### DEPARTMENT OF HEALTH AND HUMAN SERVICES

	NT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G157	(X2) MULTIPLE C A. BUILDING B. WING	onstruction 2 00	X3) DATE SURVEY COMPLETED 02/20/2024
	PROVIDER OR SUPPLIE	R ALTERNATIVES SE IN	3011 A	ADDRESS, CITY, STATE, ZIP COD NPACHE DR RSONVILLE, IN 47130	
(X4) ID PREFIX TAG	(EACH DEFICIE)	' STATEMENT OF DEFICIENCIE NCY MUST BE PRECEDED BY FULL R 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
V 0000					
Bldg. 00	This visit was for t #IN00426048 and	the investigation of complaints #IN00425496.	W 0000		
	(Post Certification	e in conjunction with the PCR Revisit) to the pre-determined fication and state licensure on 12/22/23.			
	related to the alleg	26048: Federal/state deficiencies ation(s) are cited at W149, 57, W223 and W240.			
	· ·	25496: Federal/state deficiencies ation(s) are cited at W149, W240.			
	Dates of survey: 2/ 2/16/24, 2/19/24 at	/12/24, 2/13/24, 2/14/24, 2/15/24, nd 2/20/24.			
	Facility Number: 0 Provider Number: AIMS Number: 10	15G157			
	accordance with 4	also reflect state findings in 60 IAC 9. This report completed by #15068			
V 0149	483.420(d)(1) STAFF TREATM	ENT OF CLIENTS			
Bldg. 00	written policies an mistreatment, ne Based on record re sampled clients (A clients (D, E, F and	develop and implement nd procedures that prohibit glect or abuse of the client. eview and interview for 3 of 3 , B and C), plus 4 additional d G), the facility failed to ten policy and procedures to	W 0149	The Facility will retrain sta at the site on the Abuse, Negled and Exploitation Policy and disciplinary action will be given	ct
LABORATO	I	) VIDER/SUPPLIER REPRESENTATIVE'S SI	GNATURE	TITLE	(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTA	ATIVE'S SIGNATURE	TITLE	(X6) DATE
Mark Slaughter	AED		03/19/2024

Any defiencystatement ending with an asterisk (\*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo 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.

#### CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-039 STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING 00 COMPLETED B. WING 02/20/2024 15G157 STREET ADDRESS, CITY, STATE, ZIP COD NAME OF PROVIDER OR SUPPLIER 3011 APACHE DR **RES CARE COMMUNITY ALTERNATIVES SE IN** JEFFERSONVILLE. IN 47130 (X4) ID SUMMARY STATEMENT OF DEFICIENCIE ID (X5) PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX PREFIX COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG DEFICIENCY) DATE report and investigate an incident of vandalism of the policy is not followed. Area a derogatory nature to clients A, B, C, D, E, F and Supervisor and Direct Support G's home, to ensure staff identified, reported and Lead will ensure that the Abuse, investigated allegations of verbal abuse and Neglect and Exploitation Policy is mistreatment of clients A, B, C, D, E, F and G by a followed. Monitoring of ANE will facility staff member and to ensure client A's done by The Program Manager, ability to give informed consent, social media and Area Supervisor and Direct online dating skills were re-assessed to ensure Support Lead to ensure all and advocate for her health and safety incidents of possible abuse, neglect and exploitation are Findings include: reported to the QA department. The Program Manager will 1. QAM (Quality Assurance Manager) was ensure the Area Supervisor will interviewed on 2/12/24 at 2:18 PM. QAM indicated retrain staff on the Abuse, Neglect there had been an incident of eggs being thrown and Exploitation Policy and at clients A, B, C, D, E, F and G's home. QAM disciplinary action will be given if indicated some of the eggs broke and some did the policy is not followed. not. QAM indicated the eggs that did not break Area Supervisor and had derogatory and insulting words written on Program Manager will ensure that them, but she could not recall the exact words. the Abuse, Neglect and QAM indicated the agency had recently Exploitation Policy is followed terminated a staff member. OAM indicated the through random monitoring. agency suspected the former staff had thrown the The area supervisor in eggs and written the words on the eggs. serviced facility staff on ResCare anonymous compliance line The facility's BDS (Bureau of Disabilities Services) allowing an additional resource for reports and Investigations were reviewed on staff to report outside the 2/12/24 at 3:19 PM. The review indicated the Administrative chain, and on following: ResCare's non-retaliation and Zero Violence policy. -12/4/23 BDS indicated, "Allegations were The Administrator held a received of staff yelling at [client D]." team meeting to review "The US (United States) Department of And. Justice website: "The staff member in question was placed on https://www.justice.gov/hatecrime administrative leave pending investigation." s/learn-about-hate-crimes#Crime" to determine course of action

FORM CMS-2567(02-99) Previous Versions Obsolete

Investigation Summary Dated 12/7/23 indicated:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Event ID:

A10Y11 Facilit

Facility ID: 000693

and future reporting.

involving suspected hate crimes

If continuation sheet Pa

Page 2 of 57

04/12/2024

PRINTED:

FORM APPROVED

# DEPARTMENT OF HEALTH AND HUMAN SERVICES

NTERS FOR	R MEDICARE & MEDI	CAID SERVICES			OMB NO. 0938-039
	NT OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C		(X3) DATE SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BUILDING	00	COMPLETED
		15G157	B. WING		02/20/2024
NAME OF I	PROVIDER OR SUPPLIE	ĒR		ADDRESS, CITY, STATE, ZIP COD	
RES CAI		ALTERNATIVES SE IN	JEFFE	RSONVILLE, IN 47130	
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE	ID	PROVIDER'S PLAN OF CORRECTION	(X5)
PREFIX		NCY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	COMPLETION
TAG		OR LSC IDENTIFYING INFORMATION	TAG		DATE
	•	was initiated when it was		The DSL complete retrai	ning
		(Former Staff)] went to Apache elled at staff on duty regarding		of "Abuse, Neglect, and	
		t was also reported [FS] yelled		Exploitation in Community Livi Homes" no later than March 22	•
	at and called [clier			2024.	<u>~</u> ,
	at and called [effer	n D] stupid.		An investigation was	
	-"[Client D] report	ted that approximately 2:00 AM		conducted on "DSP #1" and	
		d [DSP (Direct Support		termed for violation of ANE.	
		were in the living room		Monitoring of Corrective	
	watching TV. [Cli	ent D] stated the sliding glass		Action: The Program Manager	,
	door opened and []	FS] came in the group home.		Area Supervisor and Resident	ial
		d [FS] began yelling at [DSP #2]		Manager will ensure all incider	nts
		al matter between the two.		of possible abuse, neglect and	
		FS] then began yelling at her,		exploitation are reported to the	QA
		giving [FS's] phone number.		department.	
		ted [FS] called her, [client D],			
		stated [DSP #2] asked [FS] to			
		t the group home. [Client D] ad her repeatedly wanting her to		Persons Responsible: AED,	<b>NA</b>
		ssages. [Client D] stated [DSP		Quality Assurance Manager, G Coordinator/QIDP Manager,	IA I
		to stop answering her phone.		Program Manager, Area	
		he then blocked [FS] so she		Supervisor, QIDP, Direct Supp	ort
		nore calls. [Client D] stated [DSP		Lead, and DSP.	
		G (Area Supervisor)] to report			
		lient D] and [AS] then texted			
	-	w hours because [client D] was			
	scared that [FS] we	ould come back to the group			
		stated she went into her bedroom			
		or due to being scared. [Client			
	-	ll scared that [FS] is going to			
		group home and yell at her some			
	more."				
	-"[DSP #2] reporte	ed she was working on 12/3/23			
		t D] were in the living room			
	-	P #2] stated at approximately			
		ng door opened and [FS] came			
		ne. [DSP #2] stated [FS] began			
		P #2] stated she and [FS] had			
	young at not. 100				

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: A1OY11 Facility ID: 000693

If continuation sheet Page 3 of 57

PRINTED: 04/12/2024 FORM APPROVED

# DEPARTMENT OF HEALTH AND HUMAN SERVICES

	NT OF DEFICIENCIES OF CORRECTION	x1) provider/supplier/clia identification number 15G157	(X2) MULTIPLE C A. BUILDING B. WING	00	COM 02/	te survey Mpleted 20/2024
	PROVIDER OR SUPPLI	ER ALTERNATIVES SE IN	3011 /	r address, city, state, zip APACHE DR ERSONVILLE, IN 47130	COD	
(X4) ID PREFIX TAG	(EACH DEFICIE	Y STATEMENT OF DEFICIENCIE ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION) CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETIO DATE
	yelling at [client I new phone number called [client D] s asked [FS] to leav stated she then ca [DSP #2] reported shaking. [DSP #2] was scared that [F yell at her again." -"It is substantiate home) and yelled matter. It is substantiate professional) and Manager) were pr with client E. Clies someone egging H "Somebody sayin that. It could have had a grudge agai (who) it is but don why they put up ti safe." Client E be (crying, face red, stated she "Did no moment" and she Client E stated, "H QIDP was intervi- QIDP indicated cl symptoms of men reliable than at he Client A was intervi-	ed [FS] went to Apache (group at staff regarding a personal antiated [FS] yelled at and called viewed on 2/13/24 at 12:27 PM. Intellectual Disabilities QAM (Quality Assurance esent throughout the interview ent E indicated she remembered ter home. Client E stated, g that we are r and stuff like been somebody in the past that nst us and (I) know exactly of want to say the name. That's he cameras to make sure we are came demonstratively upset turning towards QIDP). Client E of want to remember that was "upset about the eggs." Felt so scared."				

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-039 STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING COMPLETED 00 B. WING 02/20/2024 15G157 STREET ADDRESS, CITY, STATE, ZIP COD NAME OF PROVIDER OR SUPPLIER 3011 APACHE DR **RES CARE COMMUNITY ALTERNATIVES SE IN** JEFFERSONVILLE. IN 47130 (X4) ID SUMMARY STATEMENT OF DEFICIENCIE ID (X5) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX PREFIX COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG DEFICIENCY) DATE eggs being thrown at her home. Client A stated she and client B "woke up and found some eggs" in the front of the home. Client A indicated she did not see or know who had thrown the eggs at her home. Client A indicated some of the eggs had not broken and had words written on them. Client A was not able to recall what the words said. Client A indicated this occurred in January 2024 but did not recall a specific date. QIDP (Qualified Intellectual Disabilities Professional) and QAM (Quality Assurance Manager) were present throughout the interview with client A. QAM indicated the egg incident was not reported to BDS (Bureau of Disabilities Services) or investigated. QAM indicated the facility did not identify a specific client as the target of the eggs or derogatory language written on the eggs. QAM indicated the agency did install a security camera to address further incidents. Client F was interviewed on 2/13/24 at 11:38 AM. Client F indicated there had been an incident of eggs being thrown at her home. Client F stated, "An egg had not so nice words on them. Had (sic) one of words was r-----." Client F stated she saw one egg still intact with the word on it and the other eggs were "broken up all over the house up front." Client F indicated she did not recall a specific date. Client F indicated staff were made aware of the eggs. Client F indicated she did not see or know who had thrown the eggs at the home or had written the word on the intact egg. Client F stated, "Believe, some of us think, it was an old staff that got fired. And other people (have) ideas about it being some kids that did it." Client F stated, "[Client E] was really upset about it. Was concerned." DSP (Direct Support Professional) #2 was interviewed on 2/13/24 at 12:45 PM. DSP #2 A10Y11 Facility ID: 000693 Page 5 of 57 FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: If continuation sheet

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04/12/2024

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-039 STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING COMPLETED 00 B. WING 02/20/2024 15G157 STREET ADDRESS, CITY, STATE, ZIP COD NAME OF PROVIDER OR SUPPLIER 3011 APACHE DR **RES CARE COMMUNITY ALTERNATIVES SE IN** JEFFERSONVILLE. IN 47130 (X4) ID SUMMARY STATEMENT OF DEFICIENCIE ID (X5) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG DEFICIENCY) DATE indicated she had worked at the group home for over 1 year on varied shifts with clients A, B, C, D, E, F and G. DSP #2 indicated she was not working at the home at the time but was aware of an incident of clients A, B, C, D, E, F and G's home being egged. DSP #2 stated, "When I came in (to work) was told someone had egged the house with hateful words on the eggs. R-----, w------(derogatory slang) and lazy." DSP #2 stated she did not know who had egged the house and written the derogatory words on the eggs but "one of the old staff called one of the clients w-----w---- and assumed it was her." DSP #2 indicated clients A, B, C, D, E, F and G had seen the eggs. DSP #2 stated clients A, B, C, D, E, F and G's "feelings were hurt. They told me that (it) made them sad and (feel) different." DSL (Direct Support Lead) was interviewed on 2/13/24 at 1:07 PM. DSL indicated she was the lead for clients A. B. C. D. E. F and G's home. DSL indicated she had been the lead since October 2023. DSL indicated her role as lead included the supervision and training of staff. DSL stated, "I had come in and saw eggs over the front yard. Girls were hysterical because of the eggs. Some (of the eggs) not broken. Believe some were hard boiled." DSL stated, "Someone wrote on the eggs. R-----. Idiots (and) called them stupid and coke heads." DSL stated clients A, B, C, D, E, F and G "were very upset and (some were) crying." The US (United States) Department of Justice website: https://www.justice.gov/hatecrimes/learn-about-h ate-crimes#Crime was reviewed on 2/14/24 at 12:30 PM. The review indicated the following: Event ID: A10Y11 Facility ID: 000693 Page 6 of 57 FORM CMS-2567(02-99) Previous Versions Obsolete If continuation sheet

