

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 09/01/2022
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP COD 13009 HORIZON DR MEMPHIS, IN 47143
---	---

(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	<p>This visit was for the investigation of complaints #IN00378468 and #IN00383472.</p> <p>Complaint #IN00378468: Substantiated, Federal and state deficiencies related to the allegation(s) are cited at W102, W104, W122, W127, W149, W154, W186 and W252.</p> <p>Complaint #IN00383472: Unsubstantiated, due to a lack of sufficient evidence.</p> <p>Dates of Survey: 8/25/22, 8/26/22, 8/29/22, 8/30/22, 8/31/22 and 9/1/22.</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 9/19/22.</p>	W 0000		
W 0102  Bldg. 00	<p>483.410 GOVERNING BODY AND MANAGEMENT The facility must ensure that specific governing body and management requirements are met.</p> <p>Based on record review and interview for 1 of 2 sampled clients (A), the facility failed to meet the Condition of Participation: Governing Body. The facility's governing body failed to exercise operating direction over the facility to prohibit staff abuse, neglect, and/or the mistreatment of client A who sustained injuries on 2/27/22.</p> <p>Findings include:</p>	W 0102	To correct the deficient practice the investigation regarding the 2-27-22 incident was re-opened. The following has been implemented post investigation. Staff #6 remains suspended pending the AGO conclusion regarding the incident. Staff #10 employment has been terminated.	10/01/2022

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.

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 09/01/2022
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP COD 13009 HORIZON DR MEMPHIS, IN 47143
---	---

(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 0104  Bldg. 00	<p>1. Please refer to W104. For 1 of 2 sampled clients (A), the facility's governing body failed to exercise operating direction over the facility to prohibit the staff abuse, neglect, and/or the mistreatment of client A who sustained injuries on 2/27/22.</p> <p>2. Please refer to W122. For 1 of 2 sampled clients (A), the governing body failed to meet the Condition of Participation: Client Protections for 1 of 2 sampled clients (A). The governing body neglected to implement its policy and procedures to ensure their system to prohibit and prevent staff abuse, neglect, and/or mistreatment was implemented concerning the physical and psychological abuse of client A who sustained injuries on 2/27/22.</p> <p>This federal tag relates to complaint #IN00378468.</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>Staff #1 has been removed from the supervisory position over the site. All site staff have been re-trained in ResCare's A/N/E/M policy, incident reporting procedure, and gentle teaching practices. Additionally, the Area Supervisor (AS) will be at the site at least three times a week and daily skin assessments have been implemented. Additional monitoring will be achieved through daily administrative observations and daily administrative meetings to discuss the activities and needs of the home for a period of one month. All staff responsible for investigations have been trained to ensure investigations are thorough and in how to proceed if a conclusion is not found in the five business days required for completing an investigation. Ongoing monitoring of investigations will be achieved by all investigations being reviewed by the Executive director, and the peer review committee. Ongoing monitoring for client protections and governing body will be achieved through the AS/QIDP/BC/PM completing site visits at least weekly.</p>	

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  09/01/2022
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP COD 13009 HORIZON DR MEMPHIS, IN 47143
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>Based on record review and interview for 1 of 2 sampled clients (A), the facility's governing body failed to exercise operating direction over the facility to prohibit the staff abuse, neglect, and/or the mistreatment of client A who sustained injuries on 2/27/22.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>Please refer to W127. For 1 of 2 sampled clients (A), the governing body failed to prevent physical and psychological abuse of client A on 2/27/22 who sustained injuries from staff abuse.</li> <li>Please refer to W149. For 1 of 2 sampled clients (A), the governing body failed to implement its policy and procedures for prohibiting abuse, neglect, exploitation, mistreatment and/or violation of individual's rights to prevent staff physical and psychological abuse of client A who sustained injuries on 2/27/22.</li> <li>Please refer to W154. For 1 of 2 sampled clients (A), the governing body failed to thoroughly investigate an allegation of physical abuse of client A to expand the scope of the investigation's allegations to include how client A sustained the injuries on 2/27/22 and rule out potential neglect from a lack of quality of care.</li> </ol> <p>This federal tag relates to complaint #IN00378468.</p> <p>9-3-1(a)</p>	W 0104	<p>To correct the deficient practice the investigation regarding the 2-27-22 incident was re-opened. The following has been implemented post investigation Staff #6 remains suspended pending the AGO conclusion regarding the incident. Staff #10 has been employment has been terminated. Staff #1 has been removed from the supervisory position over the site. All site staff have been re-trained in ResCare's A/N/E/M policy, incident reporting procedure, and gentle teaching practices. Additionally, the Area Supervisor (AS) will be at the site at least three times a week and daily skin assessments have been implemented. Additional monitoring will be achieved through daily administrative observations and daily administrative meetings to discuss the on goings and needs of the home for a period of one month. All staff responsible for investigations have been trained to ensure investigations are thorough and in how to proceed if a conclusion is not found in the five business days required for completing an investigation. Ongoing monitoring of investigations will be achieved by all investigations being reviewed by the Executive Director and the peer review committee. Ongoing monitoring for client protections and governing</p>	10/01/2022

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 09/01/2022
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP COD 13009 HORIZON DR MEMPHIS, IN 47143
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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 0122 Bldg. 00	<p>483.420(a) CLIENT PROTECTIONS</p> <p>The facility must ensure the rights of all clients. Therefore the facility must</p> <p>Based on record review and interview for 1 of 2 sampled clients (A), the facility failed to meet the Condition of Participation: Client Protections for 1 of 2 sampled clients (A). The governing body neglected to implement its policy and procedures to ensure their system to prohibit and prevent staff abuse, neglect, and/or mistreatment was implemented concerning the staff physical and psychological abuse of client A who sustained injuries on 2/27/22.</p> <p>Findings include:</p> <p>1. Please refer to W127. For 1 of 2 sampled clients (A), the facility failed to prevent physical and psychological abuse of client A on 2/27/22 who sustained injuries from staff abuse.</p> <p>2. Please refer to W149. For 1 of 2 sampled clients (A), the facility failed to implement its policy and procedures for prohibiting abuse, neglect, exploitation, mistreatment and/or violation of individual's rights to prevent staff physical and psychological abuse of client A who sustained injuries on 2/27/22.</p> <p>3. Please refer to W154. For 1 of 2 sampled clients (A), the facility failed to thoroughly investigate an allegation of physical abuse of client A to expand the scope of the investigation's allegations to include how client A sustained the injuries on 2/27/22 and rule out potential neglect from a lack</p>	W 0122	<p>body will be achieved through the AS/QIDP/BC/PM completing site visits at least weekly.</p> <p>To correct the deficient practice the investigation regarding the 2-27-22 incident was re-opened. The following has been implemented post investigation Staff #6 remains suspended pending the AGO conclusion regarding the incident. Staff #10 has been employment has been terminated. Staff #1 has been removed from the supervisory position over the site. All site staff have been re-trained in ResCare's A/N/E/M policy, incident reporting procedure, and gentle teaching practices. Additionally, the Area Supervisor (AS) will be at the site at least three times a week and daily skin assessments have been implemented. Additional monitoring will be achieved through daily administrative observations and daily administrative meetings to discuss the on goings and needs of the home for a period of one month. All staff responsible for investigations have been trained to ensure investigations are thorough and in how to proceed if a conclusion is not found in the five business days required for</p>	10/01/2022

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  09/01/2022
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP COD 13009 HORIZON DR MEMPHIS, IN 47143
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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 0127 Bldg. 00	<p>of quality of care.</p> <p>This federal tag relates to complaint #IN00378468.</p> <p>9-3-2(a)</p> <p>483.420(a)(5) <b>PROTECTION OF CLIENTS RIGHTS</b> The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients are not subjected to physical, verbal, sexual or psychological abuse or punishment.</p> <p>Based on record review and interview for 1 of 2 sampled clients (A), the facility failed to prevent physical and psychological abuse of client A on 2/27/22 who sustained injuries from staff abuse.</p> <p>Findings include:</p> <p>On 8/26/22 at 12:03 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 incident which affected client A:</p> <p>-BDDS incident report dated 2/28/22 indicated, "It was reported [client A] was in his room when staff [staff #10] went into the room. A second staff (staff #6) heard a yell and went to the hallway where [client A's] bedroom is located. At that time [staff #10] left [client A's] bedroom slamming the door and clocked out and left. A few minutes later, the second staff saw [client A] standing in the</p>	W 0127	<p>completing an investigation. Ongoing monitoring of investigations will be achieved by all investigations being reviewed by the Executive Director and the peer review committee. Ongoing monitoring for client protections and governing body will be achieved through the AS/QIDP/BC/PM completing site visits at least weekly.</p> <p>To correct the deficient practice all site staff have been re-trained in ResCare's A/N/E/M policy, reporting incidents procedure, and gentle teaching practices. Additionally, the Area Supervisor (AS) will be at the site at least three times a week and daily skin assessments have been implemented. Additional monitoring will be achieved through daily administrative observations and daily administrative meetings to discuss the on goings and needs of the home for a period of one month. Ongoing monitoring will be achieved through the AS/QIDP/BC/PM completing site visits at least weekly.</p>	10/01/2022

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 09/01/2022
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP COD 13009 HORIZON DR MEMPHIS, IN 47143
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>hallway with blood on his face. The staff did skin assessments and found a 1 inch laceration under the left side of [client A's] chin, a 1 inch laceration under his bottom lip, two 3/8 inch lacerations on the inside of his lip, and an 8 inch scratch on his left collarbone. Staff contacted nurse and [client A] was transported to the ER (emergency room) for evaluation. [Client A] was evaluated and received 3 stitches under his chin and 3 stitches under his bottom lip. [Client A] received prescription for Lidocaine Gel (topical local anesthetic) on inside of lip before eating. [Client A] is to use Bacitracin (prevent skin infection) for other lacerations. Stitches should be removed in 7 days".</p> <p>Internal incident report dated 2/27/22 indicated, "Location: Home ... Where did the incident occur: In bedroom ... Consumer(s) involved: [Client A] ... ResCare Staff or Other(s) involved/Witnessed: [Staff #10] ...</p> <p>What was happening before the incident? [Client A] was in his room. I (staff #6) was in office. Other boys (housemates of client A) watching TV (television). [Staff #10] sitting charging phone. [Staff #10] got up while I was cleaning office.</p> <p>What happened during incident? Heard big scream. Went to hallway and [staff #10] was slamming [client A's] door while saying 'He got life f***** up'. Went to give snacks and while doing (that) [staff #10] left. After giving snacks I went to put keys up in office. Seen (sic) [client A] standing in hallway with blood everywhere on his face. Took him to bathroom to clean up. Upon cleaning [client A] cried out and said '[staff #10] hurt me. He hit me'. I asked several times what happened and all (were) still (the) same story, '[Staff #10] hit me then choked (sic) me'. After</p>			

