

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G723	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/19/2021
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NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP COD 13009 HORIZON DR MEMPHIS, IN 47143
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W 0000 Bldg. 00	<p>This visit was for the investigation of Complaint #IN00344804.</p> <p>This visit was in conjunction with a pre-determined full annual recertification and state licensure survey. This visit included a Covid-19 focused infection control survey.</p> <p>Complaint #IN00344804: Substantiated, Federal and state deficiencies related to the allegation(s) are cited at W149 and W186.</p> <p>Dates of survey: 2/15/21, 2/16/21, 2/17/21, 2/18/21 and 2/19/21.</p> <p>Facility Number: 004615 Provider Number: 15G723 AIMS Number: 200528230</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 3/8/21.</p>	W 0000		
W 0149 Bldg. 00	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS</p> <p>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 1 of 7 incidents affecting client A, the facility failed to implement its policy and procedures for prohibiting abuse, neglect, exploitation, mistreatment or violation of an individual's rights to prevent client A's elopement on 1/2/21.</p> <p>Findings include:</p>	W 0149	The Program Manager will ensure the Area Supervisor and Residential Manager retrain staff on the Abuse, Neglect and Exploitation Policy and disciplinary action will be given if the policy is not followed.	03/21/2021

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>On 2/16/21 at 2:30 PM, a review of the Bureau of Developmental Disabilities Services (BDDS) incident reports and accompanying Investigative Summaries was completed. The reports indicated:</p> <p>BDDS report dated 1/3/21 indicated, "It was reported [client A] become upset and exited the home. Staff was unable to follow, and police were contacted for assistance. Police located [client A] 1 mile from the home. Police transported [client A] home".</p> <p>Investigation summary dated 1/2/21 indicated, "Briefly describe the incident and any sustained injury if any. [Client A] wanted more food but per his dining plan is on portion control. When staff told [client A], he could not have anything else, [client A] walked out the front door and kept walking though staff was attempting to verbally redirect him. Non-emergency police were contacted for assistance and brought [client A] back to the residence. There were no injuries reported Interview staff involved... [Former staff #1] - [Client A] got mad over food and ran out the front door and down the road. I called law enforcement and they brought him back. I couldn't follow him because there were other clients at home ... Was there sufficient staff at the time of the incident? No".</p> <p>On 2/19/21 at 9:52 AM, the Interim Associate Director (IAD) was interviewed. The IAD was asked about the above noted incident history. The IAD indicated the incident of elopement had occurred. The IAD indicated the incident was an example of where the implementation of the Abuse, Neglect and Exploitation (ANE) policy had not occurred. The IAD stated, "That's fair. I get that" and indicated the ANE policy should be</p>		<p>Area Supervisor and Residential Manager will ensure that the Abuse, Neglect and Exploitation Policy is followed.</p> <p>Monitoring of Corrective Action: The Program Manager, Area Supervisor and Residential Manager will ensure all incidents of possible abuse, neglect and exploitation are reported to the QA department.</p> <p>Persons Responsible: Program Manager, Area Supervisor, Residential Manager, Direct Support Lead</p>	

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W 0186 Bldg. 00	<p>implemented at all times.</p> <p>On 2/19/21 at 10:00 AM, the Interim Program Manager (IPM) was interviewed. The IPM was asked about the above noted incident history. The IPM indicated the incident of elopement was an example of where the implementation of the ANE policy had not occurred. The IPM stated, "We can in-service the existing staff there". The IPM indicated implementation of the ANE policy should occur at all times and in-servicing with the existing staffing at the home for implementation of the ANE policy would be reviewed.</p> <p>On 2/19/21 at 10:22 AM, the Quality Assurance Manager (QAM) was interviewed. The QAM was asked about the above noted incident history. The QAM indicated the incident of elopement had occurred. The QAM indicated client A's elopement was an example of where the implementation of the ANE policy had not occurred. The QAM stated, "Yes, there needs to be enough staffing to implement the program plans". The QAM indicated the ANE policy should be implemented at all times.</p> <p>On 2/17/21 at 4:22 PM, the ANE policy dated 10/16/20 was reviewed. The ANE policy indicated, "ResCare strictly prohibits abuse, neglect, exploitation, mistreatment, or violation of an Individual's rights".</p> <p>This federal tag relates to complaint #IN00344804.</p> <p>9-3-2(a)</p> <p>483.430(d)(1-2) DIRECT CARE STAFF The facility must provide sufficient direct care staff to manage and supervise clients in</p>				