04/12/2024

# DEPARTMENT OF HEALTH AND HUMAN SERVICES

	STATEMENT OF DEFICIENCIES       X1) PROVIDER/SUPPLIER/CLIA         AND PLAN OF CORRECTION       IDENTIFICATION NUMBER         15G157		r í	ILDING NG	DNSTRUCTION 00	CO.	ate survey Mpleted 20/2024
	PROVIDER OR SUPPLII	R ALTERNATIVES SE IN		3011 A	ADDRESS, CITY, STATE, ZIP ( PACHE DR RSONVILLE, IN 47130	COD	
(X4) ID PREFIX TAG	(EACH DEFICIE	Y STATEMENT OF DEFICIENCIE NCY MUST BE PRECEDED BY FULL DR LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETIC DATE
	crimes committed perceived or actua origin, sexual orie or disability.	vel, hate crime laws include on the basis of the victim's Il race, color, religion, national ntation, gender, gender identity,					
	committed on the many also include	ime laws include crimes basis of race, color, and religion; crimes committed on the basis on, gender, gender identity, and					
		tte crime is often a violent crime, urder, arson, vandalism, or such crimes."					
	example of group	ted a group home was an of people included in hate crime indicated vandalism was a crime rime laws.					
	and Investigations 3:19 PM. The revi documentation of language regardin disabilities was re	6 (Bureau of Disabilities Services) were reviewed on 2/12/24 at the widd not indicate the vandalism with derogatory g clients A, B, C, D, E, F and G's ported to BDS, investigated or forcement as indicated in the icy.					
	interviewed on 2/ indicated allegatic crime against a cli and to local law er was aware of an in and derogatory wo AED did not recal	Executive Director) was 14/24 at 12:50 PM. AED ons of abuse and suspicion of a tent should be reported to BDS inforcement. AED indicated he incident of the home being egged ords being written on the eggs. 1 the specific words written on ted, "I do agree it could be					

# DEPARTMENT OF HEALTH AND HUMAN SERVICES

	NT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G157	(X2) MULTIPLE CC A. BUILDING B. WING	00	COM 02/2	te survey ipleted 20/2024
	PROVIDER OR SUPPLI	ER ALTERNATIVES SE IN	3011 AF	ADDRESS, CITY, STATE, ZIP C PACHE DR RSONVILLE, IN 47130	OD	
(X4) ID PREFIX TAG	(EACH DEFICII	Y STATEMENT OF DEFICIENCIE ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A DEFICIENCY)	IOULD BE	(X5) COMPLETIO DATE
	AM. Client A star Professional #1] i gets loud. Someti have food or drint at [client E]. Feel upset." Client A i being yelled at by Intellectual Disab were both present interview. QIDP a not aware of alleg abuse regarding I Client D was inte When asked how stated, "Only one She constantly sc hear her all the w downstairs. Screa everybody to get (yelling) triggers (is) sensitive too a QIDP and QAM	rviewed on 2/13/24 at 12:03 PM. her staff treated her, client D have issues with is [DSP #1]. reams at us. Really loud. Can ay from the office. Can hear her ms at everybody. Wants up. Just loud. Get scared me." Client D stated, "[Client A] and [client F]."				
	interviews with c aware of allegatic QAM and QIDP suspension regard QAM and QIDP concerns or allega DSP #1 prior to th 2/13/24. Client E was inter QIDP and QAM	and QAM indicated during the lients A and F they had become ons of verbal abuse by DSP #1. indicated DSP #1 was already on ling other/separate allegations. indicated they were not aware of ations of verbal abuse regarding ne interviews with the clients on rviewed on 2/13/24 at 12:27 PM. were present throughout the ent E. During the interview client				

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-039 STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING COMPLETED 00 B. WING 02/20/2024 15G157 STREET ADDRESS, CITY, STATE, ZIP COD NAME OF PROVIDER OR SUPPLIER 3011 APACHE DR **RES CARE COMMUNITY ALTERNATIVES SE IN** JEFFERSONVILLE. IN 47130 (X4) ID SUMMARY STATEMENT OF DEFICIENCIE ID (X5) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX PREFIX COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG DEFICIENCY) DATE E stated to QIDP, "Heard rumors about a staff that got fired or quit? [DSP #1]?" Client E stated, "I don't miss her. She (was) sometimes a mean person." When asked to clarify why she stated she didn't miss DSP #1, client E stated, "Heck no! Not nice. Wanted to put me down. Wanted me to stay quiet when she was having a bad day. Wanted me- she had a lot of bad days. I try to have positive- she has mood swings so know when to be quiet and know (if) she's okay?" DSP #2 was interviewed on 2/13/24 at 12:45 PM. DSP #2 indicated she had worked at the group home for over 1 year on varied shifts with clients A, B, C, D, E, F and G. DSP #2 indicated she had not witnessed but had been told by clients A, B, C, D, E, F and G they had concerns with DSP #1. DSP #2 stated it was reported to her by the clients DSP #1 "made comments like you girls are nastiest girls I've ever seen. It hurt their feelings. [Client F] and everybody. [Client F] took it the hardest. She's new and not used to [DSP #1]." DSP #2 indicated she had not reported the concerns to her supervisor but had encouraged clients A, B, C, D, E, F and G to report their concerns directly to QIDP. DSP #2 stated, "Everyone knows how [DSP #1] is. She does what she is supposed to do but no filter. Makes the girls feel gross with her comments." DSL (Direct Support Lead) was interviewed on 2/13/24 at 1:07 PM. DSL indicated she was the lead for clients A. B. C. D. E. F and G's home. DSL indicated she had been the lead since October 2023. DSL indicated her role as lead included the supervision and training of staff. DSL indicated she had participated in recent in-services. DSL indicated she was retrained on the ANE policy and had assisted in training Event ID: A10Y11 Facility ID: 000693 Page 9 of 57 FORM CMS-2567(02-99) Previous Versions Obsolete If continuation sheet

04/12/2024

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-039 STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING COMPLETED 00 B. WING 02/20/2024 15G157 STREET ADDRESS, CITY, STATE, ZIP COD NAME OF PROVIDER OR SUPPLIER 3011 APACHE DR **RES CARE COMMUNITY ALTERNATIVES SE IN** JEFFERSONVILLE. IN 47130 (X4) ID SUMMARY STATEMENT OF DEFICIENCIE ID (X5) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX PREFIX COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG DEFICIENCY) DATE clients A, B, C, D, E, F and G's group home staff regarding the ANE policy. When asked if she had any concerns regarding current staff at the home, DSL stated, "[DSP #1] sometimes she can be aggressive. Very stern and (clients) don't listen when stern. Some have reported [DSP #1] had yelled at them." DSL stated, "[DSP #1] doesn't work well with the girls. Not seen but the girls have told me. Once I was there and heard [DSP #1] state the dishes were not hers and not her house. They (clients) looked scared. Sometimes teary eyed." DSL indicated she had not reported the allegations of DSP #1 yelling at clients A, B, C, D, E, F and G to her supervisor AS (Area Supervisor). DSL later stated, "feel like when I report things to [QIDP and AS] they don't listen. [AS] just tells me to talk to [DSP #1] about it or address the situation. Sometimes (clients) having lying issues. Sometimes she'll, [AS], talk to [DSP #1] too." The facility's BDS (Bureau of Disabilities Services) and Investigations were reviewed on 2/12/24 at 3:19 PM. The review did not indicate documentation of allegations of verbal abuse or mistreatment of clients A, B, C, D, E, F and G regarding DSP #1. The agency's POC (Plan of Correction) documentation was provided by AED on 2/12/24 at 3:35 PM. The POC documents were reviewed upon receipt and included the following: -POC document regarding staff treatment of clients dated (no date) indicated, "The facility will retrain staff at the site on the ANE policy and disciplinary action will be given if the policy is not followed. AS (Area Supervisor) and DSL (Direct Support Lead) will ensure that the ANE policy is followed. Monitoring of ANE will (be) done by the A10Y11 Facility ID: 000693 Page 10 of 57 FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: If continuation sheet

04/12/2024

# DEPARTMENT OF HEALTH AND HUMAN SERVICES

	NT OF DEFICIENCIES OF CORRECTION	x1) provider/supplier/clia identification number 15G157	(X2) MULTIPLE CO A. BUILDING B. WING	00	(X3) DATE SUI COMPLET 02/20/20	ED
	PROVIDER OR SUPPLI RE COMMUNITY	<sup>ER</sup> ALTERNATIVES SE IN	3011 A	ADDRESS, CITY, STATE, ZIP C PACHE DR RSONVILLE, IN 47130	COD	
(X4) ID PREFIX TAG	(EACH DEFICIE	Y STATEMENT OF DEFICIENCIE ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S) CROSS-REFERENCED TO THE / DEFICIENCY)	HOULD BE	(X5) OMPLETIO DATE
ING	program manager incidents of possi (Quality Assurance	, AS and DSL to ensure all ble ANE are reported to the QA				DATE
	staff undersigned the proper proced Reporting. What is Signatures." The	dated 1/29/24 indicated, "The have reviewed and understand ure for: ANE in packet. s it? Warning signs. Test. review indicated DSP #2 and he In-service and participated in ng.				
	interviewed on 2/ indicated he provi documentation or documentation in completed on 1/2 <sup>r</sup> policy. AED india 1/29/24 and the D the staff at the gro implementation. A report allegations needed she should concerns to the Q department. AED policy prohibited	Executive Director) was 14/24 at 12:50 PM. AED ded the facility's POC 2/12/24. AED indicated the cluded an in-service training 0/24 regarding the facility's ANE exated the AS completed the SL would assist in supervising oup home with the ANE policy AED indicated the DSL would or concerns to the AS, or if d report her allegations or A (Quality Assurance) indicated the facility's ANE verbal abuse and included ing language by staff towards				
	AM. QIDP (Qual Professional) and	terviewed on 2/13/24 at 10:30 fied Intellectual Disabilities QAM (Quality Assurance esent throughout the interview				
		l she did not have a guardian. I her parents live out of state and 1 often.				

### DEPARTMENT OF HEALTH AND HUMAN SERVICES

	STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G157		(X2) MULTIPLE CO A. BUILDING B. WING	00	COM 02/2	te survey pleted 20/2024
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	a person she met of specific date. Client dating him online or at her home. Cl thing. Didn't go to came to the group I let the staff know which he shouldn' come outside at th not recall the spect the incident. Client to go for a walk ar walk." QIDP inter "Wanted to smoot wasn't about gettin there. They were i have been out ther leave and they did intercourse with th regretted the incid Client A indicated past couple of mot exact timeframe. Of current boyfriend the home or had sl asked if she felt sa client A stated, "H keeps saying you A stated, "Wants r he cares about me. "He's not asked fo stated, "When [pre home she coached line." QIDP indica the group home w the information sh	there had been an incident with inline. Client A did not recall a int A indicated she had been and had not met him in person ient A stated, "It was a dating o well." Client A stated, "He home which he shouldn't have. A and he came into the house t have. I think staff should have e time and talked." Client A did ific staff working at the time of t A stated, "We were supposed ad he didn't want to go for a jected at this point and stated, h instead." Client A stated, "It ag to know me. Staff wasn't out in the house. I think they should e and said 'No' and told him to in't." Client A indicated are man was consensual but ent. she had a new boyfriend for the thts but did not specify an Client A indicated she met her conline and he had not come to are met him in person. When fe with her new boyfriend, e keeps repeating himself, need to get out of there." Client me to move to Arkansas. Said " QIDP interjected and stated, r pictures or anything." QIDP evious staff] worked at the on not sharing information on ited on 2/12/14 when she was at ith client A she asked her about e was sharing online. QIDP s personal information was				

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-039 STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING COMPLETED 00 B. WING 02/20/2024 15G157 STREET ADDRESS, CITY, STATE, ZIP COD NAME OF PROVIDER OR SUPPLIER 3011 APACHE DR **RES CARE COMMUNITY ALTERNATIVES SE IN** JEFFERSONVILLE. IN 47130 (X4) ID SUMMARY STATEMENT OF DEFICIENCIE ID (X5) PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX PREFIX COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG DEFICIENCY) DATE online and they changed her social media settings to private. Client A finished the interview and exited the room. QIDP and QAM indicated there was not a report to BDS or an investigation regarding the incident. QIDP and QAM indicated the staff had met the guy, she had alone time in her plan and she had completed sex education training prior to the incident. QIDP and QAM indicated client A had not made allegations but regretted the situation afterwards. QIDP and QAM stated according to client A's statements, "she regrets it now. Not that she didn't at the time want to. He blocked her the next day. She was sad and hurt." Client A's advocate was interviewed on 2/16/24 at 9:22 AM. Client A's advocate indicated client A was in the process of moving out of the group home and into a smaller setting. Client A's advocate stated, "Not happy with how groups conduct themselves among peers. [Client A] (was) persuaded very easily." Client A's advocate indicated she was on a multiple dating websites and had met someone online. Client A's advocate indicated the man came to the house and they went outside and had sex in a car. Client A's advocate stated, "That company is there to help guide in situations." Client A's advocate indicated client A was in need of a guardian and they had been attempting to obtain legal counsel to get guardianship of her. Client A's advocate indicated they went online to see what information client A had been sharing on her public pages. Client A's advocate stated, "When (we went) online found that she had numerous websites set up. All incorrect information. What she is doing (they) can find out where she lives and (it's) dangerous not (only) for Event ID: A10Y11 Facility ID: 000693 Page 13 of 57 FORM CMS-2567(02-99) Previous Versions Obsolete If continuation sheet