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 09/01/2022
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP COD 13009 HORIZON DR MEMPHIS, IN 47143
---	---

(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
	<p>wiping off blood noticed his lip was bitten through and his chin has a gash. His neck has red marks like being strangled. Scratches on his left colar bone (sic) ...</p> <p>What was done after the incident? Wiped him off and applied gauze pad to colar bone (sic) and band-aid on his lip. [Staff #1] took him to [name] hospital ...</p> <p>Describe the injury or injuries: Bloody nose, bite through bottom lip. Strangle marks around neck. Deep scratches on left colar bone (sic) Finger nail bleeding (right middle) ...".</p> <p>Investigation dated 2/28/22 through 5/4/22 indicated, "Introduction: An investigation was initiated when [client A] reported that staff [staff #10] hit him, threw him to the floor, and put his hands on [client A's] neck.</p> <p>Scope of Investigation: Determine if staff [staff #10] physically abused [client A].</p> <p>Summary of interviews: [Client A] reported [staff #10] hit him, knocked him on the floor and put his hands on [client A's] neck. [Client A] said [staff #10] was mad.</p> <p>During a second interview with [client A], he reported he was mad at [staff #10] for yelling at him and scratched himself on the chest and put his own hand on his throat and [staff #10] did not do those things. [Client A] also reported that [staff #10] saw him fall, then [client A] changed his statement to he and [staff #10] fell to the floor and that is when his lip and chin were injured. [Client A] would not elaborate on how the fall happened ...</p>			

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  09/01/2022
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP COD 13009 HORIZON DR MEMPHIS, IN 47143
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>[Staff #6] stated on 2/27/22 he arrived to work at approximately 7:18 PM and [staff #1] and [staff #10] reported that [client A] was in his bedroom calming from earlier behaviors. [Staff #6] was getting snacks prepared in the kitchen and [staff #10] was in the living room. When [staff #6] came out of the office with remaining snacks and noticed [staff #10] was not in the living room at that time. When [staff #6] came out of the office with remaining snacks, he heard [client A] yell, which he does often, and [staff #10] was coming out of the hallway where [client A's] room is located. [Staff #6] reported he and [staff #10] were alone when [staff #10] said 'he's got life F***** up' but [staff #10] did not indicate who he was talking about. [Staff #6] reported [staff #10] had been in [client A's] room for less than 1 minute. [Staff #6] continued to prepare snacks and after [staff #10] left for the day, [client A] came out of his room and had blood on his face. [Staff #6] then went with [client A] to the bathroom to clean up. [Staff #6] stated he thought [client A] had a nosebleed because [client A] picks his nose frequently and has nosebleeds often. While assisting [client A] with cleaning up, [client A] said [staff #10] hit him and hurt him bad. [Staff #6] noticed a laceration under [client A's] bottom lip. [Client A] also had scratches on his left upper chest measuring approximately 8 inches in length. It appeared [client A] was also bleeding from his right middle finger and had faint red marks on his neck. [Staff #6] contacted the nurse and [client A] was transported to [name] hospital for evaluation. [Client A] received 3 stitches under his bottom lip and 3 stitches under his chin. [Staff #6] has not seen any staff physically or verbally abuse any client ...</p> <p>[Staff #1], I worked on 2/27/22 and [client A] had behaviors that day and picked his nose causing it</p>			



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G723	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 09/01/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP COD 13009 HORIZON DR MEMPHIS, IN 47143
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>to bleed 2 separate times. [Client A] was also yelling and not stopping. [Staff #8] and [staff #1] asked [client A] to go to his room to calm down. [Client A] sat down on the floor and continued to yell. [Staff #1] assisted [client A] from the floor and [client A] went to his bedroom. [Staff #6] had arrived at that time and was in the office. [Staff #1] informed [staff #6] that [client A] had been having behaviors prior to leaving for the day. [Staff #6] called [staff #1] later and reported to him that [client A] had a bad nosebleed and may need to go to ER. [Staff #1] returned to the group home and [staff #6] told [staff #1] that [client A] said [staff #10] hurt him. [Staff #1] transported [client A] to [name] ER for treatment. [Staff #1] reported [client A] told him [staff #10] hit him, scratched him, and choked him. Doctors in the ER asked [client A] what happened and [client A] said another client did it. [Staff #1] said he told [client A] to tell the doctor the truth and again [client A] said a client did it. [Client A] was treated and released from ER. [Staff #1] has not seen any staff physically or verbally abuse any client ...</p> <p>[Staff #10], worked on 2/27/22 and stated [staff #6] was in the kitchen preparing snacks and [staff #10] went to check on [client A] as he was in his room calming due to earlier behaviors. [Client A] was sitting in his recliner picking his nose and yelled when [staff #10] went into his bedroom. [Staff #10] asked [client A] to stop picking his nose and [client A] said okay. [Client A's] nose was not bleeding at that time. [Staff #10] stated [client A] did not get out of his recliner while [staff #10] was in the bedroom. [Staff #10] reported he was in [client A's] bedroom less than 1 minute. [Staff #10] left the bedroom and told [staff #6] to watch [client A] because his nose may start to bleed from picking it. [Staff #10] stated [client A] was not injured when he left the</p>			

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 09/01/2022
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP COD 13009 HORIZON DR MEMPHIS, IN 47143
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>bedroom and he did not physically or verbally abuse [client A]...</p> <p>Factual Findings: [Staff #10] was at the group home at the time of the incident, went into [client A's] bedroom and [client A] did yell ... [Staff #6] and [staff #10] stated [staff #10] was in [client A's] bedroom approximately 1 minute or less ... Medical Consult Form and ResCare Nursing note confirms [client A] sustained a small laceration on inner lower lip, 2 lacerations on chin, one on upper chin closed with 3 sutures and one on lower chin closed with 4 sutures ...</p> <p>Conclusion: Unsubstantiated [staff #10] physically abused [client A]".</p> <p>On 8/30/22 at 12:20 PM, Medical Consult Form dated 2/27/22 indicated, "Discharge Problem/Clinical Impression: Laceration of chin without complication, Abrasion of chest wall, Injury due to altercation ... Laceration/Wound Repair: Lower medial face ... Number of sutures: 3 ... Lower head ... Number of sutures: 4 ...".</p> <p>On 8/29/22 at 9:41 AM, the Assistant Executive Director (AED) was interviewed. The AED was asked about interviewing staff members #1, #6 and #10. The AED indicated staff #10 had been suspended a second time based on information received from the Attorney General's Office (AGO) investigation. The AED was asked what the AGO was investigating. The AED stated, "The unknown injury at [group home]. On one of the clients (client A) at [group home]". The AED indicated based on more information received from the AGO, staff #10 was suspended a second time surrounding information about client A's injuries sustained on 2/27/22. The AED indicated the nature of the evidence was not shared but the</p>			

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 09/01/2022
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP COD 13009 HORIZON DR MEMPHIS, IN 47143
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>second suspension was implemented as a precautionary measure.</p> <p>On 8/25/22 at 4:19 PM, client A was interviewed. Client A was asked how long he had lived at the group home. Client A stated, "10 months". Client A was asked when he moved in. Client A stated, "From [name of previous placement]. It's in [city] Indiana". Client A was asked how he liked living at the group home. Client A stated, "Good". Client A was asked if anyone treated him badly. Client A stated, "No. I've been good all day". Client A was asked if the staff here at the home ever hit him. Client A stated, "No, never hit". Client A was asked if there was an incident between him and staff #10. Client A stated, "Yes". Client A was asked if he could tell the surveyor what staff #10 did. Client A stated, "Yeah. He threw me down, got mad and slammed the door. Called [staff #1]". Client A was asked does he (staff #10) still work here. Client A stated, "No. Another group home. There was blood on it". Client A was asked your chin. Client A stated, "Yeah". Client A was asked if had happened before. Client A stated, "No". Client A stated, "He had a bad day. He would throw things, juice, curse". Client A was asked "[Staff #10]"? Client A stated, "Yeah. He would with, at [name of previous placement] and here. Yeah". Client A then described what appeared to be a past incident with an unknown staff by the name of [name] from a previous placement. Client A was asked if this [name] had seen him bleeding. Client A stated, "Yeah. Mrs. [nurse]". Client A was asked if nurse [name] looked at him as well. Client A stated, "Yeah".</p> <p>On 8/29/22 at 1:36 PM, staff #6 was interviewed. Staff #6 was asked about the incident where client A sustained injuries to his facial region and chest. Staff #6 indicated he walked into his shift and was</p>			

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  09/01/2022
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP COD 13009 HORIZON DR MEMPHIS, IN 47143
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>informed client A had a bad day due to behavior and was in his bedroom coming in and out. Staff #6 indicated staff #1, staff #10 and a 3rd staff he could not recall were present when he started his shift. Staff #6 indicated staff #1 left shift leaving him and staff #10 at the group home. Staff #6 indicated staff #10 was charging his phone and he was in the office to get the keys to get snacks. Staff #6 stated, "I heard a loud scream and said what the h... was that. I was giving them snacks. [Staff #10] slammed the door. He was p*****. I wished I would have went (sic) into [client A's] room then. That was the one dark part of the story. I give (sic) the others their snacks. He left and said, 'He's got life f***** up.'" Staff #6 was asked how long time had passed from when staff #10 left to when he visually saw client A. Staff #6 stated, "Maybe 1 minute. He kept saying call [staff #6], call [staff #6]. I called [staff #1]. I didn't know what to do. I was by myself... I wish I would have looked when he slammed the door. This was like a hurt scream. He slammed it like p*****, like take the door off the hinges. From the time I seen (sic) him (client A) to the time [staff #10] left at most 5 minutes". Staff #6 was asked what he felt had occurred. Staff #6 stated, "I think [client A] maybe come (sic) out to ask for a snack. I think he upper cut him, choked him and scratched him leaving when he heard my boots coming, he (staff #10) came out (leaving client A's bedroom, slamming the door)". Staff #6 was asked about a history of client to client physical aggression at the group home. Staff #6 stated, "No". Staff #6 was asked prior to the 2/27/22 incident of client A's injuries, was there any other similar incident history. Staff #6 stated, "Yeah. He (staff #10) had an issue with his ride late, argument. He was punching the front door. You can see knuckle marks in the door. His (staff #10) little anger problem. Straight up, I think he did it (assault of</p>			

