

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G746	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 03/19/2019
NAME OF PROVIDER OR SUPPLIER RES CARE SOUTHEAST INDIANA		STREET ADDRESS, CITY, STATE, ZIP COD 16609 SIMA GRAY RD HENRYVILLE, IN 47126		
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W 0000 Bldg. 00	<p>This visit was for a full recertification and state licensure survey.</p> <p>Dates of Survey: March 12, 13, 14, 15 and 19, 2019.</p> <p>Facility Number: 011664 Provider Number: 15G746 AIMS Number: 200902010</p> <p>These deficiencies reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review of this report completed by #15068 on 4/16/19.</p>	W 0000		
W 0125 Bldg. 00	<p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>Based on observation, record review and interview for 1 of 2 sampled clients (#2), the facility failed to ensure the client had an active guardian in place to advocate for the rights of client #2.</p> <p>Findings include:</p> <p>Observations were conducted at the facility and of an outing with clients #1, #2, #3 and #4 to a fast food restaurant on 3/12/19 from 4:30 PM until 6:40 PM. Client #2 was accompanied by staff #1 (one staff to one client supervision while in the community) and assisted with ordering a meal,</p>	W 0125	<p>The Program Manager will ensure the QIDP (Qualified Intellectual Disabilities Professional) continues to pursue guardianship for clients that have been identified as needing a guardian with outside agencies. The Area Supervisor and Residential Manager will assist in the process of identifying appropriate guardians for the client. The Program Manager will schedule an IDT (Interdisciplinary Team) Meeting with Patty Ballard APS (Adult Protective Service) no</p>	05/02/2019

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>paying for it and supervised while eating the meal.</p> <p>On 3/13/19 at 7:15 AM, staff #2 administered client #2 his medications. Client #2 required multiple verbal prompts to attend to the task of taking his medications. Staff #2 prompted the client to stay seated in a functional manner to take his medications.</p> <p>On 3/14/19 at 4:02 PM, a review of client #2's record was conducted. The review indicated a Behavior Support Plan/BSP dated 2/24/19. The BSP indicated client #2 had the behaviors of physical aggression, property destruction, pulling fire alarms, Forceful sensory/Pressure initiation (grabbing, holding others tightly), stealing food, and Sexual Acting Out (physical action, touching in a sexual way). The client received Ativan (used for anxiety), Depakote (for mood), and Geodon (anti-psychotic) for his diagnosis of IED/Intermittent Explosive Disorder. The client was a one to one (one staff to one client) within arm's length at all times while in the community due to his IED.</p> <p>The review of client #2's record indicated an Individual Support Plan/ISP dated 12/19/18 revised on 2/24/19. The review of the ISP indicated the client's diagnoses included, but were not limited to, Attention-Deficit Hyperactivity Disorder; Intermittent Type/Mood Disorder, NOS (not otherwise specified); Insomnia, Mild Intellectual Disability, Seizure disorder; asthma, NOS; and Cocaine Exposed Infant. The ISP indicated the client had no guardian or surrogate to help him make decisions or life choices. The ISP indicated the following:</p> <p>"NEEDS</p>		<p>later than 2 May 2019 to assist in the process.</p> <p>Persons Responsible, Program Manager, QIDP, Area Supervisor, Residential Manager</p>	

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	<ul style="list-style-type: none"> " feed self neatly with spoon and fork " order simple meals when dining out " improve table manners " bathe without prompting " keep nails clean independently " brush teeth in up and down motion " improve ability to choose clothing appropriately " improve care of clothing " improve laundry skills " tie shoes " sense of direction " safety skills in the community " use the telephone " improve independent functioning skills " safety at home " money skills " banking skills " shopping skills " handwriting skills " improve language skills " reading comprehension " comprehension of spoken instructions " social language skills " numbers " tell time " improve domestic skills " laundry skills " improve table setting skills " food preparation skills " prevocational skills " self direction " organize and complete tasks assigned " pay attention to purposeful activities " carry out responsibilities assigned " social skills " consideration for others " interact with others appropriately at all times " participate in group activities 			

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	<ul style="list-style-type: none"> " share and take turns " improve social maturity " self medication skills" "CHALLENGING BEHAVIORS <ul style="list-style-type: none"> " indirectly causes injury to others " pushes, scratches, or pinches others " bites others " kicks, strikes, or slaps others " disrupts group activities by making loud noise or acting up " has hands constantly in motion " slaps, scratches, or rubs self continually " rock body back and forth " paces the floor " talks too close to others' faces " blow (sic) on others' faces " hugs or squeezes others " touches others inappropriately " hangs onto others and does not let go " giggles hysterically " talks to self loudly " laughs inappropriately " makes growling, humming or other unpleasant noises " repeats a work or phrase over and over " mimics others' speech " will not sit still for a long length of time " constantly runs or jumps around the room or hall " moves or fidgets constantly " is overly particular about place to sit or sleep " does not mix well with others " wants excessive praise " demands excessive reassurance " acts silly to gain attention." <p>On 3/14/19 at 2:34 PM, the QIDP (Qualified Intellectual Disabilities Professional) was</p>			

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W 0140 Bldg. 00	<p>interviewed. The QIDP indicated client #2's grandmother acted as his guardian/surrogate until her death. The QIDP had been in touch with guardianship agencies numerous times but had not been able to find a surrogate to assist client #2. The QIDP indicated client #2 was in need of an active guardian.</p> <p>9-3-2(a)</p> <p>483.420(b)(1)(i) CLIENT FINANCES 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.</p> <p>Based on record review and interview for 1 of 2 sampled clients (#2), the facility failed to keep an accounting of the client #2's personal funds.</p> <p>Findings include:</p> <p>Observations were conducted at the facility and of an outing with clients #1, #2, #3 and #4 eating at a fast food restaurant on 3/12/19 from 4:30 PM until 6:40 PM. Clients were accompanied by staff #1, #3 and #4. Clients paid for their meals with assistance and staff kept the receipts. Staff nor clients wrote their names on the fast food receipts.</p> <p>Client finances were reviewed with Residential Manager/RM #1 on 3/13/19 at 8:56 AM.</p> <p>Client #2's 3/19 Client Financial Record's (CFR's) last entry was dated 3/12/19 and showed his \$23.07 was withdrawn for the outing on that date. Money and receipts were returned and the RM was balancing the financial record. The 3/2019 CFR contained an entry on 3/1/2019 by Area</p>	W 0140	<p>The Facility will retrain staff on the standard of maintaining the system of accounting for clients funds entrusted to the facility. All receipts for the purchases must be returned to the facility and identify which client funds were spent on. The Residential Manager will conduct weekly reviews of the Client Financial Record's to ensure all transactions have been recorded and account is balanced. The Residential Manager will ensure any outstanding checks are redeposited after 30 days.</p> <p>All employees will be trained on the revised standard and disciplinary action will be given if the standard is not followed.</p> <p>The Facility will ensure that the abuse neglect and exploitation</p>	04/18/2019

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

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	<p>Supervisor/AS #2. The entry by AS #2 indicated: "Audit (\$70.00 in checks)." The checks' amount was not entered into the record. The balance was listed as \$2.70 on 3/1/19. The facility used a form for "resident checks" but this had not been put into the client's record.</p> <p>Interview with RM #1 on 3/13/19 at 9:15 AM indicated the clients' financial records were supposed to have been up to date and balanced by former RM #2.</p> <p>9-3-2(a)</p>		<p>policy is followed.</p> <p>Persons Responsible: Program Manager, QA, Business Manager, Area Supervisor, QIDP, Residential Manager, and DSP</p>	