04/12/2024

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-039 STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING COMPLETED 00 B. WING 02/20/2024 15G157 STREET ADDRESS, CITY, STATE, ZIP COD NAME OF PROVIDER OR SUPPLIER 3011 APACHE DR **RES CARE COMMUNITY ALTERNATIVES SE IN** JEFFERSONVILLE. IN 47130 (X4) ID SUMMARY STATEMENT OF DEFICIENCIE ID (X5) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX PREFIX COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG DEFICIENCY) DATE herself and (other) clients." Client A's advocate indicated client A was at risk for exploitation. Client A's advocate stated, "She doesn't comprehend. Will give you a look and smile and (you) think she understands and she doesn't." Client A's advocate indicated client A needed training and support to assist her with online dating activity. Client A's advocate indicated they were aware of a person in Arkansas who was attempting to get client A to come to Arkansas. Client A's advocate indicated he had researched the person and learned the person was not being honest about himself. Client A's advocate stated "Trying to get something from her." Client A's advocate indicated client A had not reported any allegations to her regarding the sexual intercourse incident. Client A's advocate indicated client A had expressed pain in her vaginal area after having sex with some bleeding but did not express emotional issues from the incident. QIDP and QAM were interviewed on 2/15/24 at 2:26 PM. QIDP indicated she had completed client A's 5/2/23 CFA (Comprehensive Functional Assessment) after her incident in April 2023. QIDP indicated after the incident client A was reassessed regarding her interest in having sexual relationships and dating. QIDP indicated client A was no longer interested in those relationships but had developed interest again after the 5/2/23 CFA. QIDP stated, "She got her questions answered through experience. Thought someone would be loving towards her. She now knows she wants to be in love before having sex again." QIDP indicated client A's sexual incident was not positive. QIDP indicated client A's CFA included a human sexuality component. QIDP indicated client A's CFA and record did not include an assessment of Event ID: A10Y11 Facility ID: 000693 Page 14 of 57 FORM CMS-2567(02-99) Previous Versions Obsolete If continuation sheet

04/12/2024

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-039 STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING COMPLETED 00 B. WING 02/20/2024 15G157 STREET ADDRESS, CITY, STATE, ZIP COD NAME OF PROVIDER OR SUPPLIER 3011 APACHE DR **RES CARE COMMUNITY ALTERNATIVES SE IN** JEFFERSONVILLE. IN 47130 (X4) ID SUMMARY STATEMENT OF DEFICIENCIE ID (X5) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG DEFICIENCY) DATE client A's ability to utilize social media, online dating or ability to provide informed consent. DSP #2 was interviewed on 2/13/24 at 12:45 PM. DSP #2 indicated a person had come to the house and she was told by client A they had consensual sex. DSP #2 indicated client A could have been uncomfortable during the incident as it was her first time. DSP #2 stated, "She could have got talked into it. Later on we found out some stuff about the guy. He was bad. Met on [social media] and online dating. " DSP #2 indicated all of the clients at the home participate in social media and online dating. DSP #2 indicated the staff coach the girls on personal information but there were no formal trainings or objectives. DSL was interviewed on 2/13/24 at 1:07 PM. DSL indicated she was not working at the home at the time of client A's online dating incident. DSL indicated she had heard about the incident and was not aware of allegations. DSL indicated client A was coached on not giving out personal information but there were no formal goals or training objectives to teach her social media or online dating skills. DSL indicated client A was encouraged to get to know people she met online before setting up a meeting. DSL indicated client A was coached regarding scammers. DSL stated, "Some army guy is trying to scam her. Tells [client A] that if she wants to be his girlfriend she would have to pay \$200.00 for a boyfriend certificate to get access to the military base he is stationed at." Client A's record was reviewed on 2/13/24 at 2:23 PM. Client A's daily shift notes dated 2/13/23 through 2/13/24 indicated the following: -3/18/23: talking to new boyfriend. -3/19/23: broke up with new boyfriend. -3/28/23, "Not acting herself since lost her A10Y11 Facility ID: 000693 Page 15 of 57 FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: If continuation sheet

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04/12/2024

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

AND PLAN	STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G157		A. BUII B. WIN	LDING G	NSTRUCTION 00	02	ate survey Mpleted 20/2024
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	virginity." -3/29/23: "Talking herself." -4/20/23: "Went of Client A's ISP (In 4/20/22 indicated "[Client A] moved parent's home. Sh understands the in needs to be remin to complete ADL She has worked in is interested in a c -The IDT (Interdia that she have supe community activity for health and safe some structure for "Peer interactions can be bullied eas -"Individual will the building and grout can have 4 hours a This will be as rece alone time should will be supervised community." Client A's IDT (Ir 3/20/23 indicated "[QIDP] became a A] had been talkin came to the home	d into placement from her e had good mobility and nportance of good hygiene but ded. She needs verbal prompts (activities of daily living) skills. n the community in the past but community job." sciplinary team) recommends ervision while participating in ties due to her current diagnosis ety issues. [Client A] requires et leisure time activities." can be sometimes difficult. She ily." be restricted to the areas of the nds supervised by staff. Client alone time (unsupervised) daily. puested by the client. At home not occur after 8 PM. Individual I during activities within the		TAG			DATE

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-039 STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING COMPLETED 00 B. WING 02/20/2024 15G157 STREET ADDRESS, CITY, STATE, ZIP COD NAME OF PROVIDER OR SUPPLIER 3011 APACHE DR **RES CARE COMMUNITY ALTERNATIVES SE IN** JEFFERSONVILLE. IN 47130 (X4) ID SUMMARY STATEMENT OF DEFICIENCIE ID (X5) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG DEFICIENCY) DATE intercourse as reported by [client A]. [Client A] was embarrassed to tell staff but stated that she was not hurt and was wanting to have sex. [Client A] has alone time. She was on the property. She had sex therapy with [agency]. She consented to the activity as stated. [Nurse] spoke to [client A] and [client A] admitted that they did not use protection. An appointment was made with PCP (Primary Care Physician)/Gynecologist to have blood tests and check her. She said when this happened she had been a virgin and just wanted to know what it was like. [Client A] indicated it was not what she thought it should be like. She said she doesn't want to do (it) again. We discussed about the need for being careful. He could have been dangerous. [QIDP] had looked on social media and the sex offender registry with no concerns." The review indicated client A was not assessed as being able to give informed consent, was not assessed regarding her Internet, social media or online dating skills for her safety and continued to be at risk for exploitation after the 3/20/23 incident. Client A was not receiving training or supports to increase her social, dating or online skills to support her independence or health and safety. QIDP and QAM indicated client A was emancipated, had alone time and had received sexual education training prior to the incident. QIDP and QAM indicated staff appropriately supervised client A at the time of the incident. The facility's policy and procedures were reviewed on 2/12/24 at 3:36 PM. The facility's Reporting and Investigation Abuse, Neglect, Exploitation, Mistreatment or a violation of individual's rights policy dated 11/10/23 indicated the following: Event ID: A10Y11 Facility ID: 000693 Page 17 of 57 FORM CMS-2567(02-99) Previous Versions Obsolete If continuation sheet

PRINTED:

04/12/2024

### DEPARTMENT OF HEALTH AND HUMAN SERVICES

	NT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G157	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING			02	ate survey pmpleted 2/20/2024
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	safety of all individ occurrences of abu mistreatment, or vis shall be reported to through the approp will be thoroughly of ResCare, local, -"ResCare strictly exploitation, mistr- individual's rights. -"These include an following:, verb swearing, name-ca individual's self-re -"In accordance wir report any incident unusual occurrence -"All employees re regarding definition how to identify an exploitation, mistr- individual's rights an investigation. A training upon hire -"2. Any ResCare - individual is the vi exploitation or mis should immediatel the Program Mana command is as foll Executive Director within 24 hours. T	d are defined as any of the al abuse including screaming, lling, belittling, damaging an spect or dignity" th 460 IAC, ResCare will also is falling in the category of					

# DEPARTMENT OF HEALTH AND HUMAN SERVICES

	NT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G157	A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 02/20/2024
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W 0153 Bldg. 00	<ul> <li>-"3. The program r the suspected abus mistreatment or vie within 24 hours of the applicable cont Local law enforcer Bureau of Develop Coordinator"</li> <li>-"4. Any staff pers neglect, exploitatic an individual's righ immediately suspe fully investigated.</li> <li>This federal tag rel and #IN00425496.</li> <li>9-3-2(a)</li> <li>483.420(d)(2)</li> <li>STAFF TREATM The facility must mistreatment, new injuries of unknow immediately to th officials in accord established proce Based on record re sampled clients (A clients (D, E, F and an allegations of B, C, D, E, F and C</li> </ul>	glect exploitation) allegation." nanager, or designee will report e, neglect, exploitation, olation of individual's rights the initial report to as well as acts below, which may include: nent authority (as applicable), mental Disabilities Services on who is suspected of abuse, m, mistreatment or violation of its toward an individual will be nded until the allegation can be ates to complaints #IN00426048 ENT OF CLIENTS ensure that all allegations of glect or abuse, as well as vn source, are reported e administrator or to other ance with State law through edures. view and interview for 3 of 3 , B and C), plus 4 additional d G), the facility failed to report lalism of a derogatory nature staff verbal abuse of clients A, 6 to BDS (Bureau of Disabilities 4 hours of knowledge.	W 0153	The facility must ensure all allegations of mistreatment neglect or abuse, as well as injuries of unknown source, ar reported immediately to the administrator or to other officia accordance with State law thro established procedures. The Area Supervisor will train all Facility Staff on the BE	, e Ils in bugh

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-039 STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING 00 COMPLETED B. WING 02/20/2024 15G157 STREET ADDRESS, CITY, STATE, ZIP COD NAME OF PROVIDER OR SUPPLIER 3011 APACHE DR **RES CARE COMMUNITY ALTERNATIVES SE IN** JEFFERSONVILLE. IN 47130 (X4) ID SUMMARY STATEMENT OF DEFICIENCIE ID (X5) PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX PREFIX COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG DEFICIENCY) DATE 1. QAM (Quality Assurance Manager) was Reporting Standard. interviewed on 2/12/24 at 2:18 PM. QAM indicated The Facility will retrain staff there had been an incident of eggs being thrown at the site on the Abuse, Neglect at clients A, B, C, D, E, F and G's home. QAM and Exploitation Policy and indicated some of the eggs broke and some did disciplinary action will be given if not. QAM indicated the eggs that did not break the policy is not followed. Area had derogatory and insulting words written on Supervisor and Direct Support them, but she could not recall the exact words. Lead will ensure that the Abuse, QAM indicated the agency had recently Neglect and Exploitation Policy is terminated a staff member. QAM indicated the followed. Monitoring of ANE will agency suspected the former staff had thrown the done by The Program Manager, eggs and written the words on the eggs. Area Supervisor and Direct Support Lead to ensure all The facility's BDS (Bureau of Disabilities Services) incidents of possible abuse, reports and Investigations were reviewed on neglect and exploitation are 2/12/24 at 3:19 PM. The review indicated the reported to the QA department. following: The Program Manager will ensure the Area Supervisor will -12/4/23 BDS indicated, "Allegations were retrain staff on the Abuse, Neglect received of staff yelling at [client D]." and Exploitation Policy and disciplinary action will be given if And. the policy is not followed. Area Supervisor and "The staff member in question was placed on Program Manager will ensure that administrative leave pending investigation." the Abuse, Neglect and Exploitation Policy is followed Investigation Summary Dated 12/7/23 indicated: through random monitoring. The area supervisor in -"An investigation was initiated when it was serviced facility staff on ResCare reported staff [FS (Former Staff)] went to Apache anonymous compliance line group home and yelled at staff on duty regarding allowing an additional resource for a personal issue. It was also reported [FS] yelled staff to report outside the at and called [client D] stupid." administrative chain, and on ResCare's non-retaliation and Zero -"[Client D] reported that approximately 2:00 AM Violence policy on 12/3/23, she and [DSP (Direct Support The area supervisor in Professional) #2], were in the living room serviced facility staff on ResCare watching TV. [Client D] stated the sliding glass anonymous compliance line door opened and [FS] came in the group home. allowing an additional resource for [Client D] reported [FS] began yelling at [DSP #2] staff to report outside the

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

A1OY11 Facility

Facility ID: 000693

If continuation sheet

Page 20 of 57

04/12/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		x1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G157	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING		(X3) DATE SURVEY COMPLETED 02/20/2024	
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	[Client D] stated [I [client D], for not [Client D] also stat stupid. [Client D] also stat stupid. [Client D] also stat stupid. [Client D] also astated [FS] called give [DSP #2] mes #2] told [client D] [Client D] stated si wouldn't get any n #2] had called [AS the incident and [client D] and locked her doo D] stated she is sti come back to the g more." -"[DSP #2] reported and she and [client watching TV. [DS 2:00 AM, the slidi into the group hom yelling at her. [DSP personal issues and those issues. [DSP yelling at [client D] new phone numbe called [client D] st asked [FS] to leave stated she then cal [DSP #2] reported shaking. [DSP #2]	al matter between the two. FS] then began yelling at her, giving [FS's] phone number. ed [FS] called her, [client D], stated [DSP #2] asked [FS] to the group home. [Client D] d her repeatedly wanting her to sages. [Client D] stated [DSP to stop answering her phone. he then blocked [FS] so she tore calls. [Client D] stated [DSP (Area Supervisor)] to report lient D] and [AS] then texted w hours because [client D] was build come back to the group tated she went into her bedroom or due to being scared. [Client Il scared that [FS] is going to roup home and yell at her some d she was working on 12/3/23 D] were in the living room P#2] stated at approximately ng door opened and [FS] came he. [DSP #2] stated [FS] began P#2] stated She and [FS] had I [FS] was yelling at her about #2] stated [FS] then began ] for not giving [DSP #2] [FS's] .: [DSP #2 stated [FS] then upid. [DSP #2] reported she he the group home. [DSP #2] ed [AS] to report the incident. [client D] was crying and stated [client D] told her she S] was going to come back and		administrative chain, an ResCare's non-retaliation Violence policy. The Area Supervise conduct 3 random week observations to ensure a reported and verify staff aware of the process an is done as required. The QIDP will con random weekly drop-in observations to ensure a reported and verify staff aware of the process an is done as required. Monitoring of Corr Action: The Program Ma Area Supervisor and Rea Manager will ensure all of possible abuse, negle exploitation are reported department. Persons Responsible: A Quality Assurance Mana Coordinator/QIDP Mana Program Manager, Area Supervisor, QIDP, Direct Lead, and DSP.	on and Zero sor will (ly drop-in all ANE is are fully duct 1 all ANE is are fully duct 1 all ANE is are fully dreporting ective anager, esidential incidents ect and d to the QA	
	-"It is substantiated	I [FS] went to Apache (group				