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 09/01/2022
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP COD 13009 HORIZON DR MEMPHIS, IN 47143
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>client A)".</p> <p>On 8/29/22 at 2:39 PM, staff #1 was interviewed. Staff #1 was asked about unknown injuries at the group home. Staff #1 indicated client A had recently hit himself in the face while in the bathroom and staff #2 had observed the incident. Staff #1 was asked if client A had hurt himself. Staff #1 stated, "No bruising or anything. Just red rash, no major swelling or bruising". Staff #1 was asked how often client A would exhibit self-harm as he had described. Staff #1 stated, "It's not normal. It's not daily. We usually ask him to deescalate. Most of the time, I think it's him trying to get a little attention". Staff #1 was asked about the incident on 2/27/22 when client A had sustained injuries to his face and chest. Staff #1 stated, "Yeah" and indicated he had left the group home and was about 20 minutes away nearing his personal residence when staff #6 called to inform client A had been hurt. Staff #1 stated, "[Staff #6] called and said there was an incident. He (client A) got busted up on his chin...". Staff #1 was asked how client A was injured. Staff #1 stated, "Like I said, I was not there. I don't know what happened". Staff #1 was asked if he had asked when he returned to the group home what had happened. Staff #1 stated, "He (staff #6) did". Staff #1 indicated he did not ask client A what had happened to him once he returned to the group home, but staff #6 had. Staff #1 then stated, "I took him (client A) to the hospital. He (client A) told me on the ride over to [hospital name] [staff #10] did it. When we were waiting for the doctor he said that [staff #6] did it". Staff #1 was asked how long the period of time was from when he left the group home and returned due to client A being injured. Staff #1 stated, "20 minutes". Staff #1 was asked when he left what staff were present at the home with client A. Staff #1 stated, "[Staff</p>			

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 09/01/2022
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP COD 13009 HORIZON DR MEMPHIS, IN 47143
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>#8], [staff #6] and [staff #10]". Staff #1 was asked why his statement in the provider investigation did not include the additional staff name of staff #6 indicated by client A during the wait for the doctor. Staff #1 stated, "It did not come to my head". Staff #1 was asked when did the interview with the quality assurance investigator occur concerning client A's injuries. Staff #1 stated, "I don't know". Staff #1 was asked why he did not think to tell the provider's investigator about a second staff named by client A as the person that could have caused the injuries. Staff #1 stated, "I don't remember". Staff #1 was asked about his interview statement to the provider's investigator which indicated client A informed the doctor "another client" caused his injuries and why he did not assist client A with identifying a name. Staff #1 stated, "I don't know. I did not know what had happened". Staff #1 was asked if there was client to client aggression occurring at the home. Staff #1 stated, "No". Staff #1 was asked how client A could have been injured. Staff #1 stated, "If [staff #10] did or if [staff #6] done it. From what I understand, his aunt picked him up, he was gone about 10 minutes". Staff #1 was asked what he had done about client A's allegations of staff #6 and/or staff #10 causing his injuries. Staff #1 stated, "[Staff #10] was suspended". Staff #1 was asked about staff #6. Staff #1 stated, "I spent more time with [staff #6] at night". Staff #1 was asked if it was likely staff #6 had caused the injuries to client A. Staff #1 stated, "No. The only time I spent more time with [staff #6] was when the other night shift (former staff #11) was running late". Staff #1 was asked if additional changes had occurred to protect client A beside the suspension of staff #10. Staff #1 stated, "No. Body assessments". Staff #1 was asked if additional monitoring had occurred. Staff #1 stated, "No". Staff #1 was asked if there was</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G723	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  09/01/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP COD 13009 HORIZON DR MEMPHIS, IN 47143
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>blood in client A's bedroom when he returned to the group home on 2/27/22. Staff #1 stated, "Yes there was". Staff #1 was asked if client A's blood was on his bed frame or furniture in his room. Staff #1 stated, "No". Staff #1 was asked if the blood he saw was in the middle of client A's bedroom. Staff #1 stated, "Yes".</p> <p>On 8/29/22 at 4:15 PM, staff #10 was interviewed. Staff #10 was asked about the incident on 2/27/22 and client A's injuries. Staff #1 stated, "Early that morning, [client A] was picking his nose. [Staff #1] sent him to his room. [Staff #1] left around 7 PM". Staff #10 was asked if client A was hurt while he was at the group home. Staff #10 stated, "No sir. Maybe a possible nosebleed". Staff #10 was asked why a nosebleed. Staff #10 stated, "Picking his nose". Staff #10 was asked if he heard client A scream. Staff #10 stated, "No sir". Staff #10 was asked what staff #6 was doing. Staff #10 stated, "He met me in the hallway. I guess he was going to ask [client A] if he wanted a snack. I'm not sure where [staff #6] went. The next morning, I got suspended about 6:30 AM. 3/1/22 was when I got a phone call from the sheriff's department. They wanted to know about the situation. They informed me he was taken to the hospital. I've seen pictures. That's not hurt. That's not right. I know the abuse allegations did not stop. The police showed me the pictures". Staff #10 was asked what he felt had occurred to cause the injuries to client A. Staff #10 stated, "After getting the police report, I'm conflicted with [staff #1] being called back to the group home. Maybe the two beat him up. Who can they blame for this, I believe heavily that they're friends." Staff #10 stated, "When I spoke with the Attorney General, it looked like it was by force (client A's injuries)". Staff #10 was asked "Abuse". Staff #10 stated, "For sure". Staff #10 was asked "Who". Staff #10</p>			

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 09/01/2022
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP COD 13009 HORIZON DR MEMPHIS, IN 47143
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>stated, "I can't tell. Either [staff #1] or [staff #6]". Staff #10 was asked about his transfer to another group home after the provider's investigation was concluded. Staff #10 stated, "They said they were transferring me due to the situation around [client A]. In the event that there (sic) was another incident or allegation. After I left, I heard [staff #1] was suspended for another allegation, but they made him the team lead". Staff #10 was asked if he felt client A had been abused. Staff #10 stated, "Yes. Yes, I do. It shouldn't happen". Staff #10 was asked did he abuse client A. Staff #10 stated, "No sir". Staff #10 was asked if he knew who abused client A. Staff #10 stated, "No".</p> <p>On 8/30/22 at 12:24 PM, the Investigator for the Attorney General Office was interviewed. The Investigator indicated evidence of inappropriate staff interactions with client A during the incident on 2/27/22 when client A sustained injuries had been obtained. The Investigator indicated further outcomes from this evidence were being reviewed by the AGO and the nature of criminal misconduct. The Investigator indicated the investigation continued and was not concluded at the time of this interview.</p> <p>On 8/31/22 at 5:32 PM, the AED was interviewed. The AED indicated staff #1 and staff #6 had been suspended and the provider reopened their investigation into the incident of 2/27/22 when client A had sustained injuries. The AED indicated during the provider's interview with staff #6, staff #6 indicated the AGO had interviewed him again on 8/31/22. Staff #6 indicated he had volunteered to take a polygraph lie detector test with the AGO on 9/6/22 pertaining his involvement and knowledge of the incident on 2/27/22 when client A sustained injuries. The AED indicated further follow up was being pursued</p>			



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 09/01/2022
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP COD 13009 HORIZON DR MEMPHIS, IN 47143
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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 0149 Bldg. 00	<p>concerning the incident on 2/27/22 where client A had sustained injuries.</p> <p>This federal tag relates to complaint #IN00378468.</p> <p>9-3-2(a)</p> <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 2 sampled clients (A), the facility neglected to implement its policy and procedures for prohibiting abuse, neglect, exploitation, mistreatment and/or violation of individual's rights to prevent physical and psychological abuse of client A who sustained injuries on 2/27/22.</p> <p>Findings include:</p> <p>On 8/26/22 at 12:03 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 incident which affected client A:</p> <p>-BDDS incident report dated 2/28/22 indicated, "It was reported [client A] was in his room when staff [staff #10] went into the room. A second staff (staff #6) heard a yell and went to the hallway where [client A's] bedroom is located. At that time [staff #10] left [client A's] bedroom slamming the door and clocked out and left. A few minutes later, the second staff saw [client A] standing in the hallway with blood on his face. The staff did skin assessments and found a 1 inch laceration under the left side of [client A's] chin, a 1 inch laceration under his bottom lip, two 3/8 inch lacerations on</p>	W 0149	To correct the deficient practice all site staff have been re-trained in ResCare's A/N/E/M policy, reporting incidents procedure, and gentle teaching practices. Additionally, the Area Supervisor (AS) will be at the site at least three times a week and daily skin assessments have been implemented. Additional monitoring will be achieved through daily administrative observations and daily administrative meetings to discuss the activities and needs of the home for a period of one month. Ongoing monitoring will be achieved through the AS/QIDP/BC/PM completing site visits at least weekly.	10/01/2022

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 09/01/2022
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP COD 13009 HORIZON DR MEMPHIS, IN 47143
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>the inside of his lip, and an 8 inch scratch on his left collarbone. Staff contacted nurse and [client A] was transported to the ER (emergency room) for evaluation. [Client A] was evaluated and received 3 stitches under his chin and 3 stitches under his bottom lip. [Client A] received prescription for Lidocaine Gel (topical local anesthetic) on inside of lip before eating. [Client A] is to use Bacitracin (prevent skin infection) for other lacerations. Stitches should be removed in 7 days".</p> <p>Internal incident report dated 2/27/22 indicated, "Location: Home ... Where did the incident occur: In bedroom ... Consumer(s) involved: [Client A] ... ResCare Staff or Other(s) involved/Witnessed: [Staff #10] ...</p> <p>What was happening before the incident? [Client A] was in his room. I (staff #6) was in office. Other boys (housemates of client A) watching TV (television). [Staff #10] sitting charging phone. [Staff #10] got up while I was cleaning office.</p> <p>What happened during incident? Heard big scream. Went to hallway and [staff #10] was slamming [client A's] door while saying 'He got life f***** up'. Went to give snacks and while doing (that) [staff #10] left. After giving snacks I went to put keys up in office. Seen (sic) [client A] standing in hallway with blood everywhere on his face. Took him to bathroom to clean up. Upon cleaning [client A] cried out and said '[staff #10] hurt me. He hit me'. I asked several times what happened and all (were) still (the) same story, '[Staff #10] hit me then choked (sic) me'. After wiping off blood noticed his lip was bitten through and his chin has a gash. His neck has red marks like being strangled. Scratches on his left collar bone (sic) ...</p>			

