4 went over to the visitor log and reviewed it and stated, "They usually do. He just ran in fast". Staff #2 was then asked if the maintenance workers would self-screen or considered a visitor to the home. Staff #2 stated, "No, they're visitors. We should do that".</p> <p>On 11/30/21 at 1:34 PM, a review of the undated Covid-19 Crisis Plan was reviewed. The Covid-19 Crisis Plan indicated, "To protect our clients and employees from the potential spread of COVID-19, we are screening all visitors ... Patient/Client Visitor Screening Tool: ... Fever greater than 100.4 (degrees) F (Fahrenheit) ...(Note, we will be taking your temperature prior to your visit) ...".</p> <p>On 11/30/21 at 1:49 PM, the article "Coronavirus Disease 2019 (COVID-19): Protect Yourself" was reviewed from the website www.cdc.gov. The article indicated: "...Everyone should: Wash your hands often: Wash your hands often with</p>			

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	<p>soap and water for at least 20 seconds especially after you have been in a public place, or after blowing your nose, coughing, or sneezing. If soap and water are not readily available, use a hand sanitizer that contains at least 60% (percent) alcohol. Cover all surfaces of your hands and rub them together until they feel dry. Avoid touching your eyes, nose, and mouth with unwashed hands. Avoid close contact: Avoid close contact with people who are sick, even if inside your home. If possible, maintain 6 feet between the person who is sick and other household members. Put distance between yourself and other people outside of your home. Remember that some people without symptoms may be able to spread virus. Stay at least 6 feet from other people. Do not gather in groups. Stay out of crowded places and avoid mass gatherings. Keeping distance from others is especially important for people who are at higher risk of getting very sick. Cover your mouth and nose with a cloth face cover when around others: You could spread COVID-19 to others even if you do not feel sick. Everyone should wear a cloth face cover when they have to go out in public, for example if they have to go to the grocery store or to pick up other necessities The cloth face cover is meant to protect other people in case you are infected Continue to keep about 6 feet distance between yourself and others. The cloth face cover is not a substitute for social distancing. Cover coughs and sneezes: If you are in a private setting and do not have on your cloth face covering, remember to always cover your mouth and nose with a tissue when you cough or sneeze or use the inside of your elbow. Throw used tissues in the trash. Immediately wash your hands with soap and water for at least 20 seconds. If soap and water are not readily available, clean your hands with a hand sanitizer that contains at least 60% alcohol.</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G745	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/02/2021
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NAME OF PROVIDER OR SUPPLIER RES CARE SOUTHEAST INDIANA	STREET ADDRESS, CITY, STATE, ZIP COD 16611 SIMA GRAY RD HENRYVILLE, IN 47126
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	<p>Clean and disinfect: Clean and disinfect frequently touched surfaces daily. This includes tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets and sinks. If surfaces are dirty, clean them. Use detergent or soap and water prior to disinfection. Then, use a household disinfectant. Monitor your health: Be alert for symptoms. Watch for fever, cough, shortness of breath, or other symptoms of COVID-19. Especially important if you are running essential errands, going into the office or workplace, and in setting where it may be difficult to keep a physical distance of 6 feet. Take your temperature if symptoms develop Follow CDC (Center for Disease Control) guidance if symptoms develop".</p> <p>On 11/30/21 at 1:07 PM, the Assistant Executive Director (AED) and Qualified Intellectual Disabilities Professional (QIDP) were interviewed. The AED and QIDP were asked about the maintenance workers entering the home and if screening for Covid-19 should be implemented. Both the AED and QIDP indicated Covid-19 screening and temperatures should have occurred. The AED and QIDP were asked if the maintenance workers would be responsible for self-screening for Covid-19 like a staff coming on shift or if by policy, they should be treated as visitors to the home. The AED stated, "I think we're holding to the standard as they come into the home to be screened". Both the AED and QIDP indicated maintenance workers entering the home would screened for Covid-19 as if they were visitors and staff should have ensured the policy was implemented upon their initial entry into the home.</p> <p>9-3-7(a)</p>			