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OMB NO. 0938-039

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING COMPLETED 00 B. WING 02/20/2024 15G157 STREET ADDRESS, CITY, STATE, ZIP COD NAME OF PROVIDER OR SUPPLIER 3011 APACHE DR **RES CARE COMMUNITY ALTERNATIVES SE IN** JEFFERSONVILLE. IN 47130 (X4) ID SUMMARY STATEMENT OF DEFICIENCIE ID (X5) PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX PREFIX COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG DEFICIENCY) DATE home) and yelled at staff regarding a personal matter. It is substantiated [FS] yelled at and called [client D] stupid." Client E was interviewed on 2/13/24 at 12:27 PM. QIDP (Qualified Intellectual Disabilities Professional) and QAM (Quality Assurance Manager) were present throughout the interview with client E. Client E indicated she remembered someone egging her home. Client E stated, "Somebody saying that we are r----- and stuff like that. It could have been somebody in the past that had a grudge against us and (I) know exactly (who) it is but don't want to say the name. That's why they put up the cameras to make sure we are safe." Client E became demonstratively upset (crying, face red, turning towards QIDP). Client E stated she "Did not want to remember that moment" and she was "upset about the eggs." Client E stated, "Felt so scared." OIDP was interviewed on 2/13/24 at 10:22 AM. QIDP indicated client E was having some symptoms of mental health and could be less reliable than at her baseline. Client A was interviewed on 2/13/24 at 10:30 AM. Client A indicated there had been an incident of eggs being thrown at her home. Client A stated she and client B "woke up and found some eggs" in the front of the home. Client A indicated she did not see or know who had thrown the eggs at her home. Client A indicated some of the eggs had not broken and had words written on them. Client A was not able to recall what the words said. Client A indicated this occurred in January 2024 but did not recall a specific date. QIDP (Qualified Intellectual Disabilities Professional) and QAM (Quality Assurance Manager) were present throughout the interview with client A. QAM A10Y11 Facility ID: 000693 Page 22 of 57 FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: If continuation sheet

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-039 STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING COMPLETED 00 B. WING 02/20/2024 15G157 STREET ADDRESS, CITY, STATE, ZIP COD NAME OF PROVIDER OR SUPPLIER 3011 APACHE DR **RES CARE COMMUNITY ALTERNATIVES SE IN** JEFFERSONVILLE. IN 47130 (X4) ID SUMMARY STATEMENT OF DEFICIENCIE ID (X5) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG DEFICIENCY) DATE indicated the egg incident was not reported to BDS (Bureau of Disabilities Services) or investigated. QAM indicated the facility did not identify a specific client as the target of the eggs or derogatory language written on the eggs. QAM indicated the agency did install a security camera to address further incidents. Client F was interviewed on 2/13/24 at 11:38 AM. Client F indicated there had been an incident of eggs being thrown at her home. Client F stated, "An egg had not so nice words on them. Had (sic) one of words was r-----." Client F stated she saw one egg still intact with the word on it and the other eggs were "broken up all over the house up front." Client F indicated she did not recall a specific date. Client F indicated staff were made aware of the eggs. Client F indicated she did not see or know who had thrown the eggs at the home or had written the word on the intact egg. Client F stated, "Believe, some of us think, it was an old staff that got fired. And other people (have) ideas about it being some kids that did it." Client F stated, "[Client E] was really upset about it. Was concerned." DSP (Direct Support Professional) #2 was interviewed on 2/13/24 at 12:45 PM. DSP #2 indicated she had worked at the group home for over 1 year on varied shifts with clients A, B, C, D, E, F and G. DSP #2 indicated she was not working at the home at the time but was aware of an incident of clients A, B, C, D, E, F and G's home being egged. DSP #2 stated, "When I came in (to work) was told someone had egged the house with hateful words on the eggs. R-----, w------w-----and lazy." DSP #2 stated she did not know who had egged the house and written the derogatory words on the eggs but "one of the old staff called one of the clients w----- and assumed it was Event ID: A10Y11 Facility ID: 000693 Page 23 of 57 FORM CMS-2567(02-99) Previous Versions Obsolete If continuation sheet

04/12/2024

### DEPARTMENT OF HEALTH AND HUMAN SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G157	UILDING ING	DNSTRUCTION 00		x3) date s compli 02/20/2	ETED
NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN			3011 A	ADDRESS, CITY, STATE, ZIP ( PACHE DR RSONVILLE, IN 47130	COD		
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIE NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE DEFICIENCY)	HOULD BE	Ē	(X5) COMPLETIC DATE
	her."						Diff2
	seen the eggs. DSI F and G's "feelings (it) made them sad DSL (Direct Supp 2/13/24 at 1:07 PM lead for clients A, indicated she had b	clients A, B, C, D, E, F and G had P #2 stated clients A, B, C, D, E, s were hurt. They told me that and (feel) different." ort Lead) was interviewed on 1. DSL indicated she was the B, C, D, E, F and G's home. DSL been the lead since October ed her role as lead included the uning of staff.					
	front yard. Girls w eggs. Some (of the some were hard be wrote on the eggs. them stupid and co	come in and saw eggs over the ere hysterical because of the eggs) not broken. Believe biled." DSL stated, "Someone [R]. Idiots (and) called oke heads." DSL stated clients and G "were very upset and (some					
	website: https://www.justic ate-crimes#Crime	ates) Department of Justice e.gov/hatecrimes/learn-about-h was reviewed on 2/14/24 at 12:30 dicated the following:					
	crimes committed perceived or actua	vel, hate crime laws include on the basis of the victim's l race, color, religion, national ntation, gender, gender identity,					
	committed on the many also include	me laws include crimes basis of race, color, and religion; crimes committed on the basis on, gender, gender identity, and					

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G157	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING		00	(X3) DATE SURVEY COMPLETED 02/20/2024	
	PROVIDER OR SUPPLI	<sup>BR</sup> ALTERNATIVES SE IN		3011 AP	DDRESS, CITY, STATE, ZIP CO ACHE DR SONVILLE, IN 47130	DD	
(X4) ID PREFIX TAG	(EACH DEFICIE	Y STATEMENT OF DEFICIENCIE NCY MUST BE PRECEDED BY FULL NR LSC IDENTIFYING INFORMATION	I	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AF DEFICIENCY)	OULD BE	(X5) COMPLETIC DATE
		ate crime is often a violent crime, urder, arson, vandalism, or such crimes."					
	example of group	ted a group home was an of people included in hate crime indicated vandalism was a crime rime laws.					
	and Investigations 3:19 PM. The revi documentation of language regardin disabilities was re	6 (Bureau of Disabilities Services) were reviewed on 2/12/24 at the with diamon and the wandalism with derogatory g clients A, B, C, D, E, F and G's ported to BDS, investigated or forcement as indicated in the icy.					
	interviewed on 2/ indicated allegatic crime against a cli and to local law er was aware of an in and derogatory we AED did not recal	Executive Director) was 14/24 at 12:50 PM. AED ons of abuse and suspicion of a tent should be reported to BDS inforcement. AED indicated he incident of the home being egged ords being written on the eggs. 1 the specific words written on ted, "I do agree it could be me."					
	AM. Client A stat Professional #1] is gets loud. Sometin have food or drink at [client E]. Feel upset." Client A in being yelled at by Intellectual Disab	terviewed on 2/13/24 at 10:30 ed, "[DSP (Direct Support s nice but sometimes [DSP #1] nes she's nice. Not allowed to ts in the van. Feel like she yells bad for [client E]. [Client E] gets ndicated client E had cried after DSP #1. QIDP (Qualified ilities Professional) and QAM with client A during the					

# DEPARTMENT OF HEALTH AND HUMAN SERVICES

	NT OF DEFICIENCIES OF CORRECTION	x1) provider/supplier/clia identification number 15G157	(X2) MULTIPLE CC A. BUILDING B. WING	00	CON 02/2	te survey 1pleted 20/2024
	PROVIDER OR SUPPLI	ER ALTERNATIVES SE IN	3011 A	ADDRESS, CITY, STATE, ZIP ( PACHE DR RSONVILLE, IN 47130	COD	
(X4) ID PREFIX TAG	(EACH DEFICIE	Y STATEMENT OF DEFICIENCIE ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE DEFICIENCY)	HOULD BE	(X5) COMPLETIO DATE
IAG	interview. QIDP a	and QAM indicated they were ations or concerns of verbal	IAU			DATE
	When asked how stated, "Only one She constantly scr hear her all the wa downstairs. Screa everybody to get t	rviewed on 2/13/24 at 12:03 PM. her staff treated her, client D have issues with is [DSP #1]. reams at us. Really loud. Can ay from the office. Can hear her ms at everybody. Wants up. Just loud. Get scared me." Client D stated, "[Client A] and [client F]."				
	12:17 PM. QIDP interviews with cl aware of allegatio QAM and QIDP is suspension regard QAM and QIDP is concerns or allegation	were interviewed on 2/13/24 at and QAM indicated during the ients A and F they had become ns of verbal abuse by DSP #1. ndicated DSP #1 was already on ing other/separate allegations. ndicated they were not aware of tions of verbal abuse regarding ne interviews with the clients on				
	QIDP and QAM winterview with cli E stated to QIDP, got fired or quit? don't miss her. Sh person." When as she didn't miss DS Not nice. Wanted stay quiet when sl Wanted me- she have positive- she	viewed on 2/13/24 at 12:27 PM. were present throughout the ent E. During the interview client "Heard rumors about a staff that [DSP #1]?" Client E stated, "I e (was) sometimes a mean ked to clarify why she stated SP #1, client E stated, "Heck no! to put me down. Wanted me to ne was having a bad day. and a lot of bad days. I try to thas mood swings so know and know (if) she's okay?"				
	DSP #2 was inter-	viewed on 2/13/24 at 12:45 PM.				

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED OMB NO. 0938-039 **CENTERS FOR MEDICARE & MEDICAID SERVICES** STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING COMPLETED 00 B. WING 02/20/2024 15G157 STREET ADDRESS, CITY, STATE, ZIP COD NAME OF PROVIDER OR SUPPLIER 3011 APACHE DR **RES CARE COMMUNITY ALTERNATIVES SE IN** JEFFERSONVILLE. IN 47130 (X4) ID SUMMARY STATEMENT OF DEFICIENCIE ID (X5) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX PREFIX COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG DEFICIENCY) DATE DSP #2 indicated she had worked at the group home for over 1 year on varied shifts with clients A, B, C, D, E, F and G. DSP #2 indicated she had not witnessed but had been told by clients A, B, C, D, E, F and G they had concerns with DSP #1. DSP #2 stated it was reported to her by the clients DSP #1 "made comments like you girls are nastiest girls I've ever seen. It hurt their feelings. [Client F] and everybody. [Client F] took it the hardest. She's new and not used to [DSP #1]." DSP #2 indicated she had not reported the concerns to her supervisor but had encouraged clients A, B, C, D, E, F and G to report their concerns directly to QIDP. DSP #2 stated, "Everyone knows how [DSP #1] is. She does what she is supposed to do but no filter. Makes the girls feel gross with her comments." DSL (Direct Support Lead) was interviewed on 2/13/24 at 1:07 PM. DSL indicated she was the lead for clients A, B, C, D, E, F and G's home. DSL indicated she had been the lead since October 2023. DSL indicated her role as lead included the supervision and training of staff. DSL indicated she had participated in recent in-services. DSL indicated she was retrained on the ANE policy and had assisted in training clients A, B, C, D, E, F and G's group home staff regarding the ANE policy. When asked if she had any concerns regarding current staff at the home, DSL stated, "[DSP #1] sometimes she can be aggressive. Very stern and (clients) don't listen when stern. Some have reported [DSP #1] had yelled at them." DSL stated, "[DSP #1] doesn't work well with the girls. Not seen but the girls have told me. Once I was there and heard [DSP #1] state the dishes were not hers and not her house. They (clients) looked scared. Sometimes teary eyed." DSL indicated she had not reported A10Y11 Facility ID: 000693 Page 27 of 57 FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: If continuation sheet

PRINTED:

04/12/2024

# DEPARTMENT OF HEALTH AND HUMAN SERVICES

		IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING		(X3) DATE SURVEY COMPLETED 02/20/2024		
	PROVIDER OR SUPPLI	ER ALTERNATIVES SE IN		3011 A	ADDRESS, CITY, STATE, ZIP PACHE DR RSONVILLE, IN 47130	COD	
(X4) ID PREFIX TAG	(EACH DEFICIE	Y STATEMENT OF DEFICIENCIE NCY MUST BE PRECEDED BY FULL DR LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION) CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETIO DATE
	D, E, F and G to H Supervisor). DSL report things to [Q [AS] just tells me address the situati lying issues. Some #1] too." The facility's BDS and Investigations 3:19 PM. The rev documentation of mistreatment of cl regarding DSP #1 The agency's POC documentation wa at 3:35 PM. The F upon receipt and i -POC document r clients dated (no c retrain staff at the disciplinary action followed. AS (Are Support Lead) wil followed. Monitor program manager incidents of possil (Quality Assurance "Date of Complet -In-Service Sheet staff undersigned the proper proceed Reporting. What is Signatures." The functional staff at the signatures." Staff at the signatures."	C (Plan of Correction) as provided by AED on 2/12/24 POC documents were reviewed ncluded the following: egarding staff treatment of late) indicated, "The facility will site on the ANE policy and a will be given if the policy is not ea Supervisor) and DSL (Direct Il ensure that the ANE policy is tring of ANE will (be) done by the be ANE are reported to the QA ee) department." ion: January 19, 2024." dated 1/29/24 indicated, "The have reviewed and understand ure for: ANE in packet. s it? Warning signs. Test. review indicated DSP #2 and ne In-service and participated in					

# DEPARTMENT OF HEALTH AND HUMAN SERVICES

AND PLAN OF CORRECTION		x1) provider/supplier/clia identification number 15G157	(X2) MULTIPLE CO A. BUILDING B. WING	<u>00</u>	) DATE SURVEY COMPLETED 02/20/2024
	PROVIDER OR SUPPLIE	R ALTERNATIVES SE IN	3011 A	ADDRESS, CITY, STATE, ZIP COD PACHE DR RSONVILLE, IN 47130	
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIE NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETIO DATE
W 0154 Bldg. 00	interviewed on 2/1 indicated he provided documentation on documentation incompleted on 1/29 policy. AED indice 1/29/24 and the D2 the staff at the gro- implementation. A report allegations of needed she should concerns to the Q4 department. AED policy prohibited of yelling and belittli- clients. This federal tag re 9-3-2(a) 483.420(d)(3) STAFF TREATM The facility must alleged violations Based on record re sampled clients (A clients (D, E, F an complete an investivation of a der C, D, E, F and G's Findings include: QAM (Quality As interviewed on 2/1 there had been an	xecutive Director) was 4/24 at 12:50 PM. AED ded the facility's POC 2/12/24. AED indicated the huded an in-service training /24 regarding the facility's ANE ated the AS completed the SL would assist in supervising up home with the ANE policy ED indicated the DSL would or concerns to the AS, or if report her allegations or A (Quality Assurance) indicated the facility's ANE verbal abuse and included ng language by staff towards lates to complaint #IN00426048. ENT OF CLIENTS have evidence that all are thoroughly investigated. eview and interview for 3 of 3 , B and C), plus 4 additional d G), the facility failed to igation regarding an incident of ogatory nature to clients A, B, home.	W 0154	The facility must ensure tha all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials accordance with State law throug established procedures. The Area Supervisor will train all Facility Staff on the BDDS Reporting Standard. The Facility will retrain staff at the site on the Abuse, Neglect	in Jh S

#### CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-039 STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING COMPLETED 00 B. WING 02/20/2024 15G157 STREET ADDRESS, CITY, STATE, ZIP COD NAME OF PROVIDER OR SUPPLIER 3011 APACHE DR **RES CARE COMMUNITY ALTERNATIVES SE IN** JEFFERSONVILLE. IN 47130 (X4) ID SUMMARY STATEMENT OF DEFICIENCIE ID (X5) PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX PREFIX COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG DEFICIENCY) DATE indicated some of the eggs broke and some did and Exploitation Policy and not. QAM indicated the eggs that did not break disciplinary action will be given if had derogatory and insulting words written on the policy is not followed. Area them, but she could not recall the exact words. Supervisor and Direct Support QAM indicated the agency had recently Lead will ensure that the Abuse. terminated a staff member. QAM indicated the Neglect and Exploitation Policy is agency suspected the former staff had thrown the followed. Monitoring of ANE will eggs and written the words on the eggs. done by The Program Manager, Area Supervisor and Direct The facility's BDS (Bureau of Disabilities Services) Support Lead to ensure all reports and Investigations were reviewed on incidents of possible abuse, 2/12/24 at 3:19 PM. The review indicated the neglect and exploitation are following: reported to the QA department. The Program Manager will -12/4/23 BDS indicated, "Allegations were ensure the Area Supervisor will received of staff yelling at [client D]." retrain staff on the Abuse, Neglect and Exploitation Policy and And. disciplinary action will be given if the policy is not followed. "The staff member in question was placed on Area Supervisor and administrative leave pending investigation." Program Manager will ensure that the Abuse, Neglect and Investigation Summary Dated 12/7/23 indicated: Exploitation Policy is followed through random monitoring. -"An investigation was initiated when it was The area supervisor in reported staff [FS (Former Staff)] went to Apache serviced facility staff on ResCare group home and yelled at staff on duty regarding anonymous compliance line a personal issue. It was also reported [FS] yelled allowing an additional resource for at and called [client D] stupid." staff to report outside the administrative chain, and on -"[Client D] reported that approximately 2:00 AM ResCare's non-retaliation and Zero on 12/3/23, she and [DSP (Direct Support Violence policy Professional) #2], were in the living room The area supervisor in watching TV. [Client D] stated the sliding glass serviced facility staff on ResCare door opened and [FS] came in the group home. anonymous compliance line [Client D] reported [FS] began yelling at [DSP #2] allowing an additional resource for regarding a personal matter between the two. staff to report outside the [Client D] stated [FS] then began yelling at her, administrative chain, and on [client D], for not giving [FS's] phone number. ResCare's non-retaliation and Zero [Client D] also stated [FS] called her, [client D], Violence policy.

FORM CMS-2567(02-99) Previous Versions Obsolete

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Event ID: A

A10Y11 Facility

Facility ID: 000693

If continuation sheet

Page 30 of 57

04/12/2024

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#### DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED OMB NO. 0938-039 **CENTERS FOR MEDICARE & MEDICAID SERVICES** STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING COMPLETED 00 B. WING 02/20/2024 15G157 STREET ADDRESS, CITY, STATE, ZIP COD NAME OF PROVIDER OR SUPPLIER 3011 APACHE DR **RES CARE COMMUNITY ALTERNATIVES SE IN** JEFFERSONVILLE. IN 47130 (X4) ID SUMMARY STATEMENT OF DEFICIENCIE ID (X5) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG DEFICIENCY) DATE stupid. [Client D] stated [DSP #2] asked [FS] to The Administrator held a leave and [FS] left the group home. [Client D] team meeting to review "The US reported [FS] called her repeatedly wanting her to (United States) Department of give [DSP #2] messages. [Client D] stated [DSP Justice #2] told [client D] to stop answering her phone. website: [Client D] stated she then blocked [FS] so she https://www.justice.gov/hatecrime wouldn't get any more calls. [Client D] stated [DSP s/learn-about-hate-crimes#Crime" #2] had called [AS (Area Supervisor)] to report to determine course of action the incident and [client D] and [AS] then texted involving suspected hate crimes each other for a few hours because [client D] was and future reporting. scared that [FS] would come back to the group The Area Supervisor will home. [Client D] stated she went into her bedroom conduct 3 random weekly drop-in and locked her door due to being scared. [Client observations to ensure all ANE is D] stated she is still scared that [FS] is going to reported and verify staff are fully come back to the group home and yell at her some aware of the process and reporting more." is done as required. The QIDP will conduct 1 -"[DSP #2] reported she was working on 12/3/23 random weekly drop-in and she and [client D] were in the living room observations to ensure all ANE is watching TV. [DSP #2] stated at approximately reported and verify staff are fully 2:00 AM, the sliding door opened and [FS] came aware of the process and reporting into the group home. [DSP #2] stated [FS] began is done as required. yelling at her. [DSP #2] stated she and [FS] had Monitoring of Corrective personal issues and [FS] was yelling at her about Action: The Program Manager, those issues. [DSP #2] stated [FS] then began Area Supervisor and Residential yelling at [client D] for not giving [DSP #2] [FS's] Manager will ensure all incidents new phone number. [DSP #2 stated [FS] then of possible abuse, neglect and called [client D] stupid. [DSP #2] reported she exploitation are reported to the QA asked [FS] to leave the group home. [DSP #2] department. stated she then called [AS] to report the incident. [DSP #2] reported [client D] was crying and Persons Responsible: AED, shaking. [DSP #2] stated [client D] told her she Quality Assurance Manager, QA was scared that [FS] was going to come back and Coordinator/QIDP Manager, yell at her again." Program Manager, Area Supervisor, QIDP, Direct Support -"It is substantiated [FS] went to Apache (group Lead, and DSP. home) and yelled at staff regarding a personal matter. It is substantiated [FS] yelled at and called [client D] stupid." A10Y11

Facility ID: 000693

If continuation sheet

Page 31 of 57

04/12/2024

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-039 STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING COMPLETED 00 B. WING 02/20/2024 15G157 STREET ADDRESS, CITY, STATE, ZIP COD NAME OF PROVIDER OR SUPPLIER 3011 APACHE DR **RES CARE COMMUNITY ALTERNATIVES SE IN** JEFFERSONVILLE. IN 47130 (X4) ID SUMMARY STATEMENT OF DEFICIENCIE ID (X5) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG DEFICIENCY) DATE Client E was interviewed on 2/13/24 at 12:27 PM. QIDP (Qualified Intellectual Disabilities Professional) and QAM (Quality Assurance Manager) were present throughout the interview with client E. Client E indicated she remembered someone egging her home. Client E stated, "Somebody saying that we are r----- and stuff like that. It could have been somebody in the past that had a grudge against us and (I) know exactly (who) it is but don't want to say the name. That's why they put up the cameras to make sure we are safe." Client E became demonstratively upset (crying, face red, turning towards QIDP). Client E stated she "Did not want to remember that moment" and she was "upset about the eggs." Client E stated, "Felt so scared." QIDP was interviewed on 2/13/24 at 10:22 AM. QIDP indicated client E was having some symptoms of mental health and could be less reliable than at her baseline. Client A was interviewed on 2/13/24 at 10:30 AM. Client A indicated there had been an incident of eggs being thrown at her home. Client A stated she and client B "woke up and found some eggs" in the front of the home. Client A indicated she did not see or know who had thrown the eggs at her home. Client A indicated some of the eggs had not broken and had words written on them. Client A was not able to recall what the words said. Client A indicated this occurred in January 2024 but did not recall a specific date. QIDP (Qualified Intellectual Disabilities Professional) and QAM (Quality Assurance Manager) were present throughout the interview with client A. QAM indicated the egg incident was not reported to BDS (Bureau of Disabilities Services) or investigated. QAM indicated the facility did not identify a specific client as the target of the eggs Event ID: A10Y11 Facility ID: 000693 Page 32 of 57 FORM CMS-2567(02-99) Previous Versions Obsolete If continuation sheet

04/12/2024

**CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-039 STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING COMPLETED 00 B. WING 02/20/2024 15G157 STREET ADDRESS, CITY, STATE, ZIP COD NAME OF PROVIDER OR SUPPLIER 3011 APACHE DR **RES CARE COMMUNITY ALTERNATIVES SE IN** JEFFERSONVILLE. IN 47130 (X4) ID SUMMARY STATEMENT OF DEFICIENCIE ID (X5) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX PREFIX COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG DEFICIENCY) DATE or derogatory language written on the eggs. QAM indicated the agency did install a security camera to address further incidents. Client F was interviewed on 2/13/24 at 11:38 AM. Client F indicated there had been an incident of eggs being thrown at her home. Client F stated, "An egg had not so nice words on them. Had (sic) one of words was r----." Client F stated she saw one egg still intact with the word on it and the other eggs were "broken up all over the house up front." Client F indicated she did not recall a specific date. Client F indicated staff were made aware of the eggs. Client F indicated she did not see or know who had thrown the eggs at the home or had written the word on the intact egg. Client F stated, "Believe, some of us think, it was an old staff that got fired. And other people (have) ideas about it being some kids that did it." Client F stated, "[Client E] was really upset about it. Was concerned." DSP (Direct Support Professional) #2 was interviewed on 2/13/24 at 12:45 PM. DSP #2 indicated she had worked at the group home for over 1 year on varied shifts with clients A, B, C, D, E, F and G. DSP #2 indicated she was not working at the home at the time but was aware of an incident of clients A, B, C, D, E, F and G's home being egged. DSP #2 stated, "When I came in (to work) was told someone had egged the house with hateful words on the eggs. [R-----], w------w------ and lazy." DSP #2 stated she did not know who had egged the house and written the derogatory words on the eggs but "one of the old staff called one of the clients w-----w---- and assumed it was her." DSP #2 indicated clients A, B, C, D, E, F and G had seen the eggs. DSP #2 stated clients A, B, C, D, E, Event ID: A10Y11 Facility ID: 000693 Page 33 of 57 FORM CMS-2567(02-99) Previous Versions Obsolete If continuation sheet

DEPARTMENT OF HEALTH AND HUMAN SERVICES

04/12/2024

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# DEPARTMENT OF HEALTH AND HUMAN SERVICES

		x1) provider/supplier/clia identification number 15G157	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING		(X3) DATE SURVEY COMPLETED 02/20/2024	
	PROVIDER OR SUPPLI	ER ALTERNATIVES SE IN	3011 A	ADDRESS, CITY, STATE, ZIP CO PACHE DR RSONVILLE, IN 47130	DD	
(X4) ID PREFIX TAG	(EACH DEFICIE	Y STATEMENT OF DEFICIENCIE NCY MUST BE PRECEDED BY FULL DR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SHIC CROSS-REFERENCED TO THE AP DEFICIENCY)	OULD BE	(X5) COMPLETIO DATE
	-	s were hurt. They told me that d and (feel) different."				
	2/13/24 at 1:07 Pl lead for clients A, indicated she had	ort Lead) was interviewed on M. DSL indicated she was the B, C, D, E, F and G's home. DSL been the lead since October ted her role as lead included the aining of staff.				
	front yard. Girls v eggs. Some (of th some were hard b wrote on the eggs them stupid and c	d come in and saw eggs over the vere hysterical because of the e eggs) not broken. Believe oiled." DSL stated, "Someone . [R]. Idiots (and) called oke heads." DSL stated clients nd G "were very upset and (some				
	website: https://www.justic ate-crimes#Crime	tates) Department of Justice ce.gov/hatecrimes/learn-about-h was reviewed on 2/14/24 at 12:30 ndicated the following:				
	crimes committed perceived or actua	vel, hate crime laws include on the basis of the victim's Il race, color, religion, national ntation, gender, gender identity,				
	committed on the many also include	ime laws include crimes basis of race, color, and religion; crimes committed on the basis on, gender, gender identity, and				
		nate crime is often a violent ault, murder, arson, vandalism, nit such crimes."				