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 09/01/2022
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP COD 13009 HORIZON DR MEMPHIS, IN 47143
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>What was done after the incident? Wiped him off and applied gauze pad to colar bone (sic) and band-aid on his lip. [Staff #1] took him to [name] hospital ...</p> <p>Describe the injury or injuries: Bloody nose, bite through bottom lip. Strangle marks around neck. Deep scratches on left colar bone (sic) Finger nail bleeding (right middle) ...".</p> <p>Investigation dated 2/28/22 through 5/4/22 indicated, "Introduction: An investigation was initiated when [client A] reported that staff [staff #10] hit him, threw him to the floor, and put his hands on [client A's] neck.</p> <p>Scope of Investigation: Determine if staff [staff #10] physically abused [client A].</p> <p>Summary of interviews: [Client A] reported [staff #10] hit him, knocked him on the floor and put his hands on [client A's] neck. [Client A] said [staff #10] was mad.</p> <p>During a second interview with [client A], he reported he was mad at [staff #10] for yelling at him and scratched himself on the chest and put his own hand on his throat and [staff #10] did not do those things. [Client A] also reported that [staff #10] saw him fall, then [client A] changed his statement to he and [staff #10] fell to the floor and that is when his lip and chin were injured. [Client A] would not elaborate on how the fall happened ...</p> <p>[Staff #6] stated on 2/27/22 he arrived to work at approximately 7:18 PM and [staff #1] and [staff #10] reported that [client A] was in his bedroom calming from earlier behaviors. [Staff #6] was</p>			

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  09/01/2022
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP COD 13009 HORIZON DR MEMPHIS, IN 47143
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>getting snacks prepared in the kitchen and [staff #10] was in the living room. When [staff #6] came out of the office with remaining snacks and noticed [staff #10] was not in the living room at that time. When [staff #6] came out of the office with remaining snacks, he heard [client A] yell, which he does often, and [staff #10] was coming out of the hallway where [client A's] room is located. [Staff #6] reported he and [staff #10] were alone when [staff #10] said 'he's got life F***** up' but [staff #10] did not indicate who he was talking about. [Staff #6] reported [staff #10] had been in [client A's] room for less than 1 minute. [Staff #6] continued to prepare snacks and after [staff #10] left for the day, [client A] came out of his room and had blood on his face. [Staff #6] then went with [client A] to the bathroom to clean up. [Staff #6] stated he thought [client A] had a nosebleed because [client A] picks his nose frequently and has nosebleeds often. While assisting [client A] with cleaning up, [client A] said [staff #10] hit him and hurt him bad. [Staff #6] noticed a laceration under [client A's] bottom lip. [Client A] also had scratches on his left upper chest measuring approximately 8 inches in length. It appeared [client A] was also bleeding from his right middle finger and had faint red marks on his neck. [Staff #6] contacted the nurse and [client A] was transported to [name] hospital for evaluation. [Client A] received 3 stitches under his bottom lip and 3 stitches under his chin. [Staff #6] has not seen any staff physically or verbally abuse any client ...</p> <p>[Staff #1], I worked on 2/27/22 and [client A] had behaviors that day and picked his nose causing it to bleed 2 separate times. [Client A] was also yelling and not stopping. [Staff #8] and [staff #1] asked [client A] to go to his room to calm down. [Client A] sat down on the floor and continued to</p>			

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  09/01/2022
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP COD 13009 HORIZON DR MEMPHIS, IN 47143
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>yell. [Staff #1] assisted [client A] from the floor and [client A] went to his bedroom. [Staff #6] had arrived at that time and was in the office. [Staff #1] informed [staff #6] that [client A] had been having behaviors prior to leaving for the day. [Staff #6] called [staff #1] later and reported to him that [client A] had a bad nosebleed and may need to go to ER. [Staff #1] returned to the group home and [staff #6] told [staff #1] that [client A] said [staff #10] hurt him. [Staff #1] transported [client A] to [name] ER for treatment. [Staff #1] reported [client A] told him [staff #10] hit him, scratched him, and choked him. Doctors in the ER asked [client A] what happened and [client A] said another client did it. [Staff #1] said he told [client A] to tell the doctor the truth and again [client A] said a client did it. [Client A] was treated and released from ER. [Staff #1] has not seen any staff physically or verbally abuse any client ...</p> <p>[Staff #10], worked on 2/27/22 and stated [staff #6] was in the kitchen preparing snacks and [staff #10] went to check on [client A] as he was in his room calming due to earlier behaviors. [Client A] was sitting in his recliner picking his nose and yelled when [staff #10] went into his bedroom. [Staff #10] asked [client A] to stop picking his nose and [client A] said okay. [Client A's] nose was not bleeding at that time. [Staff #10] stated [client A] did not get out of his recliner while [staff #10] was in the bedroom. [Staff #10] reported he was in [client A's] bedroom less than 1 minute. [Staff #10] left the bedroom and told [staff #6] to watch [client A] because his nose may start to bleed from picking it. [Staff #10] stated [client A] was not injured when he left the bedroom and he did not physically or verbally abuse [client A]...</p> <p>Factual Findings: [Staff #10] was at the group</p>			

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  09/01/2022
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP CODE 13009 HORIZON DR MEMPHIS, IN 47143
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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
	<p>home at the time of the incident, went into [client A's] bedroom and [client A] did yell ... [Staff #6] and [staff #10] stated [staff #10] was in [client A's] bedroom approximately 1 minute or less ... Medical Consult Form and ResCare Nursing note confirms [client A] sustained a small laceration on inner lower lip, 2 lacerations on chin, one on upper chin closed with 3 sutures and one on lower chin closed with 4 sutures ...</p> <p>Conclusion: Unsubstantiated [staff #10] physically abused [client A]".</p> <p>On 8/30/22 at 12:20 PM, Medical Consult Form dated 2/27/22 indicated, "Discharge Problem/Clinical Impression: Laceration of chin without complication, Abrasion of chest wall, Injury due to altercation ... Laceration/Wound Repair: Lower medial face ... Number of sutures: 3 ... Lower head ... Number of sutures: 4 ...".</p> <p>On 8/29/22 at 9:41 AM, the Assistant Executive Director (AED) was interviewed. The AED was asked about interviewing staff members #1, #6 and #10. The AED indicated staff #10 had been suspended a second time based on information received from the Attorney General's Office (AGO) investigation. The AED was asked what the AGO was investigating. The AED stated, "The unknown injury at [group home]. On one of the clients (client A) at [group home]". The AED indicated based on more information received from the AGO, staff #10 was suspended a second time surrounding information about client A's injuries sustained on 2/27/22. The AED indicated the nature of the evidence was not shared but the second suspension was implemented as a precautionary measure.</p> <p>On 8/25/22 at 4:19 PM, client A was interviewed.</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G723	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  09/01/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP COD 13009 HORIZON DR MEMPHIS, IN 47143
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>Client A was asked how long he had lived at the group home. Client A stated, "10 months". Client A was asked when he moved in. Client A stated, "From [name of previous placement]. It's in [city] Indiana". Client A was asked how he liked living at the group home. Client A stated, "Good". Client A was asked if anyone treated him badly. Client A stated, "No. I've been good all day". Client A was asked if the staff here at the home ever hit him. Client A stated, "No, never hit". Client A was asked if there was an incident between him and staff #10. Client A stated, "Yes". Client A was asked if he could tell the surveyor what staff #10 did. Client A stated, "Yeah. He threw me down, got mad and slammed the door. Called [staff #1]". Client A was asked does he (staff #10) still work here. Client A stated, "No. Another group home. There was blood on it". Client A was asked your chin. Client A stated, "Yeah". Client A was asked if had happened before. Client A stated, "No". Client A stated, "He had a bad day. He would throw things, juice, curse". Client A was asked "[Staff #10]"? Client A stated, "Yeah. He would with, at [name of previous placement] and here. Yeah". Client A then described what appeared to be a past incident with an unknown staff by the name of [name] from a previous placement. Client A was asked if this [name] had seen him bleeding. Client A stated, "Yeah. Mrs. [nurse]". Client A was asked if nurse [name] looked at him as well. Client A stated, "Yeah".</p> <p>On 8/29/22 at 1:36 PM, staff #6 was interviewed. Staff #6 was asked about the incident where client A sustained injuries to his facial region and chest. Staff #6 indicated he walked into his shift and was informed client A had a bad day due to behavior and was in his bedroom coming in and out. Staff #6 indicated staff #1, staff #10 and a 3rd staff he could not recall were present when he started his</p>			

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 09/01/2022
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP CODE 13009 HORIZON DR MEMPHIS, IN 47143
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>shift. Staff #6 indicated staff #1 left shift leaving him and staff #10 at the group home. Staff #6 indicated staff #10 was charging his phone and he was in the office to get the keys to get snacks. Staff #6 stated, "I heard a loud scream and said what the h... was that. I was giving them snacks. [Staff #10] slammed the door. He was p*****. I wished I would have went (sic) into [client A's] room then. That was the one dark part of the story. I give (sic) the others their snacks. He left and said, 'He's got life f***** up.'" Staff #6 was asked how long time had passed from when staff #10 left to when he visually saw client A. Staff #6 stated, "Maybe 1 minute. He kept saying call [staff #6], call [staff #6]. I called [staff #1]. I didn't know what to do. I was by myself ... I wish I would have looked when he slammed the door. This was like a hurt scream. He slammed it like p*****, like take the door off the hinges. From the time I seen (sic) him (client A) to the time [staff #10] left at most 5 minutes". Staff #6 was asked what he felt had occurred. Staff #6 stated, "I think [client A] maybe come (sic) out to ask for a snack. I think he upper cut him, choked him and scratched him leaving when he heard my boots coming, he (staff #10) came out (leaving client A's bedroom, slamming the door)". Staff #6 was asked about a history of client to client physical aggression at the group home. Staff #6 stated, "No". Staff #6 was asked prior to the 2/27/22 incident of client A's injuries, was there any other similar incident history. Staff #6 stated, "Yeah. He (staff #10) had an issue with his ride late, argument. He was punching the front door. You can see knuckle marks in the door. His (staff #10) little anger problem. Straight up, I think he did it (assault of client A)".</p> <p>On 8/29/22 at 2:39 PM, staff #1 was interviewed. Staff #1 was asked about unknown injuries at the</p>			