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	<p>accordance with their individual program plans.</p> <p>Direct care staff are defined as the present on-duty staff calculated over all shifts in a 24-hour period for each defined residential living unit.</p> <p>Based on record review and interview for 1 of 1 incident/investigative reports reviewed affecting client A, the facility failed to ensure there was sufficient direct care staff to manage and supervise client A according to his program plans.</p> <p>Findings include:</p> <p>Observation was completed on 2/15/21 from 11:45 AM to 1:02 PM. Present at the home were clients A, B, C and D along with staff #7. Clients A and C were in the dining area, client B was in his room and client D was in the living room. During the observation the clients were preparing for their noon meal of chicken with pasta and carrots.</p> <p>-At 12:03 PM staff #7 was interviewed. Staff #7 was asked about staff supports at the home. Staff #7 stated, "We're supposed to have 3 here and 2 at night. Today is because of weather. The 2 guys are usually here. It's pretty rare that just 1 person is here. We don't have a Home Manager at this time. We have a new Area Supervisor". Staff #7 was asked about elopement incidents at the home. Staff #7 indicated both client A and client B had elopement target behaviors identified in their behavior support plans. Staff #7 indicated he was not present when client A eloped from the home on 1/2/21.</p> <p>-At 12:23 PM, clients A, B and C sat down at the dining room table and began eating their noon meal. Client D was in the living room finishing a</p>	W 0186	<ol style="list-style-type: none"> The Program Manager will conduct a weekly meeting to project needs and plan coverage for open shifts. All Area Supervisors in the New Albany Program and All ESN Direct Support Leads, and Residential Managers will attend if available. ResCare New Albany Operation has brought in staff from out of town and, increased wages for DSPs outside of the ESN System including paid travel time bonuses, and mileage. Human Resources has made filling ESN Open shifts a priority, this will continue until vacancies are filled. The Area Supervisor will coordinate with ESN Residential Managers to ensure shift coverage. The unfilled shift will be reported to the Program Manager. DSP Base pay has been increased to \$13 and hour to help fill staffing vacancies, additional bonuses are being provided for qualified staff. A weekly report is being provided to the hiring manager that will identify open positions and forecast staff gains and losses. 	03/21/2021

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	<p>time limited game on his phone and then joined the group in the dining room at 12:30 PM.</p> <p>-At 12:45 PM, clients A, C and D began cleaning the dining area following their meal. Client B returned to his room after taking his plate and utensils to the kitchen sink.</p> <p>On 2/16/21 at 2:30 PM, a review of the Bureau of Developmental Disabilities Services (BDDS) incident reports and accompanying Investigative Summaries was completed. The reports indicated:</p> <p>BDDS report dated 1/3/21 indicated, "It was reported [client A] become upset and exited the home. Staff was unable to follow, and police were contacted for assistance. Police located [client A] 1 mile from the home. Police transported [client A] home".</p> <p>Investigation summary dated 1/2/21 indicated, "Briefly describe the incident and any sustained injury if any. [Client A] wanted more food but per his dining plan is on portion control. When staff told [client A], he could not have anything else, [client A] walked out the front door and kept walking though staff was attempting to verbally redirect him. Non-emergency police were contacted for assistance and brought [client A] back to the residence. There were no injuries reported Interview staff involved... [Former staff #1] - [Client A] got mad over food and ran out the front door and down the road. I called law enforcement and they brought him back. I couldn't follow him because there were other clients at home ... Was there sufficient staff at the time of the incident? No".</p> <p>On 2/17/21 at 3:03 PM, the Interim Associate Director (IAD) was interviewed. The IAD was</p>		<p>Persons Responsible: Program Manager, Human Resource, Quality Assurance, Area Supervisor, Behavior Clinician, QIDP, Residential Manager, and DSP.</p>	