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

	NT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G157	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING		3) DATE SURVEY COMPLETED 02/20/2024
	PROVIDER OR SUPPLIE	R ALTERNATIVES SE IN	3011 A	ADDRESS, CITY, STATE, ZIP COD APACHE DR RSONVILLE, IN 47130	
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIE NCY MUST BE PRECEDED BY FULL R 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 0157 Bidg. 00	example of group of laws. The review if included in hate cr The facility's BDS and Investigations 3:19 PM. The revi documentation of the language regarding disabilities was rep reported to law entra agency's ANE polition AED (Associate E interviewed on 2/1 indicated allegation crime against a clift and to local law entra and derogatory work AED did not recall the eggs. AED statt suspicion of a crim This federal tag ref 9-3-2(a) 483.420(d)(4) STAFF TREATM	(Bureau of Disabilities Services) were reviewed on 2/12/24 at ew did not indicate the vandalism with derogatory g clients A, B, C, D, E, F and G's ported to BDS, investigated or forcement as indicated in the cy. executive Director) was 4/24 at 12:50 PM. AED ns of abuse and suspicion of a ent should be reported to BDS forcement. AED indicated he cident of the home being egged rds being written on the eggs. the specific words written on ed, "I do agree it could be			
	sampled clients (A clients (D, E, F and develop and imple measures to preven	must be taken. view and interview for 3 of 3 , B and C), plus 4 additional d G), the facility failed to ment effective corrective nt recurrence regarding staff's ntify and report allegations of	W 0157	The facility must ensure th all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials	

# DEPARTMENT OF HEALTH AND HUMAN SERVICES

STATEME	OR MEDICARE & MEDI	X1) PROVIDER/SUPPLIER/CLIA	î î		ONSTRUCTION	(X3) DATE SURVEY	
AND PLAN	N OF CORRECTION	IDENTIFICATION NUMBER 15G157	A. BUILDING <u>00</u> B. WING			COMPLETED 02/20/2024	
	PROVIDER OR SUPPLI			STREET	ADDRESS, CITY, STATE, ZIP COD		
		ALTERNATIVES SE IN			PACHE DR RSONVILLE, IN 47130		
	1	Y STATEMENT OF DEFICIENCIE			1		(2/5)
(X4) ID PREFIX				ID	PROVIDER'S PLAN OF CORRECTION		(X5)
		ENCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	E	COMPLETION
TAG		OR LSC IDENTIFYING INFORMATION		TAG			DATE
		regarding clients A, B, C, D, E,			accordance with State law thro	bugn	
		sure client A's ability to give			established procedures.		
		, social media and online dating			The Area Supervisor will	_	
		essed to ensure and advocate for			train all Facility Staff on the BD	DS	
	her health and saf	ety.			Reporting Standard.		
				The Facility will retrain st			
	Findings include:			at the site on the Abuse, Negle	ect		
					and Exploitation Policy and		
	1. Client A was interviewed on 2/13/24 at 10:30				disciplinary action will be given		
	AM. Client A stated, "[DSP (Direct Support				the policy is not followed. Area		
	Professional #1] i			Supervisor and Direct Support			
	-	mes she's nice. Not allowed to			Lead will ensure that the Abus	e,	
	have food or drin			Neglect and Exploitation Policy	/ is		
	at [client E]. Feel			followed. Monitoring of ANE wi	ill		
	upset." Client A in	upset." Client A indicated client E had cried after			done by The Program Manage	er,	
	being yelled at by	DSP #1. QIDP (Qualified			Area Supervisor and Direct		
	Intellectual Disab	ilities Professional) and QAM			Support Lead to ensure all		
	were both present	with client A during the			incidents of possible abuse,		
	interview. QIDP a	and QAM indicated they were			neglect and exploitation are		
	not aware of alleg	ations or concerns of verbal			reported to the QA department		
	abuse regarding D	e regarding DSP #1.			The Program Manager w		
					ensure the Area Supervisor wi		
	Client D was inter	rviewed on 2/13/24 at 12:03 PM.			retrain staff on the Abuse, Neg		
	When asked how	her staff treated her, client D			and Exploitation Policy and		
	stated, "Only one	have issues with is [DSP #1].			disciplinary action will be given	if	
		reams at us. Really loud. Can			the policy is not followed.		
		ay from the office. Can hear her			Area Supervisor and		
		ms at everybody. Wants			Program Manager will ensure t	that	
		up. Just loud. Get scared			the Abuse, Neglect and		
		me." Client D stated, "[Client A]			Exploitation Policy is followed		
	(is) sensitive too a				through random monitoring.		
					The area supervisor in		
	OIDP and OAM v	were interviewed on $2/13/24$ at			serviced facility staff on ResCa	are	
		and QAM were interviewed on 2/13/24 at PM OIDP and QAM indicated during the			anonymous compliance line		
		PM. QIDP and QAM indicated during the			allowing an additional resource	for	
		views with clients A and F they had become e of allegations of verbal abuse by DSP #1.			-		
	-	indicated DSP #1 was already on			staff to report outside the		
	· ·	-			administrative chain, and on	7	
		ling other/separate allegations.			ResCare's non-retaliation and	∠ero	
		indicated they were not aware of			Violence policy		
	concerns or allega	ations of verbal abuse regarding			The area supervisor in		

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

A1OY11 Facility ID: 000693

If continuation sheet Page 36 of 57

PRINTED: 04/12/2024 FORM APPROVED

# DEPARTMENT OF HEALTH AND HUMAN SERVICES

	TATEMENT OF DEFICIENCIES XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G157		(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING			(X3) DATE SURVEY COMPLETED 02/20/2024	
NAME OF	PROVIDER OR SUPPLIE	ER			ADDRESS, CITY, STATE, ZIP COD PACHE DR		
RES CA	RE COMMUNITY	ALTERNATIVES SE IN		JEFFE	RSONVILLE, IN 47130		
(X4) ID	SUMMARY	Y STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIE	NCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	COMPLETION
TAG		OR LSC IDENTIFYING INFORMATION		TAG			DATE
TAG	DSP #1 prior to th 2/13/24. Client E was inter QIDP and QAM w interview with clie E stated to QIDP, got fired or quit? [ don't miss her. She person." When ask she didn't miss DS Not nice. Wanted stay quiet when sh Wanted me- she h have positive- she when to be quiet a DSP #2 was interv DSP #2 was interv DSP #2 indicated home for over 1 yd A, B, C, D, E, F an not witnessed but C, D, E, F and G t DSP #1 "made con girls I've ever seer and everybody. [C She's new and not indicated she had her supervisor but C, D, E, F and G t QIDP. DSP #2 stat #1] is. She does w no filter. Makes th comments."	e interviews with the clients on viewed on 2/13/24 at 12:27 PM. vere present throughout the ent E. During the interview client "Heard rumors about a staff that DSP #1]?" Client E stated, "I e (was) sometimes a mean ced to clarify why she stated SP #1, client E stated, "Heck no! to put me down. Wanted me to has mood swings a bad day. ad a lot of bad days. I try to has mood swings so know nd know (if) she's okay?" viewed on 2/13/24 at 12:45 PM. she had worked at the group ear on varied shifts with clients and G. DSP #2 indicated she had had been told by clients A, B, hey had concerns with DSP #1. vas reported to her by the clients mments like you girls are nastiest h. It hurt their feelings. [Client F] Client F] took it the hardest. used to [DSP #1]." DSP #2 not reported the concerns to had encouraged clients A, B, o report their concerns directly to ted, "Everyone knows how [DSP hat she is supposed to do but us girls feel gross with her		TAG	serviced facility staff on ResC anonymous compliance line allowing an additional resource staff to report outside the administrative chain, and on ResCare's non-retaliation and Violence policy. The Area Supervisor will conduct 3 random weekly dro observations to ensure all AN reported and verify staff are fu aware of the process and repo- is done as required. The QIDP will conduct 1 random weekly drop-in observations to ensure all AN reported and verify staff are fu aware of the process and repo- is done as required. The QIDP will conduct 1 random weekly drop-in observations to ensure all AN reported and verify staff are fu aware of the process and repo- is done as required. The QIDP set up training sexual education, and online safety and develop an assess for online safety for clients in f facility. Monitoring of Corrective Action: The Program Manage Area Supervisor and Residen Manager will ensure all incide of possible abuse, neglect and exploitation are reported to the department. Persons Responsible: AED, Quality Assurance Manager, for Coordinator/QIDP Manager, Program Manager, Area Supervisor, QIDP, Direct Sup	are e for I Zero I p-in E is Illy orting g for ment the r, tial nts d e QA	DATE
	lead for clients A,	A. DSL indicated she was the B, C, D, E, F and G's home. DSL been the lead since October			Lead, and DSP.		

FORM CMS-2567(02-99) Previous Versions Obsolete

A10Y11 Facility ID: 000693

If continuation sheet Page 37 of 57

PRINTED: 04/12/2024 FORM APPROVED

### DEPARTMENT OF HEALTH AND HUMAN SERVICES

AND PLAN OF CORRECTION IDENTIF		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G157	(X2) MULTIPLE C A. BUILDING B. WING	00	(X3) DATE SURVEY COMPLETED 02/20/2024	
	PROVIDER OR SUPPLIE	R ALTERNATIVES SE IN	3011 /	<sup>x</sup> Address, city, state, zip c APACHE DR ERSONVILLE, IN 47130	COD	
(X4) ID PREFIX	(EACH DEFICIE)	STATEMENT OF DEFICIENCIE NCY MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE /	HOULD BE	(X5) COMPLETIC
TAG		R LSC IDENTIFYING INFORMATION	TAG	DEFICIENCY)		DATE
	supervision and tra	ed her role as lead included the ining of staff.				
	in-services. DSL in the ANE policy an clients A, B, C, D, regarding the ANE any concerns regar DSL stated, "[DSP aggressive. Very s when stern. Some yelled at them." DS work well with the have told me. Once #1] state the dishes house. They (clien teary eyed." DSL i the allegations of I D, E, F and G to he Supervisor). DSL report things to [Q [AS] just tells me to address the situation	had participated in recent ndicated she was retrained on d had assisted in training E, F and G's group home staff c policy. When asked if she had ding current staff at the home, #1] sometimes she can be tern and (clients) don't listen have reported [DSP #1] had SL stated, "[DSP #1] doesn't girls. Not seen but the girls e I was there and heard [DSP s were not hers and not her ts) looked scared. Sometimes ndicated she had not reported DSP #1 yelling at clients A, B, C, er supervisor AS (Area ater stated, "feel like when I IDP and AS] they don't listen. o talk to [DSP #1] about it or on. Sometimes (clients) having times she'll, [AS], talk to [DSP				
	and Investigations 3:19 PM. The revi- documentation of a	(Bureau of Disabilities Services) were reviewed on 2/12/24 at ew did not indicate allegations of verbal abuse or ents A, B, C, D, E, F and G				
	documentation was at 3:35 PM. The P	(Plan of Correction) s provided by AED on 2/12/24 OC documents were reviewed acluded the following:				
	-POC document re	garding staff treatment of				

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-039 STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING COMPLETED 00 B. WING 02/20/2024 15G157 STREET ADDRESS, CITY, STATE, ZIP COD NAME OF PROVIDER OR SUPPLIER 3011 APACHE DR **RES CARE COMMUNITY ALTERNATIVES SE IN** JEFFERSONVILLE, IN 47130 (X4) ID SUMMARY STATEMENT OF DEFICIENCIE ID (X5) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG DEFICIENCY) DATE clients dated (no date) indicated, "The facility will retrain staff at the site on the ANE policy and disciplinary action will be given if the policy is not followed. AS (Area Supervisor) and DSL (Direct Support Lead) will ensure that the ANE policy is followed. Monitoring of ANE will (be) done by the program manager, AS and DSL to ensure all incidents of possible ANE are reported to the QA (Quality Assurance) department." "Date of Completion: January 19, 2024." -In-Service Sheet dated 1/29/24 indicated, "The staff undersigned have reviewed and understand the proper procedure for: ANE in packet. Reporting. What is it? Warning signs. Test. Signatures." The review indicated DSP #2 and DSL had signed the In-service and participated in the 1/29/24 training. AED (Associate Executive Director) was interviewed on 2/14/24 at 12:50 PM. AED indicated he provided the facility's POC documentation on 2/12/24. AED indicated the documentation included an in-service training completed on 1/29/24 regarding the facility's ANE policy. AED indicated the AS completed the 1/29/24 and the DSL would assist in supervising the staff at the group home with the ANE policy implementation. AED indicated the DSL would report allegations or concerns to the AS, or if needed she should report her allegations or concerns to the QA (Quality Assurance) department. AED indicated the facility's ANE policy prohibited verbal abuse and included yelling and belittling language by staff towards clients. 2. Client A was interviewed on 2/13/24 at 10:30 AM. QIDP (Qualified Intellectual Disabilities Professional) and QAM (Quality Assurance A10Y11 Facility ID: 000693 Page 39 of 57 FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: If continuation sheet