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 09/01/2022
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP COD 13009 HORIZON DR MEMPHIS, IN 47143
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>group home. Staff #1 indicated client A had recently hit himself in the face while in the bathroom and staff #2 had observed the incident. Staff #1 was asked if client A had hurt himself. Staff #1 stated, "No bruising or anything. Just red rash, no major swelling or bruising". Staff #1 was asked how often client A would exhibit self-harm as he had described. Staff #1 stated, "It's not normal. It's not daily. We usually ask him to deescalate. Most of the time, I think it's him trying to get a little attention". Staff #1 was asked about the incident on 2/27/22 when client A had sustained injuries to his face and chest. Staff #1 stated, "Yeah" and indicated he had left the group home and was about 20 minutes away nearing his personal residence when staff #6 called to inform client A had been hurt. Staff #1 stated, "[Staff #6] called and said there was an incident. He (client A) got busted up on his chin...". Staff #1 was asked how client A was injured. Staff #1 stated, "Like I said, I was not there. I don't know what happened". Staff #1 was asked if he had asked when he returned to the group home what had happened. Staff #1 stated, "He (staff #6) did". Staff #1 indicated he did not ask client A what had happened to him once he returned to the group home, but staff #6 had. Staff #1 then stated, "I took him (client A) to the hospital. He (client A) told me on the ride over to [hospital name] [staff #10] did it. When we were waiting for the doctor he said that [staff #6] did it". Staff #1 was asked how long the period of time was from when he left the group home and returned due to client A being injured. Staff #1 stated, "20 minutes". Staff #1 was asked when he left what staff were present at the home with client A. Staff #1 stated, "[Staff #8], [staff #6] and [staff #10]". Staff #1 was asked why his statement in the provider investigation did not include the additional staff name of staff #6 indicated by client A during the wait for the</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G723	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 09/01/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP COD 13009 HORIZON DR MEMPHIS, IN 47143
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>doctor. Staff #1 stated, "It did not come to my head". Staff #1 was asked when did the interview with the quality assurance investigator occur concerning client A's injuries. Staff #1 stated, "I don't know". Staff #1 was asked why he did not think to tell the provider's investigator about a second staff named by client A as the person that could have caused the injuries. Staff #1 stated, "I don't remember". Staff #1 was asked about his interview statement to the provider's investigator which indicated client A informed the doctor "another client" caused his injuries and why he did not assist client A with identifying a name. Staff #1 stated, "I don't know. I did not know what had happened". Staff #1 was asked if there was client to client aggression occurring at the home. Staff #1 stated, "No". Staff #1 was asked how client A could have been injured. Staff #1 stated, "If [staff #10] did or if [staff #6] done it. From what I understand, his aunt picked him up, he was gone about 10 minutes". Staff #1 was asked what he had done about client A's allegations of staff #6 and/or staff #10 causing his injuries. Staff #1 stated, "[Staff #10] was suspended". Staff #1 was asked about staff #6. Staff #1 stated, "I spent more time with [staff #6] at night". Staff #1 was asked if it was likely staff #6 had caused the injuries to client A. Staff #1 stated, "No. The only time I spent more time with [staff #6] was when the other night shift (former staff #11) was running late". Staff #1 was asked if additional changes had occurred to protect client A beside the suspension of staff #10. Staff #1 stated, "No. Body assessments". Staff #1 was asked if additional monitoring had occurred. Staff #1 stated, "No". Staff #1 was asked if there was blood in client A's bedroom when he returned to the group home on 2/27/22. Staff #1 stated, "Yes there was". Staff #1 was asked if client A's blood was on his bed frame or furniture in his room. Staff</p>			

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 09/01/2022
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP COD 13009 HORIZON DR MEMPHIS, IN 47143
---	---

(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
	<p>#1 stated, "No". Staff #1 was asked if the blood he saw was in the middle of client A's bedroom. Staff #1 stated, "Yes".</p> <p>On 8/29/22 at 4:15 PM, staff #10 was interviewed. Staff #10 was asked about the incident on 2/27/22 and client A's injuries. Staff #1 stated, "Early that morning, [client A] was picking his nose. [Staff #1] sent him to his room. [Staff #1] left around 7 PM". Staff #10 was asked if client A was hurt while he was at the group home. Staff #10 stated, "No sir. Maybe a possible nosebleed". Staff #10 was asked why a nosebleed. Staff #10 stated, "Picking his nose". Staff #10 was asked if he heard client A scream. Staff #10 stated, "No sir". Staff #10 was asked what staff #6 was doing. Staff #10 stated, "He met me in the hallway. I guess he was going to ask [client A] if he wanted a snack. I'm not sure where [staff #6] went. The next morning, I got suspended about 6:30 AM. 3/1/22 was when I got a phone call from the sheriff's department. They wanted to know about the situation. They informed me he was taken to the hospital. I've seen pictures. That's not hurt. That's not right. I know the abuse allegations did not stop. The police showed me the pictures". Staff #10 was asked what he felt had occurred to cause the injuries to client A. Staff #10 stated, "After getting the police report, I'm conflicted with [staff #1] being called back to the group home. Maybe the two beat him up. Who can they blame for this, I believe heavily that they're friends." Staff #10 stated, "When I spoke with the Attorney General, it looked like it was by force (client A's injuries)". Staff #10 was asked "Abuse". Staff #10 stated, "For sure". Staff #10 was asked "Who". Staff #10 stated, "I can't tell. Either [staff #1] or [staff #6]". Staff #10 was asked about his transfer to another group home after the provider's investigation was concluded. Staff #10 stated, "They said they were</p>			

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 09/01/2022
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP CODE 13009 HORIZON DR MEMPHIS, IN 47143
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>transferring me due to the situation around [client A]. In the event that there (sic) was another incident or allegation. After I left, I heard [staff #1] was suspended for another allegation, but they made him the team lead". Staff #10 was asked if he felt client A had been abused. Staff #10 stated, "Yes. Yes, I do. It shouldn't happen". Staff #10 was asked did he abuse client A. Staff #10 stated, "No sir". Staff #10 was asked if he knew who abused client A. Staff #10 stated, "No".</p> <p>On 8/30/22 at 12:24 PM, the Investigator for the Attorney General Office was interviewed. The Investigator indicated evidence of inappropriate staff interactions with client A during the incident on 2/27/22 when client A sustained injuries had been obtained. The Investigator indicated further outcomes from this evidence were being reviewed by the AGO and the nature of criminal misconduct. The Investigator indicated the investigation continued and was not concluded at the time of this interview.</p> <p>On 8/31/22 at 5:32 PM, the AED was interviewed. The AED indicated staff #1 and staff #6 had been suspended and the provider reopened their investigation into the incident of 2/27/22 when client A had sustained injuries. The AED indicated during the provider's interview with staff #6, staff #6 indicated the AGO had interviewed him again on 8/31/22. Staff #6 indicated he had volunteered to take a polygraph lie detector test with the AGO on 9/6/22 pertaining his involvement and knowledge of the incident on 2/27/22 when client A sustained injuries. The AED indicated further follow up was being pursued concerning the incident on 2/27/22 where client A had sustained injuries. The AED indicated the Abuse, Neglect, Exploitation, Mistreatment and/or Violation of Individuals rights policy should be</p>			

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 09/01/2022
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP CODE 13009 HORIZON DR MEMPHIS, IN 47143
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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 0154 Bldg. 00	<p>implemented at all times.</p> <p>On 8/29/22 at 1:04 PM, the 5/5/21 Abuse, Neglect, Exploitation, Mistreatment and/or Violation of Individual's Rights (ANE) policy 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>This federal tag relates to complaint #IN00378468.</p> <p>9-3-2(a)</p> <p>483.420(d)(3)</p> <p><b>STAFF TREATMENT OF CLIENTS</b></p> <p>The facility must have evidence that all alleged violations are thoroughly investigated. Based on record review and interview for 1 of 2 sampled clients (A), the facility failed to thoroughly investigate an allegation of physical abuse of client A to expand the scope of the investigation's allegations to include how client A sustained the injuries on 2/27/22 and rule out potential neglect from a lack of quality of care.</p> <p>Findings include:</p> <p>On 8/26/22 at 12:03 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 incident which affected client A:</p> <p>-BDDS incident report dated 2/28/22 indicated, "It was reported [client A] was in his room when staff [staff #10] went into the room. A second staff (staff #6) heard a yell and went to the hallway where [client A's] bedroom is located. At that time</p>	W 0154	To correct the deficient practice the investigation regarding the 2-27-22 incident was re-opened. The following has been implemented post investigation. Staff #6 remains suspended pending the AGO conclusion regarding the incident. Staff #10 employment has been terminated. Staff #1 has been removed from the supervisory position over the site. All site staff have been re-trained in ResCare's A/N/E/M policy, incident reporting procedure, and gentle teaching practices. Additionally, the Area Supervisor (AS) will be at the site at least three times a week and daily skin assessments have been implemented. Additional monitoring will be achieved	10/01/2022

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  09/01/2022
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP COD 13009 HORIZON DR MEMPHIS, IN 47143
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>[staff #10] left [client A's] bedroom slamming the door and clocked out and left. A few minutes later, the second staff saw [client A] standing in the hallway with blood on his face. The staff did skin assessments and found a 1 inch laceration under the left side of [client A's] chin, a 1 inch laceration under his bottom lip, two 3/8 inch lacerations on the inside of his lip, and an 8 inch scratch on his left collarbone. Staff contacted nurse and [client A] was transported to the ER (emergency room) for evaluation. [Client A] was evaluated and received 3 stitches under his chin and 3 stitches under his bottom lip. [Client A] received prescription for Lidocaine Gel (topical local anesthetic) on inside of lip before eating. [Client A] is to use Bacitracin (prevent skin infection) for other lacerations. Stitches should be removed in 7 days".</p> <p>Internal incident report dated 2/27/22 indicated, "Location: Home ... Where did the incident occur: In bedroom ... Consumer(s) involved: [Client A] ... ResCare Staff or Other(s) involved/Witnessed: [Staff #10] ...</p> <p>What was happening before the incident? [Client A] was in his room. I (staff #6) was in office. Other boys (housemates of client A) watching TV (television). [Staff #10] sitting charging phone. [Staff #10] got up while I was cleaning office.</p> <p>What happened during incident? Heard big scream. Went to hallway and [staff #10] was slamming [client A's] door while saying 'He got life f***** up'. Went to give snacks and while doing (that) [staff #10] left. After giving snacks I went to put keys up in office. Seen (sic) [client A] standing in hallway with blood everywhere on his face. Took him to bathroom to clean up. Upon cleaning [client A] cried out and said '[staff #10]</p>		<p>through daily administrative observations and daily administrative meetings to discuss the activities and needs of the home for a period of one month. All staff responsible for investigations have been trained to ensure investigations are thorough, and in how to proceed if a conclusion is not found in the five business days required for completing an investigation. Ongoing monitoring will be achieved by all investigations being reviewed by the Executive Director and the peer review committee.</p>	

