STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G442	A. BUILDING 00 B. WING	03/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
RES CARE COMMUNITY ALTERNATIVES SE IN	402 EWING LN JEFFERSONVILLE, IN 47130

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 0000 Bldg. 00	This visit was for the investigation of complaint #IN00426636. Complaint #IN00426636: Federal and state deficiencies related to the allegation(s) are cited at W159, W164 and W249. Date of Survey: 3/12/24. Facility Number: 000956 Provider Number: 15G442 AIMS Number: 100244760 These federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 3/26/24.	W 0000		
W 0159 Bldg. 00	483.430(a) QIDP Each client's active treatment program must be integrated, coordinated and monitored by a qualified intellectual disability professional who- Based on record review and interview for 1 of 3 sampled clients (A), the QIDP (Qualified Intellectual Disabilities Professional) failed to integrate, coordinate and monitor client A's active treatment program regarding client A's substance abuse support needs. Findings include: 1. The QIDP failed to ensure client A's IDT (Interdisciplinary Team) consulted with a Behavior therapist or other professional regarding client A's substance abuse support needs. Please	W 0159	The Facility will ensure each client's active treatment program is integrated, coordinated and monitored by a qualified intellectual disability professional. An IDT was held to include a Behaviorist and additional members of the support team regarding client A substance abuse support needs. Based on the IDT the QIDP updated client A's ISP and BSP to include supports for substance	04/11/2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Mark Slaughter	AED	04/11/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G442	A. BUILDING 00 B. WING	03/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
RES CARE COMMUNITY ALTERNATIVES SE IN	402 EWING LN JEFFERSONVILLE, IN 47130

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	see W164. 2. The QIDP failed to ensure client A's ISP (Individual Support Plan) and BSP (Behavior Support Plan) were implemented regarding her substance abuse support needs. Please see W249. This federal tag relates to complaint #IN00426636. 9-3-3(a)		abuse. The QIDP will retrain all staff in the facility on updated ISP and BSP. A member of the administrative team will conduct a monthly site reviews for all clients in facility and the administrator will hold a weekly ICF meeting to discuss issues that arise in the facility. **Persons Responsible:** AED, Nurse, Director of Nursing, Quality Assurance Manager, QA Coordinator/QIDP Manager, Program Manager, Area Supervisor, QIDP, Direct Support Lead, and DSP.	
W 0164 Bldg. 00	483.430(b)(1) PROFESSIONAL PROGRAM SERVICES Each client must receive the professional program services needed to implement the active treatment program defined by each client's individual program plan. Based on record review and interview for 1 of 3 sampled clients (A), the facility failed to ensure client A's IDT (Interdisciplinary Team) consulted with a Behavior therapist or other professional regarding client A's substance abuse support needs. Findings include: Client A's record was reviewed on 3/12/24 at 12:21 PM. Client A's ISP dated 10/16/23 indicated the following: -"[Client A] has lived on her own for a while and it	W 0164	The Facility will ensure all clients in the facility will receive the professional program services needed to implement the active treatment program defined by each client's individual program. An IDT was held to include a Behaviorist and additional members of the support team regarding client A substance abuse support needs. The QIDP setup treatment options with a therapist to include AA support that best provides	04/11/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G442	A. BUILDING 00 B. WING	03/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
RES CARE COMMUNITY ALTERNATIVES SE IN	402 EWING LN JEFFERSONVILLE, IN 47130

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	has been determined she is need of more supervision and to learn Independent Living Skills. [Client A] is an alcoholic and needs to have supervision, so she continues to attend AA (Alcoholics Anonymous) meetings as well as taking necessary medication." -"Priority Objectives: 1. Safety and community skills 2. Money management 3. Hygiene 4. Attending AA 5. Personal Relationships 6. Oral Hygiene 7. Healthy Eating." -The 10/16/23 ISP did not indicate documentation of an objective regarding AA attendance or participation. Client A's BSP dated 10/16/23 indicated the following: -"She struggles with Alcohol addiction and attends AA weekly." -"Alcohol addiction related behaviors: when she asks to go to the store to purchase alcohol, when she uses alcohol, when she is arrested for drunken disorderly (sic). Goal: [client A] will have 3 or fewer episodes of Alcohol addiction concerns for three consecutive months by 10/24." -"If she engages in Alcohol addiction related behaviors: g. If she is attempting go to purchase alcohol, threatens to use alcohol, or gets arrested for.... h. If she continues to attempt to do the above things, remind her of her recovery, remind her of		support for client A based on the IDT. Based on the IDT the QIDP updated client A's ISP and BSP to include supports for substance abuse. The QIDP will retrain all staff in the facility on updated ISP and BSP. A member of the administrative team will conduct a monthly site reviews for all clients in facility and the administrator will hold a weekly ICF meeting to discuss issues that arise in the facility. **Persons Responsible:** AED, Nurse, Director of Nursing, Quality Assurance Manager, QA Coordinator/QIDP Manager, Program Manager, Area Supervisor, QIDP, Direct Support Lead, and DSP.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G442	A. BUILDING 00 B. WING	03/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
RES CARE COMMUNITY ALTERNATIVES SE IN	402 EWING LN JEFFERSONVILLE, IN 47130