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	<p>asked about client A's incident of elopement on 1/2/21 and the staffing levels at the home. The IAD indicated the home operated with 12-hour shift, 7 AM to 7 PM (Day Shift) and 7 PM to 7 AM (Evening Shift). The IAD was asked if the staffing ratio had been maintained at the home and during client A's elopement. The IAD indicated that staffing ratio had not been maintained. The IAD stated, "We've taken corrective action to address that. We're putting a DSL (Direct Support Lead) in each home. We've hired 2 RMs (Residential Managers). The old system was an RM in each house and an Area Supervisor. We're increasing management at the homes".</p> <p>On 2/17/21 at 1:33 PM, client A's record were reviewed. The record indicated the following:</p> <p>-Individual Support Plan (ISP) dated 1/11/21 indicated, "[Client A] requires supervision to ensure basic ADL's (Adult Daily Living Skills) are completed. [Client A] has several health concerns at this moment that require 24- hour supervision and care. [Client A] needs help through verbal prompting and assistance when evacuating the residence during emergencies. The interdisciplinary team recommends that [client A] have supervision while participating in community activities due to his current diagnoses and inappropriate behaviors as well as health and safety issues ...".</p> <p>-Behavior Support Plan (BSP) dated 9/18/20 indicated, "Target Behaviors: ... Elopement: any occurrence of leaving the area with the intent to escape staff supervision at home or in community ... Reactive Procedures: ... Elopement: Verbally redirect him back to his side of the house. Engage him in a preferred activity with the staff in his area.</p>			

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	<p>If he is attempting to leave the area, request that he go for a walk with staff and/or go to an area away from the source of what may be frustrating/bothering him. If he continues to attempt to leave or does leave, immediately follow him and continue to redirect him back to the assigned area or an area where you can problem solve with him. If he complies provide abundant praise and work with him on what if bothering him. If he does not comply, immediately notify the AS (Area Supervisor) and BC (Behavior Clinician) of the incident. If while at the home, he is attempting to leave and is walking in the neighborhood or toward [name of road], staff will block him from going that direction. If the behavior persist and he gets to the end of the driveway, staff will implement YSIS (You're Safe I'm Safe) starting with one-person physical redirection. If the behavior persist staff will implement the two-person physical redirection. If necessary, the two person lift is applicable only for elopement and other behaviors displayed that are life threatening. If [client A] displays any other target behavior, follow the reactive procedure for that behavior ...".</p> <p>On 2/17/21 at 3:39 PM, staffing time records were reviewed for the date of 1/2/21, the date of client A's elopement. The staffing coverage indicated the following:</p> <p>-Former staff #1 clocked in on 1/2/21 at 7:19 AM and clocked out at 7:17 PM for the day shift.</p> <p>-Staff #7 clocked in for his evening shift on 1/1/21 and clocked out at 7:38 AM on 1/2/21. Staff #7 clocked back in during the evening hours of 1/2/21 at 7:16 PM.</p> <p>-Staff #6 clocked in for her evening shift on 1/1/21 and clocked out at 7:20 AM on 1/2/21. Staff #6</p>				

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	<p>clocked back in during the evening hours of 1/2/21 at 6:52 PM.</p> <p>The staffing coverage on 1/2/21, the date of client A's elopement, was 1 staff during the day shift hours of 7 AM to 7 PM and 2 staff during the evening shift between the hours of 7 PM to 7 AM.</p> <p>On 2/18/21 at 2:41 PM, the undated Reimbursement Guidelines for the 24 hour Extensive Support Needs Residences were reviewed. The record indicated, "Individuals living in residences under this category must be supervised at all times and the staffing pattern at full capacity should be a minimum of: three (3) staff on the day shift; three (3) staff on the evening shift; and two (2) staff on the night shift". From observation, interviews with staff and a record review of the previous 3 weeks of time records, the use of 2 staff members scheduled during the 8 AM to 8 PM day shift was indicated.</p> <p>On 2/19/21 at 10:00 AM, the Interim Program Manager (IPM) was interviewed. The IPM was asked about the above staffing coverage at the home on the day of client A's elopement on 1/2/21 and if day shift hours were between 7 AM to 7 PM. The IPM stated, "Yes, [IAD] and I are going to look at the scheduling. I don't like the 12 hours really. If we have call-ins, it's hard to staff for 12 hours". The IPM indicated two additional Residential Managers and a new Area Supervisor had been hired to add additional oversight to help ensure staffing coverage. The IPM indicated the home should have maintained a staffing coverage of 3 staff on day shift.</p> <p>This federal tag relates to complaint #IN00344804.</p> <p>9-3-3(a)</p>				

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

PRINTED: 03/24/2021
FORM APPROVED
OMB NO. 0938-039

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