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 09/01/2022
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP COD 13009 HORIZON DR MEMPHIS, IN 47143
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>hurt me. He hit me'. I asked several times what happened and all (were) still (the) same story, '[Staff #10] hit me then choked (sic) me'. After wiping off blood noticed his lip was bitten through and his chin has a gash. His neck has red marks like being strangled. Scratches on his left collar bone (sic) ...</p> <p>What was done after the incident? Wiped him off and applied gauze pad to collar bone (sic) and band-aid on his lip. [Staff #1] took him to [name] hospital ...</p> <p>Describe the injury or injuries: Bloody nose, bite through bottom lip. Strangle marks around neck. Deep scratches on left collar bone (sic) Finger nail bleeding (right middle) ...".</p> <p>Investigation dated 2/28/22 through 5/4/22 indicated, "Introduction: An investigation was initiated when [client A] reported that staff [staff #10] hit him, threw him to the floor, and put his hands on [client A's] neck.</p> <p>Scope of Investigation: Determine if staff [staff #10] physically abused [client A].</p> <p>Summary of interviews: [Client A] reported [staff #10] hit him, knocked him on the floor and put his hands on [client A's] neck. [Client A] said [staff #10] was mad.</p> <p>During a second interview with [client A], he reported he was mad at [staff #10] for yelling at him and scratched himself on the chest and put his own hand on his throat and [staff #10] did not do those things. [Client A] also reported that [staff #10] saw him fall, then [client A] changed his statement to he and [staff #10] fell to the floor and that is when his lip and chin were injured.</p>			

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  09/01/2022
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP COD 13009 HORIZON DR MEMPHIS, IN 47143
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>[Client A] would not elaborate on how the fall happened ...</p> <p>[Staff #6] stated on 2/27/22 he arrived to work at approximately 7:18 PM and [staff #1] and [staff #10] reported that [client A] was in his bedroom calming from earlier behaviors. [Staff #6] was getting snacks prepared in the kitchen and [staff #10] was in the living room. When [staff #6] came out of the office with remaining snacks and noticed [staff #10] was not in the living room at that time. When [staff #6] came out of the office with remaining snacks, he heard [client A] yell, which he does often, and [staff #10] was coming out of the hallway where [client A's] room is located. [Staff #6] reported he and [staff #10] were alone when [staff #10] said 'he's got life F***** up' but [staff #10] did not indicate who he was talking about. [Staff #6] reported [staff #10] had been in [client A's] room for less than 1 minute. [Staff #6] continued to prepare snacks and after [staff #10] left for the day, [client A] came out of his room and had blood on his face. [Staff #6] then went with [client A] to the bathroom to clean up. [Staff #6] stated he thought [client A] had a nosebleed because [client A] picks his nose frequently and has nosebleeds often. While assisting [client A] with cleaning up, [client A] said [staff #10] hit him and hurt him bad. [Staff #6] noticed a laceration under [client A's] bottom lip. [Client A] also had scratches on his left upper chest measuring approximately 8 inches in length. It appeared [client A] was also bleeding from his right middle finger and had faint red marks on his neck. [Staff #6] contacted the nurse and [client A] was transported to [name] hospital for evaluation. [Client A] received 3 stitches under his bottom lip and 3 stitches under his chin. [Staff #6] has not seen any staff physically or verbally abuse any client ...</p>			



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  09/01/2022
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP COD 13009 HORIZON DR MEMPHIS, IN 47143
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>[Staff #1], I worked on 2/27/22 and [client A] had behaviors that day and picked his nose causing it to bleed 2 separate times. [Client A] was also yelling and not stopping. [Staff #8] and [staff #1] asked [client A] to go to his room to calm down. [Client A] sat down on the floor and continued to yell. [Staff #1] assisted [client A] from the floor and [client A] went to his bedroom. [Staff #6] had arrived at that time and was in the office. [Staff #1] informed [staff #6] that [client A] had been having behaviors prior to leaving for the day. [Staff #6] called [staff #1] later and reported to him that [client A] had a bad nosebleed and may need to go to ER. [Staff #1] returned to the group home and [staff #6] told [staff #1] that [client A] said [staff #10] hurt him. [Staff #1] transported [client A] to [name] ER for treatment. [Staff #1] reported [client A] told him [staff #10] hit him, scratched him, and choked him. Doctors in the ER asked [client A] what happened and [client A] said another client did it. [Staff #1] said he told [client A] to tell the doctor the truth and again [client A] said a client did it. [Client A] was treated and released from ER. [Staff #1] has not seen any staff physically or verbally abuse any client ...</p> <p>[Staff #10], worked on 2/27/22 and stated [staff #6] was in the kitchen preparing snacks and [staff #10] went to check on [client A] as he was in his room calming due to earlier behaviors. [Client A] was sitting in his recliner picking his nose and yelled when [staff #10] went into his bedroom. [Staff #10] asked [client A] to stop picking his nose and [client A] said okay. [Client A's] nose was not bleeding at that time. [Staff #10] stated [client A] did not get out of his recliner while [staff #10] was in the bedroom. [Staff #10] reported he was in [client A's] bedroom less than 1 minute. [Staff #10] left the bedroom and told</p>			

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  09/01/2022
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP CODE 13009 HORIZON DR MEMPHIS, IN 47143
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>[staff #6] to watch [client A] because his nose may start to bleed from picking it. [Staff #10] stated [client A] was not injured when he left the bedroom and he did not physically or verbally abuse [client A]...</p> <p>Factual Findings: [Staff #10] was at the group home at the time of the incident, went into [client A's] bedroom and [client A] did yell ... [Staff #6] and [staff #10] stated [staff #10] was in [client A's] bedroom approximately 1 minute or less ... Medical Consult Form and ResCare Nursing note confirms [client A] sustained a small laceration on inner lower lip, 2 lacerations on chin, one on upper chin closed with 3 sutures and one on lower chin closed with 4 sutures ...</p> <p>Conclusion: Unsubstantiated [staff #10] physically abused [client A]".</p> <p>On 8/30/22 at 12:20 PM, Medical Consult Form dated 2/27/22 indicated, "Discharge Problem/Clinical Impression: Laceration of chin without complication, Abrasion of chest wall, Injury due to altercation ... Laceration/Wound Repair: Lower medial face ... Number of sutures: 3 ... Lower head ... Number of sutures: 4 ...".</p> <p>On 8/29/22 at 9:41 AM, the Assistant Executive Director (AED) was interviewed. The AED was asked about interviewing staff members #1, #6 and #10. The AED indicated staff #10 had been suspended a second time based on information received from the Attorney General's Office (AGO) investigation. The AED was asked what the AGO was investigating. The AED stated, "The unknown injury at [group home]. On one of the clients (client A) at [group home]". The AED indicated based on more information received from the AGO, staff #10 was suspended a second</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G723	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  09/01/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP CODE 13009 HORIZON DR MEMPHIS, IN 47143
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>time surrounding information about client A's injuries sustained on 2/27/22. The AED indicated the nature of the evidence was not shared but the second suspension was implemented as a precautionary measure.</p> <p>On 8/25/22 at 4:19 PM, client A was interviewed. Client A was asked how long he had lived at the group home. Client A stated, "10 months". Client A was asked when he moved in. Client A stated, "From [name of previous placement]. It's in [city] Indiana". Client A was asked how he liked living at the group home. Client A stated, "Good". Client A was asked if anyone treated him badly. Client A stated, "No. I've been good all day". Client A was asked if the staff here at the home ever hit him. Client A stated, "No, never hit". Client A was asked if there was an incident between him and staff #10. Client A stated, "Yes". Client A was asked if he could tell the surveyor what staff #10 did. Client A stated, "Yeah. He threw me down, got mad and slammed the door. Called [staff #1]". Client A was asked does he (staff #10) still work here. Client A stated, "No. Another group home. There was blood on it". Client A was asked your chin. Client A stated, "Yeah". Client A was asked if had happened before. Client A stated, "No". Client A stated, "He had a bad day. He would throw things, juice, curse". Client A was asked "[Staff #10]"? Client A stated, "Yeah. He would with, at [name of previous placement] and here. Yeah". Client A then described what appeared to be a past incident with an unknown staff by the name of [name] from a previous placement. Client A was asked if this [name] had seen him bleeding. Client A stated, "Yeah. Mrs. [nurse]". Client A was asked if nurse [name] looked at him as well. Client A stated, "Yeah".</p> <p>On 8/29/22 at 1:36 PM, staff #6 was interviewed.</p>			

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 09/01/2022
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP COD 13009 HORIZON DR MEMPHIS, IN 47143
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>Staff #6 was asked about the incident where client A sustained injuries to his facial region and chest. Staff #6 indicated he walked into his shift and was informed client A had a bad day due to behavior and was in his bedroom coming in and out. Staff #6 indicated staff #1, staff #10 and a 3rd staff he could not recall were present when he started his shift. Staff #6 indicated staff #1 left shift leaving him and staff #10 at the group home. Staff #6 indicated staff #10 was charging his phone and he was in the office to get the keys to get snacks. Staff #6 stated, "I heard a loud scream and said what the h... was that. I was giving them snacks. [Staff #10] slammed the door. He was p*****. I wished I would have went (sic) into [client A's] room then. That was the one dark part of the story. I give (sic) the others their snacks. He left and said, 'He's got life f***** up.'" Staff #6 was asked how long time had passed from when staff #10 left to when he visually saw client A. Staff #6 stated, "Maybe 1 minute. He kept saying call [staff #6], call [staff #6]. I called [staff #1]. I didn't know what to do. I was by myself ... I wish I would have looked when he slammed the door. This was like a hurt scream. He slammed it like p*****, like take the door off the hinges. From the time I seen (sic) him (client A) to the time [staff #10] left at most 5 minutes". Staff #6 was asked what he felt had occurred. Staff #6 stated, "I think [client A] maybe come (sic) out to ask for a snack. I think he upper cut him, choked him and scratched him leaving when he heard my boots coming, he (staff #10) came out (leaving client A's bedroom, slamming the door)". Staff #6 was asked about a history of client to client physical aggression at the group home. Staff #6 stated, "No". Staff #6 was asked prior to the 2/27/22 incident of client A's injuries, was there any other similar incident history. Staff #6 stated, "Yeah. He (staff #10) had an issue with his ride late, argument. He was</p>			