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

	ATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA ID PLAN OF CORRECTION IDENTIFICATION NUMBER 15G157		(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING			CC	(X3) DATE SURVEY COMPLETED 02/20/2024	
	PROVIDER OR SUPPLIE	R ALTERNATIVES SE IN	:	3011 AP	DRESS, CITY, STATE, Z ACHE DR SONVILLE, IN 4713			
(X4) ID PREFIX TAG	(EACH DEFICIE	Y STATEMENT OF DEFICIENCIE NCY MUST BE PRECEDED BY FULL DR LSC IDENTIFYING INFORMATION	PR	ID EFIX FAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO T DEFICIENCY	ON SHOULD BE	(X5) COMPLETIC DATE	
mo		esent throughout the interview					DAIL	
		she did not have a guardian. her parents live out of state and often.						
	a person she met of specific date. Clie dating him online or at her home. Cl thing. Didn't go to came to the group I let the staff know which he shouldn' come outside at th not recall the spect the incident. Client to go for a walk at walk." QIDP inter "Wanted to smood wasn't about gettin there. They were in have been out ther leave and they did	there had been an incident with online. Client A did not recall a nt A indicated she had been and had not met him in person ient A stated, "It was a dating o well." Client A stated, "He home which he shouldn't have. w and he came into the house t have. I think staff should have e time and talked." Client A did ific staff working at the time of tt A stated, "We were supposed and he didn't want to go for a jected at this point and stated, wh instead." Client A stated, "It ag to know me. Staff wasn't out n the house. I think they should re and said 'No' and told him to n't." Client A indicated ne man was consensual but ent.						
	past couple of more exact timeframe. Of current boyfriend the home or had st asked if she felt sa client A stated, "H keeps saying you A stated, "Wants n he cares about me	a she had a new boyfriend for the nths but did not specify an Client A indicated she met her online and he had not come to he met him in person. When the with her new boyfriend, the keeps repeating himself, need to get out of there." Client ne to move to Arkansas. Said ." QIDP interjected and stated, r pictures or anything." QIDP						

# DEPARTMENT OF HEALTH AND HUMAN SERVICES

	ATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA D PLAN OF CORRECTION IDENTIFICATION NUMBER 15G157		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING			(X3) DATE SURVEY COMPLETED 02/20/2024		
	PROVIDER OR SUPPLIE	R ALTERNATIVES SE IN		3011 A	ADDRESS, CITY, STATE, ZIP ( PACHE DR RSONVILLE, IN 47130	COD		
(X4) ID PREFIX TAG	(EACH DEFICIE	/ STATEMENT OF DEFICIENCIE NCY MUST BE PRECEDED BY FULL DR LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETIO DATE	
	home she coached line." QIDP indica the group home w the information shi indicated client A' online and they ch to private. Client A finished to room. QIDP and C report to BDS or a incident. QIDP and met the guy, she h she had completed the incident. QIDF had not made alleg situation afterward according to client now. Not that she blocked her the ne Client A's advocat 9:22 AM. Client A was in the process home and into a st advocate stated, "T conduct themselve persuaded very ea Client A's advocat multiple dating we online. Client A's came to the house sex in a car. Clien company is there to Client A's advocat gardian and obtain legal course	evious staff] worked at the on not sharing information on ited on 2/12/14 when she was at ith client A she asked her about e was sharing online. QIDP s personal information was anged her social media settings the interview and exited the QAM indicated there was not a n investigation regarding the d QAM indicated the staff had ad alone time in her plan and l sex education training prior to P and QAM indicated client A gations but regretted the ls. QIDP and QAM stated t A's statements, "she regrets it didn't at the time want to. He xt day. She was sad and hurt." e was interviewed on 2/16/24 at t's advocate indicated client A of moving out of the group naller setting. Client A's Not happy with how groups es among peers. [Client A] (was) sily." e indicated she was on a ebsites and had met someone advocate indicated the man and they went outside and had t A's advocate stated, "That o help guide in situations." e indicated client A was in need they had been attempting to el to get guardianship of her. e indicated they went online to						

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-039 STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING COMPLETED 00 B. WING 02/20/2024 15G157 STREET ADDRESS, CITY, STATE, ZIP COD NAME OF PROVIDER OR SUPPLIER 3011 APACHE DR **RES CARE COMMUNITY ALTERNATIVES SE IN** JEFFERSONVILLE. IN 47130 (X4) ID SUMMARY STATEMENT OF DEFICIENCIE ID (X5) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX PREFIX COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG DEFICIENCY) DATE see what information client A had been sharing on her public pages. Client A's advocate stated, "When (we went) online found that she had numerous websites set up. All incorrect information. What she is doing (they) can find out where she lives and (it's) dangerous not (only) for herself and (other) clients." Client A's advocate indicated client A was at risk for exploitation. Client A's advocate stated, "She doesn't comprehend. Will give you a look and smile and (vou) think she understands and she doesn't." Client A's advocate indicated client A needed training and support to assist her with online dating activity. Client A's advocate indicated they were aware of a person in Arkansas who was attempting to get client A to come to Arkansas. Client A's advocate indicated he had researched the person and learned the person was not being honest about himself. Client A's advocate stated "Trying to get something from her." Client A's advocate indicated client A had not reported any allegations to her regarding the sexual intercourse incident. Client A's advocate indicated client A had expressed pain in her vaginal area after having sex with some bleeding but did not express emotional issues from the incident. QIDP and QAM were interviewed on 2/15/24 at 2:26 PM. QIDP indicated she had completed client A's 5/2/23 CFA (Comprehensive Functional Assessment) after her incident in April 2023. QIDP indicated after the incident client A was reassessed regarding her interest in having sexual relationships and dating. QIDP indicated client A was no longer interested in those relationships but had developed interest again after the 5/2/23 CFA. QIDP stated, "She got her questions answered through experience. Thought someone would be loving towards her. She now knows she Event ID: A10Y11 Facility ID: 000693 Page 42 of 57 FORM CMS-2567(02-99) Previous Versions Obsolete If continuation sheet

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**CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-039 STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING COMPLETED 00 B. WING 02/20/2024 15G157 STREET ADDRESS, CITY, STATE, ZIP COD NAME OF PROVIDER OR SUPPLIER 3011 APACHE DR **RES CARE COMMUNITY ALTERNATIVES SE IN** JEFFERSONVILLE. IN 47130 (X4) ID SUMMARY STATEMENT OF DEFICIENCIE ID (X5) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG DEFICIENCY) DATE wants to be in love before having sex again." QIDP indicated client A's sexual incident was not positive. QIDP indicated client A's CFA included a human sexuality component. QIDP indicated client A's CFA and record did not include an assessment of client A's ability to utilize social media, online dating or ability to provide informed consent. DSP #2 was interviewed on 2/13/24 at 12:45 PM. DSP #2 indicated a person had come to the house and she was told by client A they had consensual sex. DSP #2 indicated client A could have been uncomfortable during the incident as it was her first time. DSP #2 stated, "She could have got talked into it. Later on we found out some stuff about the guy. He was bad. Met on [social media] and online dating. " DSP #2 indicated all of the clients at the home participate in social media and online dating. DSP #2 indicated the staff coach the girls on personal information but there were no formal trainings or objectives. DSL was interviewed on 2/13/24 at 1:07 PM. DSL indicated she was not working at the home at the time of client A's online dating incident. DSL indicated she had heard about the incident and was not aware of allegations. DSL indicated client A was coached on not giving out personal information but there were no formal goals or training objectives to teach her social media or online dating skills. DSL indicated client A was encouraged to get to know people she met online before setting up a meeting. DSL indicated client A was coached regarding scammers. DSL stated, "Some army guy is trying to scam her. Tells [client A] that if she wants to be his girlfriend she would have to pay \$200.00 for a boyfriend certificate to get access to the military base he is stationed at." Event ID: A10Y11 Facility ID: 000693 Page 43 of 57 FORM CMS-2567(02-99) Previous Versions Obsolete If continuation sheet

DEPARTMENT OF HEALTH AND HUMAN SERVICES

04/12/2024

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# DEPARTMENT OF HEALTH AND HUMAN SERVICES

TERS FOR MEDICAL					(V2)	OMB NO. 0938-039		
STATEMENT OF DEFI		X1) PROVIDER/SUPPLIER/CLIA			NSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN OF CORRE	LIION	IDENTIFICATION NUMBER	A. BUILDING		00	- 1		
1		15G157	B. WING				02/20/2	024
NAME OF PROVIDER	OR SUPPLIE				DRESS, CITY, STATE, ZIP CO	D		
					ACHE DR			
RES CARE COM	MUNITY A	LTERNATIVES SE IN	J	EFFERS	SONVILLE, IN 47130			
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE	Π	)	PROVIDER'S PLAN OF CORRI	ECTION		(X5)
PREFIX (EA	CH DEFICIEN	CY MUST BE PRECEDED BY FULL	PRI	FIX	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE AP	ULD BE		COMPLETIC
TAG REG	JLATORY OF	LSC IDENTIFYING INFORMATION	T.	AG	DEFICIENCY)			DATE
		as reviewed on 2/13/24 at 2:23						
		y shift notes dated 2/13/23						
-		licated the following:						
	-	new boyfriend.						
	-	with new boyfriend.						
		ng herself since lost her						
	virginity."							
	-3/29/23: "Talking to multiple men. Not acting							
	herself."							
-4/20/23	3: "Went on	date with boyfriend."						
Client A	's ISD (Ind	vidual Support Plan) dated						
		e following						
4/20/22	mulcaleu u	le following						
"[Client	Al moved	into placement from her						
-	-	had good mobility and						
~		portance of good hygiene but						
	-	ed. She needs verbal prompts						
		activities of daily living) skills.						
-		he community in the past but						
		mmunity job."						
		iplinary team) recommends						
	-	vision while participating in						
	-	es due to her current diagnosis						
		y issues. [Client A] requires						
some st	ructure for l	eisure time activities."						
"Peer in	teractions c	an be sometimes difficult. She						
	oullied easil							
can be t	Juniou Cash	y.						
-"Indivi	dual will be	restricted to the areas of the						
		ls supervised by staff. Client						
	-	one time (unsupervised) daily.						
		ested by the client. At home						
		ot occur after 8 PM. Individual						
will be	supervised of	luring activities within the						
commu								
Client A	s IDT (Inte	erdisciplinary Team) note dated						
			1					

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED OMB NO. 0938-039 **CENTERS FOR MEDICARE & MEDICAID SERVICES** STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING COMPLETED 00 B. WING 02/20/2024 15G157 STREET ADDRESS, CITY, STATE, ZIP COD NAME OF PROVIDER OR SUPPLIER 3011 APACHE DR **RES CARE COMMUNITY ALTERNATIVES SE IN** JEFFERSONVILLE. IN 47130 (X4) ID SUMMARY STATEMENT OF DEFICIENCIE ID (X5) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX PREFIX COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG DEFICIENCY) DATE 3/20/23 indicated the following: "[QIDP] became aware of an incident where [client A] had been talking to a man on the Internet. He came to the home and [client A] hung outside in the driveway with him. They had sexual intercourse as reported by [client A]. [Client A] was embarrassed to tell staff but stated that she was not hurt and was wanting to have sex. [Client A] has alone time. She was on the property. She had sex therapy with [agency]. She consented to the activity as stated. [Nurse] spoke to [client A] and [client A] admitted that they did not use protection. An appointment was made with PCP (Primary Care Physician)/Gynecologist to have blood tests and check her. She said when this happened she had been a virgin and just wanted to know what it was like. [Client A] indicated it was not what she thought it should be like. She said she doesn't want to do (it) again. We discussed about the need for being careful. He could have been dangerous. [QIDP] had looked on social media and the sex offender registry with no concerns." The review indicated client A was not assessed as being able to give informed consent, was not assessed regarding her Internet, social media or online dating skills for her safety and continued to be at risk for exploitation after the 3/20/23 incident. Client A was not receiving training or supports to increase her social, dating or online skills to support her independence or health and safety. QIDP and QAM indicated client A was emancipated, had alone time and had received sexual education training prior to the incident. QIDP and QAM indicated staff appropriately supervised client A at the time of the incident. A10Y11 Facility ID: 000693 Page 45 of 57 FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: If continuation sheet