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	AA, encourage her to discuss how and why she is feeling that way. i. If she complies provide abundant praise and work with her on what is bothering her. j. Praise her for positive choices and changes in mindset towards alcohol use." Client A's record did not indicate documentation of AA attendance. QIDP (Qualified Intellectual Disabilities Professional) and PM (Program Manager) were interviewed on 3/12/24 at 10:26 AM. QIDP indicated client A was an alcoholic. QIDP indicated client A would not go or attend AA. QIDP indicated client A had not attended AA since she moved to the group home on 4/14/22. QIDP indicated she had not reviewed client A's AA attendance in IDT (Interdisciplinary Team) meetings but had informal conversations with client A about AA. QIDP indicated she had recently started attempting to locate a counselor or therapist instead of AA for client A's substance abuse needs. QIDP indicated she had not consulted with a Behavior Therapist or other professional staff regarding client A's substance abuse support needs and her refusals to attend AA. Client A's record did not indicate documentation of IDT review, discussion or recommendations regarding client A's refusals to participate in AA. The review did not indicate documentation of consultation with a behavior therapist or other professional staff regarding client A's substance abuse needs. Client A and QIDP were interviewed together on 3/12/24 at 2:07 PM. When asked if she would like to attend AA meetings, client A stated, "Yes,"			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G442	A. BUILDING 00 B. WING	03/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
RES CARE COMMUNITY ALTERNATIVES SE IN	402 EWING LN JEFFERSONVILLE, IN 47130

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	Client A indicated she had ongoing thoughts about alcohol use and would like help in managing her addiction. Client A's guardian and QIDP were interviewed on 3/12/24 at 2:25 PM. Client A's guardian indicated client A had attended AA prior to moving to the group home. Client A's guardian stated, "[Client A] mentions it when we chat on the phone. She'll bring it up that she's still thinking about alcohol." Client A's guardian stated, "She has said not to let her near it (alcohol) because she'd drink it if she found it." Client A's guardian indicated client A would benefit from attending AA or participation in other alcohol addiction support. This federal tag relates to complaint #IN00426636. 9-3-3(a)			
W 0249 Bldg. 00	483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan, 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. Based on record review and interview for 1 of 3 sampled clients (A), the facility failed to ensure client A's Individual Support Plan (ISP) and Behavior Support Plan (BSP) were implemented regarding client A's substance abuse needs. Findings include: Client A's record was reviewed on 3/12/24 at 12:21 PM. Client A's ISP dated 10/16/23 indicated the	W 0249	The Facility will ensure as soon as the interdisciplinary team has formulated a client's individual program plan, each client will 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	04/11/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G442	A. BUILDING 00 B. WING	03/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
RES CARE COMMUNITY ALTERNATIVES SE IN	402 EWING LN JEFFERSONVILLE, IN 47130

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	following: -"[Client A] has lived on her own for a while and it has been determined she is need of more supervision and to learn Independent Living Skills. [Client A] is an alcoholic and needs to have supervision, so she continues to attend AA (Alcoholics Anonymous) meetings as well as taking necessary medication." -"Priority Objectives: 1. Safety and community skills 2. Money management 3. Hygiene 4. Attending AA 5. Personal Relationships 6. Oral Hygiene 7. Healthy Eating." -The 10/16/23 ISP did not indicate documentation of an objective regarding AA attendance or participation. Client A's BSP dated 10/16/23 indicated the following: -"She struggles with Alcohol addiction and attends AA weekly." -"Alcohol addiction related behaviors: when she asks to go to the store to purchase alcohol, when she uses alcohol, when she is arrested for drunken disorderly (sic). Goal: [client A] will have 3 or fewer episodes of Alcohol addiction concerns for three consecutive months by 10.24" -"If she engages in Alcohol addiction related behaviors: g. If she is attempting go to purchase alcohol,		individual program plan. An IDT was held to include a Behaviorist and additional members of the support team regarding client A substance abuse support needs. The QIDP setup treatment options with a therapist to include AA support that best provides support for client A based on the IDT. Based on the IDT the QIDP updated client A's ISP and BSP to include supports for substance abuse. The QIDP will retrain all staff in the facility on updated ISP and BSP. A member of the administrative team will conduct a monthly site reviews for all clients in facility and the administrator will hold a weekly ICF meeting to discuss issues that arise in the facility **Persons Responsible:** AED, Nurse, Director of Nursing, Quality Assurance Manager, QA Coordinator/QIDP Manager, Program Manager, Area Supervisor, QIDP, Direct Support Lead, and DSP.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G442	A. BUILDING 00 B. WING	03/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
RES CARE COMMUNITY ALTERNATIVES SE IN	402 EWING LN JEFFERSONVILLE, IN 47130

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	threatens to use alcohol, or gets arrested for.... h. If she continues to attempt to do the above things, remind her of her recovery, remind her of AA, encourage her to discuss how and why she is feeling that way. i. If she complies provide abundant praise and work with her on what is bothering her. j. Praise her for positive choices and changes in mindset towards alcohol use." Client A's record did not indicate documentation of AA attendance. QIDP (Qualified Intellectual Disabilities Professional) and PM (Program Manager) were interviewed on 3/12/24 at 10:26 AM. QIDP indicated client A was an alcoholic. QIDP indicated client A would not go or attend AA. QIDP indicated client A had not attended AA since she moved to the group home on 4/14/22. This federal tag relates to complaint #IN00426636. 9-3-4(a)			