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  09/01/2022
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP COD 13009 HORIZON DR MEMPHIS, IN 47143
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>punching the front door. You can see knuckle marks in the door. His (staff #10) little anger problem. Straight up, I think he did it (assault of client A)".</p> <p>On 8/29/22 at 2:39 PM, staff #1 was interviewed. Staff #1 was asked about unknown injuries at the group home. Staff #1 indicated client A had recently hit himself in the face while in the bathroom and staff #2 had observed the incident. Staff #1 was asked if client A had hurt himself. Staff #1 stated, "No bruising or anything. Just red rash, no major swelling or bruising". Staff #1 was asked how often client A would exhibit self-harm as he had described. Staff #1 stated, "It's not normal. It's not daily. We usually ask him to deescalate. Most of the time, I think it's him trying to get a little attention". Staff #1 was asked about the incident on 2/27/22 when client A had sustained injuries to his face and chest. Staff #1 stated, "Yeah" and indicated he had left the group home and was about 20 minutes away nearing his personal residence when staff #6 called to inform client A had been hurt. Staff #1 stated, "[Staff #6] called and said there was an incident. He (client A) got busted up on his chin...". Staff #1 was asked how client A was injured. Staff #1 stated, "Like I said, I was not there. I don't know what happened". Staff #1 was asked if he had asked when he returned to the group home what had happened. Staff #1 stated, "He (staff #6) did". Staff #1 indicated he did not ask client A what had happened to him once he returned to the group home, but staff #6 had. Staff #1 then stated, "I took him (client A) to the hospital. He (client A) told me on the ride over to [hospital name] [staff #10] did it. When we were waiting for the doctor he said that [staff #6] did it". Staff #1 was asked how long the period of time was from when he left the group home and returned due to client A</p>			

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  09/01/2022
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP COD 13009 HORIZON DR MEMPHIS, IN 47143
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>being injured. Staff #1 stated, "20 minutes". Staff #1 was asked when he left what staff were present at the home with client A. Staff #1 stated, "[Staff #8], [staff #6] and [staff #10]". Staff #1 was asked why his statement in the provider investigation did not include the additional staff name of staff #6 indicated by client A during the wait for the doctor. Staff #1 stated, "It did not come to my head". Staff #1 was asked when did the interview with the quality assurance investigator occur concerning client A's injuries. Staff #1 stated, "I don't know". Staff #1 was asked why he did not think to tell the provider's investigator about a second staff named by client A as the person that could have caused the injuries. Staff #1 stated, "I don't remember". Staff #1 was asked about his interview statement to the provider's investigator which indicated client A informed the doctor "another client" caused his injuries and why he did not assist client A with identifying a name. Staff #1 stated, "I don't know. I did not know what had happened". Staff #1 was asked if there was client to client aggression occurring at the home. Staff #1 stated, "No". Staff #1 was asked how client A could have been injured. Staff #1 stated, "If [staff #10] did or if [staff #6] done it. From what I understand, his aunt picked him up, he was gone about 10 minutes". Staff #1 was asked what he had done about client A's allegations of staff #6 and/or staff #10 causing his injuries. Staff #1 stated, "[Staff #10] was suspended". Staff #1 was asked about staff #6. Staff #1 stated, "I spent more time with [staff #6] at night". Staff #1 was asked if it was likely staff #6 had caused the injuries to client A. Staff #1 stated, "No. The only time I spent more time with [staff #6] was when the other night shift (former staff #11) was running late". Staff #1 was asked if additional changes had occurred to protect client A beside the suspension of staff #10. Staff #1 stated, "No.</p>			

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  09/01/2022
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP COD 13009 HORIZON DR MEMPHIS, IN 47143
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>Body assessments". Staff #1 was asked if additional monitoring had occurred. Staff #1 stated, "No". Staff #1 was asked if there was blood in client A's bedroom when he returned to the group home on 2/27/22. Staff #1 stated, "Yes there was". Staff #1 was asked if client A's blood was on his bed frame or furniture in his room. Staff #1 stated, "No". Staff #1 was asked if the blood he saw was in the middle of client A's bedroom. Staff #1 stated, "Yes".</p> <p>On 8/29/22 at 4:15 PM, staff #10 was interviewed. Staff #10 was asked about the incident on 2/27/22 and client A's injuries. Staff #1 stated, "Early that morning, [client A] was picking his nose. [Staff #1] sent him to his room. [Staff #1] left around 7 PM". Staff #10 was asked if client A was hurt while he was at the group home. Staff #10 stated, "No sir. Maybe a possible nosebleed". Staff #10 was asked why a nosebleed. Staff #10 stated, "Picking his nose". Staff #10 was asked if he heard client A scream. Staff #10 stated, "No sir". Staff #10 was asked what staff #6 was doing. Staff #10 stated, "He met me in the hallway. I guess he was going to ask [client A] if he wanted a snack. I'm not sure where [staff #6] went. The next morning, I got suspended about 6:30 AM. 3/1/22 was when I got a phone call from the sheriff's department. They wanted to know about the situation. They informed me he was taken to the hospital. I've seen pictures. That's not hurt. That's not right. I know the abuse allegations did not stop. The police showed me the pictures". Staff #10 was asked what he felt had occurred to cause the injuries to client A. Staff #10 stated, "After getting the police report, I'm conflicted with [staff #1] being called back to the group home. Maybe the two beat him up. Who can they blame for this, I believe heavily that they're friends." Staff #10 stated, "When I spoke with the Attorney General,</p>			

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 09/01/2022
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP COD 13009 HORIZON DR MEMPHIS, IN 47143
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>it looked like it was by force (client A's injuries)". Staff #10 was asked "Abuse". Staff #10 stated, "For sure". Staff #10 was asked "Who". Staff #10 stated, "I can't tell. Either [staff #1] or [staff #6]". Staff #10 was asked about his transfer to another group home after the provider's investigation was concluded. Staff #10 stated, "They said they were transferring me due to the situation around [client A]. In the event that there (sic) was another incident or allegation. After I left, I heard [staff #1] was suspended for another allegation, but they made him the team lead". Staff #10 was asked if he felt client A had been abused. Staff #10 stated, "Yes. Yes, I do. It shouldn't happen". Staff #10 was asked did he abuse client A. Staff #10 stated, "No sir". Staff #10 was asked if he knew who abused client A. Staff #10 stated, "No".</p> <p>On 8/30/22 at 2:45 PM, the Quality Assurance Manager (QAM) was interviewed. The QAM was asked about the investigation process of an unknown injury and why only staff #10 had been suspended through the investigation process. The QAM indicated the original report was of staff #10's alleged abuse of client A. The QAM was asked about staff #1 not sharing information indicated by client A of potentially staff #6 also being involved in causing the injuries and the discrepancy of the doctor being informed another client caused the injury, without identifying the name of the person through the provider's investigative procedures. The QAM stated, "I think the scope should have been changed to include how did he (client A) get those injuries. The scope should have included how did [client A] sustain the injuries". The QAM was asked how a conclusion for an unsubstantiated finding of abuse could have been concluded given the nature of client A's injuries when a lack of current history for client to client and/or self-inflicted</p>			



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 09/01/2022
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP COD 13009 HORIZON DR MEMPHIS, IN 47143
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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 0186 Bldg. 00	<p>harm by client A was not indicated. The QAM indicated the unsubstantiated finding was staff #10 had not caused the harm to client A.</p> <p>At 3:42 PM, the QAM was asked at what point did administrative oversight and/or the investigative department review the scene where client A had sustained injuries. The QAM indicated the nurse completed a physical assessment of client A the day after the incident on 2/28/22, but no one reviewed and documented the environment where client A had sustained his injuries. Shared with the QAM was the indication by staff #10 he had seen pictures from the police department of client A's injuries and staff #1 indicating blood had been observed in client A's bedroom when he returned to the group home on 2/27/22. The QAM was asked if physical evidence could be shared. The QAM indicated the existence of physical evidence was not known to the provider and/or identified during the investigative process and could not be shared for review.</p> <p>On 8/31/22 at 5:32 PM, the AED was interviewed. The AED indicated staff #1 and staff #6 had been suspended and the provider reopened their investigation into the incident on 2/27/22 where client A had sustained injuries.</p> <p>This federal tag relates to complaint #IN00378468.</p> <p>9-3-2(a)</p> <p>483.430(d)(1-2) DIRECT CARE STAFF</p> <p>The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans.</p>			

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 09/01/2022
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP COD 13009 HORIZON DR MEMPHIS, IN 47143
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<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 2 sampled clients (A), the facility failed to ensure there was sufficient direct care staff to manage and supervise client A during an incident on 2/27/22 when client A sustained injuries from abuse, neglect and/or mistreatment.</p> <p>Findings include:</p> <p>On 8/26/22 at 12:03 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 incident which affected client A:</p> <p>-BDDS incident report dated 2/28/22 indicated, "It was reported [client A] was in his room when staff [staff #10] went into the room. A second staff (staff #6) heard a yell and went to the hallway where [client A's] bedroom is located. At that time [staff #10] left [client A's] bedroom slamming the door and clocked out and left. A few minutes later, the second staff saw [client A] standing in the hallway with blood on his face. The staff did skin assessments and found a 1 inch laceration under the left side of [client A's] chin, a 1 inch laceration under his bottom lip, two 3/8 inch lacerations on the inside of his lip, and an 8 inch scratch on his left collarbone. Staff contacted nurse and [client A] was transported to the ER (emergency room) for evaluation. [Client A] was evaluated and received 3 stitches under his chin and 3 stitches under his bottom lip. [Client A] received prescription for Lidocaine Gel (topical local anesthetic) on inside of lip before eating. [Client A] is to use Bacitracin (prevent skin infection) for</p>	W 0186	To correct the deficient practice the administrative team will determine what waking hours are based on the client's needs and a schedule will be implemented based on this determination. All staff responsible for scheduling will be re-trained in the staffing ratio requirement for ESN homes. Additional monitoring will be achieved by the PM reviewing the schedule each week, daily administrative observations, and daily administrative meetings for a period of one month. Ongoing monitoring will be achieved by the AS and PM reviewing the monthly schedule to ensure each shift is within ratio.	10/01/2022

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 09/01/2022
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP COD 13009 HORIZON DR MEMPHIS, IN 47143
---	---

(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
	<p>other lacerations. Stitches should be removed in 7 days".</p> <p>Investigation dated 2/28/22 through 5/4/22 indicated, "Introduction: An investigation was initiated when [client A] reported that staff [staff #10] hit him, threw him to the floor, and put his hands on [client A's] neck.</p> <p>Scope of Investigation: Determine if staff [staff #10] physically abused [client A].</p> <p>Investigative Procedure:... Time Detail dated 2/27/22 ...</p> <p>Summary of interviews:</p> <p>[Staff #6] stated on 2/27/22 he arrived to work at approximately 7:18 PM ...</p> <p>Conclusion: Unsubstantiated [staff #10] physically abused [client A].</p> <p>ResCare Investigation Peer Review: ... Inservice staff on contacting supervisor if out of ratio ... Inservice staff on arriving late for shift and clocking out and leaving immediately after shift ...".</p> <p>On 8/29/22 at 1:36 PM, staff #6 was interviewed. Staff #6 was asked about the incident where client A sustained injuries to his facial region and chest. Staff #6 indicated he walked into his shift and was informed client A had a bad day due to behavior and was in his bedroom coming in and out. Staff #6 indicated staff #1, staff #10 and a 3rd staff he could not recall were present when he started his shift. Staff #6 indicated staff #1 left shift leaving him and staff #10 at the group home. Staff #6 indicated staff #10 was charging his phone and he</p>			

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  09/01/2022
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP COD 13009 HORIZON DR MEMPHIS, IN 47143
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>was in the office to get the keys to get snacks. Staff #6 stated, "I heard a loud scream and said what the h... was that. I was giving them snacks. [Staff #10] slammed the door. He was p*****. I wished I would have went (sic) into [client A's] room then. That was the one dark part of the story. I give (sic) the others their snacks. He left and said, 'He's got life f***** up.'" Staff #6 was asked how long time had passed from when staff #10 left to when he visually saw client A. Staff #6 stated, "Maybe 1 minute. He kept saying call [staff #6], call [staff #6]. I called [staff #1]. I didn't know what to do. I was by myself..."</p> <p>On 8/29/22 at 2:39 PM, staff #1 was interviewed. Staff #1 was asked about the incident on 2/27/22 when client A had sustained injuries to his face and chest. Staff #1 stated, "Yeah" and indicated he had left the group home and was about 20 minutes away nearing his personal residence when staff #6 called to inform client A had been hurt. Staff #1 stated, "[Staff #6] called and said there was an incident. He (client A) got busted up on his chin...". Staff #1 was asked how client A was injured. Staff #1 stated, "Like I said, I was not there. I don't know what happened".</p> <p>On 8/30/22 at 2:45 PM, the Quality Assurance Manager (QAM) was asked about the clock in and out times of staffs #1, #6 and #10 on 2/27/22. The QAM stated, "[Staff #6] clocked in at 7:18 PM. [Staff #1] clocked out at 7:19 PM and then back in at 7:58 PM. [Staff #10] clocked out at 7:21 PM". The QAM indicated staff #6 was alone with client A on 2/27/22 and had to call staff #1 for assistance when client A's injuries were identified for medical treatment.</p> <p>On 8/31/22 at 5:32 PM, the Assistant Executive Director (AED) was interviewed. The AED was</p>			

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 09/01/2022
NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SE IN			STREET ADDRESS, CITY, STATE, ZIP CODE 13009 HORIZON DR MEMPHIS, IN 47143		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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 0252 Bldg. 00	<p>asked if staff #6 was working alone on 2/27/22 at the time of client A's injuries. The AED stated, "Yeah. I think the other staff (former staff #11) was running late. That was in February. Now we have it fully staffed". The AED indicated staff #1 had returned to the group home to assist both client A and staff #6 with medical treatment.</p> <p>On 8/31/22 at 5:47 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".</p> <p>This federal tag relates to complaint #IN00378468.</p> <p>9-3-3(a)</p> <p>483.440(e)(1) PROGRAM DOCUMENTATION Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.</p> <p>Based on record review and interview for 1 of 2 sampled clients (A), the facility failed to ensure direct care staff documented client A's self-injurious behavior of picking his nose on 2/27/22.</p> <p>Findings include:</p> <p>On 8/26/22 at 12:03 PM, a review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports and accompanying investigation summaries was conducted. The review indicated</p>	W 0252	To correct the deficient practice all site staff have been re-trained to complete all needed documentation before leaving their shift. Additional monitoring will be achieved through daily administrative observations and documentation review for a period of one month. To ensure no others were affected the QIDP will review documentation and incident reports for the past six months.	10/01/2022	

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 09/01/2022
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP COD 13009 HORIZON DR MEMPHIS, IN 47143
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>the following incident which affected client A:</p> <p>-BDDS incident report dated 2/28/22 indicated, "It was reported [client A] was in his room when staff [staff #10] went into the room. A second staff (staff #6) heard a yell and went to the hallway where [client A's] bedroom is located. At that time [staff #10] left [client A's] bedroom slamming the door and clocked out and left. A few minutes later, the second staff saw [client A] standing in the hallway with blood on his face. The staff did skin assessments and found a 1 inch laceration under the left side of [client A's] chin, a 1 inch laceration under his bottom lip, two 3/8 inch lacerations on the inside of his lip, and an 8 inch scratch on his left collarbone. Staff contacted nurse and [client A] was transported to the ER (emergency room) for evaluation. [Client A] was evaluated and received 3 stitches under his chin and 3 stitches under his bottom lip. [Client A] received prescription for Lidocaine Gel (topical local anesthetic) on inside of lip before eating. [Client A] is to use Bacitracin (prevent skin infection) for other lacerations. Stitches should be removed in 7 days".</p> <p>Investigation dated 2/28/22 through 5/4/22 indicated, "Introduction: An investigation was initiated when [client A] reported that staff [staff #10] hit him, threw him to the floor, and put his hands on [client A's] neck.</p> <p>Scope of Investigation: Determine if staff [staff #10] physically abused [client A].</p> <p>Investigative Procedure: ... Behavior Tracking for February 2022 ...</p> <p>Summary of interviews:</p>		Ongoing monitoring will be achieved by the QIDP/BC reviewing documentation at least monthly.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G723	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 09/01/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP COD 13009 HORIZON DR MEMPHIS, IN 47143
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>[Staff #6] stated on 2/27/22 he arrived to work at approximately 7:18 PM and [staff #1] and [staff #10] reported that [client A] was in his bedroom calming from earlier behaviors ... [Staff #6] stated he thought [client A] had a nosebleed because [client A] picks his nose frequently and has nosebleeds often...</p> <p>[Staff #1], I worked on 2/27/22 and [client A] had behaviors that day and picked his nose causing it to bleed 2 separate times. [Client A] was also yelling and not stopping. [Staff #8] and [staff #1] asked [client A] to go to his room to calm down. [Client A] sat down on the floor and continued to yell. [Staff #1] assisted [client A] from the floor and [client A] went to his bedroom. [Staff #6] had arrived at that time and was in the office. [Staff #1] informed [staff #6] that [client A] had been having behaviors prior to leaving for the day. [Staff #6] called [staff #1] later and reported to him that [client A] had a bad nosebleed and may need to go to ER (emergency room)...</p> <p>[Staff #10], worked on 2/27/22 and stated [staff #6] was in the kitchen preparing snacks and [staff #10] went to check on [client A] as he was in his room calming due to earlier behaviors. [Client A] was sitting in his recliner picking his nose and yelled when [staff #10] went into his bedroom. [Staff #10] asked [client A] to stop picking his nose and [client A] said okay. [Client A's] nose was not bleeding at that time. [Staff #10] stated [client A] did not get out of his recliner while [staff #10] was in the bedroom. [Staff #10] reported he was in [client A's] bedroom less than 1 minute. [Staff #10] left the bedroom and told [staff #6] to watch [client A] because his nose may start to bleed from picking it. [Staff #10] stated [client A] was not injured when he left the bedroom ...</p>			

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 09/01/2022
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP CODE 13009 HORIZON DR MEMPHIS, IN 47143
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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
	<p>Conclusion: Unsubstantiated [staff #10] physically abused [client A].</p> <p>ResCare Investigation Peer Review:... Inservice staff on completing documentation".</p> <p>On 8/29/22 at 1:12 PM, a focused review of client A's record was conducted. The record indicated the following:</p> <p>-Behavior Support Plan (BSP) dated 4/20/22 indicated, "Target Behaviors: ... Self-Injurious Behavior/Suicidal Ideation (SIB): any occurrence of biting self, hitting self, banging his own head, cutting self, slamming body parts in the door, and other behaviors intentionally done to harm/hurt self. Can escalate from negative self-talk if the staff do not redirect his negative self-talk. It is important to document all observed SIB and report to the nurse. Goal: [Client A] will have 0 occurrences of self-injurious behavior per month for three consecutive months by 4/20/2023...".</p> <p>On 8/30/22 at 3:42 PM, the Quality Assurance Manager (QAM) was interviewed. The QAM was asked if client A's behavior tracking for self-inflicted harm for picking his nose on 2/27/22 could be provided for review. The QAM reviewed the investigation file and stated, "It was not in the folder. That should have been in the factual findings (of the investigation)". The QAM indicated further follow up was needed into client A's behavior tracking.</p> <p>On 8/31/22 at 7:31 AM, the QAM indicated through email client A did not have any self-injurious behavior documented during the month of February 2022 and his self-injurious behavior described by staff interviews for the day</p>			



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

PRINTED: 09/28/2022  
FORM APPROVED  
OMB NO. 0938-039

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  09/01/2022
NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SE IN			STREET ADDRESS, CITY, STATE, ZIP CODE 13009 HORIZON DR MEMPHIS, IN 47143		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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	
	<p>of 2/27/22 was not documented by staff.</p> <p>On 8/31/22 at 5:32 PM, the Assistant Executive Director (AED) was interviewed. The AED was asked about the email received by the QAM which indicated staff had not documented client A's self-injurious behavior of picking his nose described through their interview statements. The AED indicated client A's behavior tracking was not documented on 2/27/22 and could not be provided for review. The AED stated, "Right".</p> <p>This federal tag relates to complaint #IN00378468.</p> <p>9-3-4(a)</p>				