04/12/2024

# DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/12/2024 FORM APPROVED

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	STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G157		A. BU	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING			(X3) DATE SURVEY COMPLETED 02/20/2024	
	PROVIDER OR SUPPLIE	R LTERNATIVES SE IN		3011 A	ADDRESS, CITY, STATE, ZIP COD PACHE DR RSONVILLE, IN 47130			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	E	(X5) COMPLETION DATE	
	and #IN00425496.	ates to complaints #IN00426048						
W 0223 Bldg. 00	<ul> <li>must include soci Based on record re sampled clients (A client A's skills and media and/or onlin of independence ar welfare.</li> <li>Finding includes:</li> <li>Confidential Interv client A's support a "From my understa manager who is no convincing them (of profiles. She (clien (online acquaintand They initially were ended up in his car assaulted or the R (a asked about client and protect herself she could make dee she could be easily</li> <li>Confidential Interv client A's support a "There have been t CI #2 stated in rega manipulated". CI # social media and an</li> </ul>	ve functional assessment al development. view and interview for 1 of 3 ), the facility failed to assess 1 abilities for the use of social e dating to determine her level ad risk for health, safety and iew (CI #1) was asked about and services. CI #1 stated, unding, they had a house longer there. She was elients) to make online dating t A) began talking with him be) and he came to the home. going for a walk, and she and she was, I don't know if (raped) word". CI #1 was A's abilities to make decisions CI #1 stated, "I don't know if cisions on an adult level. I think	wo	0223	The Facility will ensure the comprehensive functional assessment includes social development, skills and abilities for the use of social media and online dating to determine clier independence and risk for heal safety and welfare. The QIDP will develop Comprehensive Functional Assessments to include assess skills and abilities for protecting identity and/or personal information while using social media, assess skills and abilities for decision making, manipulati and/or exploitation while interacting through social media ensure health, safety and welfa The QIPD contracted Katt Baldwin a certified Sexuality Educator with the American Association of Sexuality Educators, Counselors and Therapists MSW, CSE, CC to provide training for clients in the facility. If recommendation are m ISP will be updated based on recommendations of the ISP.	s /or hts lth, s g es ion, a to are. thy e	03/18/2024	

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-039 STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING 00 COMPLETED B. WING 02/20/2024 15G157 STREET ADDRESS, CITY, STATE, ZIP COD NAME OF PROVIDER OR SUPPLIER 3011 APACHE DR **RES CARE COMMUNITY ALTERNATIVES SE IN** JEFFERSONVILLE. IN 47130 (X4) ID SUMMARY STATEMENT OF DEFICIENCIE ID (X5) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG DEFICIENCY) DATE a person came to the house and they had sex in The QIDP will retrain staff in his car". CI #2 indicated there were concerns in the Facility on updated plans are regard to staffing supports to ensure client A's necessary. safety. CI #2 was asked if client A required staff Monitoring of Corrective assistance with training to ensure her safety. CI Action: The Program Manager, #2 stated, "Yes, absolutely". CI #2 indicated client Area Supervisor and Residential A had a second experience with a different online Manager will ensure all incidents acquaintance and stated, "he wanted [client A] to of possible abuse, neglect and move ...". exploitation are reported to the QA department. On 2/14/24 at 11:19 AM, a focused review of client A's record was conducted. The review indicated Persons Responsible: AED, the following: Quality Assurance Manager, QA Coordinator/QIDP Manager, -Individual Support Plan (ISP) dated 10/14/23 Program Manager, Area indicated, "Challenging Behaviors .... Peer Supervisor, QIDP, Direct Support interactions can be sometimes difficult. She can be Lead, and DSP. bullied easily... Priority Objectives: Safety and communication skills (no written goal was indicated in the ISP)... Right to be modified: Freedom of Movement, Manner in which the right will be modified: Individual (client A) will be restricted to the areas of the building and grounds supervised by staff. Client can have 4 hours alone time (unsupervised) daily. This will be as requested by the client. At home alone time should not occur after 8pm. Individual will be supervised during activities within the community. Client can have 2 hours alone time (unsupervised) in the community daily...". -Interdisciplinary Team Meeting (IDT) dated 3/20/23 indicated, "Purpose of Meeting: Recent Incident. Meeting Minutes: QIDP (Qualified Intellectual Disabilities Professional) became aware of incident where [client A] and been talking to a man on the internet. He came to the Facility ID: 000693 Event ID: A10Y11 Page 47 of 57 FORM CMS-2567(02-99) Previous Versions Obsolete If continuation sheet

04/12/2024

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED OMB NO. 0938-039 **CENTERS FOR MEDICARE & MEDICAID SERVICES** STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING COMPLETED 00 B. WING 02/20/2024 15G157 STREET ADDRESS, CITY, STATE, ZIP COD NAME OF PROVIDER OR SUPPLIER 3011 APACHE DR **RES CARE COMMUNITY ALTERNATIVES SE IN** JEFFERSONVILLE. IN 47130 (X4) ID SUMMARY STATEMENT OF DEFICIENCIE ID (X5) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG DEFICIENCY) DATE house and [client A] hung outside in the driveway with him. They had sexual intercourse as reported by [client A]. [Client A] was embarrassed to tell staff but stated that she was not hurt and was wanting to have sex. [Client A] has alone time. She was on the property. She had sex therapy with [website address]. She consented to the activity as stated. [Nurse] spoke to [client A] and [client A] admitted that they did not use protection. An appt (appointment) was made with PCP/gyno (primary care physician/gynecologist) to have blood test (pregnancy) and check her. She (client A) said when this happened, she had been a virgin and just wanted to know what it was like. [Client A] indicated it was not what she thought it should be like. She said she does not want to do it again. We discussed about (sic) the need for being careful. He could have been dangerous. QIDP had looked on [social media name] and the sex offender registry with no concerns". On 2/14/24 at 1:53 PM, the Qualified Intellectual Disabilities Professional (QIDP) and Quality Assurance Manager (QAM) were interviewed. The QIDP and QAM were asked about client A's in-person interaction with an online acquaintance who came to her home to visit. The QIDP and QAM indicated client A's online visitor had come to the home to meet client A, this was their first meeting in-person and was around 7 PM to 8 PM in the evening. The QIDP was asked if the client, staff and/or any other provider contacts had met with this online acquaintance prior to client A being left alone with him when he came to visit. The QIDP indicated this was the first-time client A and any staff member had met with her online acquaintance. The QIDP and QAM were asked what the planned activity for their initial meeting together in-person Event ID: A10Y11 Facility ID: 000693 Page 48 of 57 FORM CMS-2567(02-99) Previous Versions Obsolete If continuation sheet

04/12/2024

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-039 STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING COMPLETED 00 B. WING 02/20/2024 15G157 STREET ADDRESS, CITY, STATE, ZIP COD NAME OF PROVIDER OR SUPPLIER 3011 APACHE DR **RES CARE COMMUNITY ALTERNATIVES SE IN** JEFFERSONVILLE. IN 47130 (X4) ID SUMMARY STATEMENT OF DEFICIENCIE ID (X5) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG DEFICIENCY) DATE was supposed to be. The QIDP and QAM indicated client A had intended to have sex with him, that she was an emancipated adult and had previously gone through sex education courses. The QIDP indicated the initial interaction with the online acquaintance was he came to the entryway of the home, talked with the staff about going on a walk, but client A's visitor declined going on a walk so the two visited outside in the back courtyard behind the home near the driveway. The QIDP indicated staff went outside with client A and her visitor initially in the courtyard but left them to provide privacy for their visit. The QIDP and QAM indicated this turned into an incident of client A having sexual intercourse with the visitor while outside of the home. The QIDP indicated client A later felt embarrassed, wished it had not occurred and stated, "It was not what she thought it would be". The QIDP and QAM were asked about precautions of meeting an online acquaintance for the first time for her health, safety and welfare. The QIDP stated, "Ideally, I would want someone to come over to meet her and the staff and have dinner or something like that". The QAM stated, "We don't disagree on how to meet for the first time and their rights versus their safety when it comes to that kind of thing". On 2/15/24 at 1:52 PM, a focused review of client A's record was conducted. The review indicated the following: -Comprehensive Functional Assessment (CFA) dated 5/2/23 did not indicate questions to assess skills and abilities of client A for the use of social media. Client A's CFA did not indicate questions to assess skills and abilities for protecting her identity and/or personal information while using Event ID: A10Y11 Facility ID: 000693 Page 49 of 57 FORM CMS-2567(02-99) Previous Versions Obsolete If continuation sheet

04/12/2024

OMB NO. 0938-039 **CENTERS FOR MEDICARE & MEDICAID SERVICES** STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING COMPLETED 00 B. WING 15G157 02/20/2024 STREET ADDRESS, CITY, STATE, ZIP COD NAME OF PROVIDER OR SUPPLIER 3011 APACHE DR **RES CARE COMMUNITY ALTERNATIVES SE IN** JEFFERSONVILLE, IN 47130 (X4) ID SUMMARY STATEMENT OF DEFICIENCIE ID (X5) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX PREFIX COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG DEFICIENCY) DATE social media. Client A's CFA did not indicate questions to assess skills and abilities for decision making, manipulation, and/or exploitation while interacting through social media to ensure health, safety and welfare. -No informed consent was available for review. On 2/15/24 at 2:27 PM, the QIDP and QAM were interviewed. The QIDP was asked about her level of awareness of client A's use of social media to converse with an online acquaintance with a plan to meet in person and if staff had communicated to make her aware when the online acquaintance arrived at the home. The QIDP stated, "I think I got a text later in the night. I did not know until after it happened". The QIDP was asked when client A began using social media. The QIDP stated, "She came in (admission) with a boyfriend from [city]. I know online dating, her parents confirmed she had not done online dating. She had [social media name]". The QIDP was asked if the client's social media account was how client A communicated and developed a relationship with her online acquaintance that came to the home. The QIDP stated, "I don't know if it was online dating. I know she friended him on [social media account]. I don't know other than what [client A] told me". The QIDP was asked what client A had told her. The QIDP stated, "She said it was online dating. I asked about what she put on her page, did you lie? She said no. I don't know if they were talking for 3 days, 10 days or 1 day". The QIDP indicated an interdisciplinary team meeting concerning client A's interest with social media and/or online dating had not occurred prior to meeting her online acquaintance at the home. The QIDP was asked if client A's CFA included questioning to assess client A's skills and abilities for the use of social media and protecting her A10Y11 Facility ID: 000693 Page 50 of 57 FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: If continuation sheet

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

**CENTERS FOR MEDICARE & MEDICAID SERVICES** 

OMB NO. 0938-039 STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING 00 COMPLETED B. WING 02/20/2024 15G157 STREET ADDRESS, CITY, STATE, ZIP COD NAME OF PROVIDER OR SUPPLIER 3011 APACHE DR **RES CARE COMMUNITY ALTERNATIVES SE IN** JEFFERSONVILLE. IN 47130 (X4) ID SUMMARY STATEMENT OF DEFICIENCIE ID (X5) PROVIDER'S PLAN OF CORRECTION EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG DATE health, safety and welfare. The QIDP indicated she did not believe the assessment tool included assessing a person's skills and abilities for the use of social media. The QIDP and QAM indicated further review of client A's CFA was required to determine if social media was an area assessed for client A's skills and abilities. At 2:43 PM, the QAM provided further follow up and stated, "The assessment does not have social media". This federal tag relates to complaints #IN00425496 and #IN00426048. 9-3-4(a) W 0240 483.440(c)(6)(i) INDIVIDUAL PROGRAM PLAN Bldg. 00 The individual program plan must describe relevant interventions to support the individual toward independence. Based on record review and interview for 1 of 3 W 0240 The Facility will ensure the 03/17/2024 sampled clients (A), the facility failed to develop individual program plan describes strategies for the implementation of client A's relevant interventions to support program plan for the restricted area of freedom of the individual toward movement and the use of her alone time to independence. promote her health, safety, and welfare while The QIDP will develop using social media and/or interactions with online **Comprehensive Functional** acquaintances. Assessments to include assess skills and abilities for protecting Findings include: identity and/or personal information while using social Confidential Interview (CI #1) was asked about media, assess skills and abilities client A's support and services. CI #1 stated, for decision making, manipulation, "From my understanding, they had a house and/or exploitation while manager who is no longer there. She was interacting through social media to convincing them (clients) to make online dating ensure health, safety and welfare. profiles. She (client A) began talking with him The QIPD contracted Kathy (online acquaintance) and he came to the home. Baldwin a certified Sexuality They initially were going for a walk, and she Educator with the American ended up in his car and she was, I don't know if Association of Sexuality Event ID: A10Y11 Facility ID: 000693 If continuation sheet Page 51 of 57 FORM CMS-2567(02-99) Previous Versions Obsolete

# DEPARTMENT OF HEALTH AND HUMAN SERVICES

	TATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA ND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G157		(X2) MULTIPLE ( A. BUILDING B. WING	construction <u>00</u>	(X3) DATE SURVEY COMPLETED 02/20/2024
	PROVIDER OR SUPPLIE	R ALTERNATIVES SE IN	3011	T ADDRESS, CITY, STATE, ZIP COD APACHE DR ERSONVILLE, IN 47130	
RES CA (X4) ID PREFIX TAG	SUMMARY (EACH DEFICIE) REGULATORY O assaulted or the R of asked about client and protect herself she could make de she could be easily Confidential Interv client A's support a "There have been t CI #2 stated in reg manipulated". CI # social media and a stated, "Apparently a person came to th his car". CI #2 indi regard to staffing s safety. CI #2 was a assistance with trai #2 stated, "Yes, ab A had a second exp acquaintance and s move". On 2/14/24 at 11:1 A record was cond following: -Individual Suppor indicated, "Name: 30+] Individual Profile:	STATEMENT OF DEFICIENCIE NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION (raped) word". CI #1 was A's abilities to make decisions C II #1 stated, "I don't know if cisions on an adult level. I think			he made to edom her alth, g ns aff in are r, tial ents d e QA
	hygiene but needs prompts to comple living skills Discharge Plan: Th	estands the importance of good reminded. She needs verbal te ADL (adult daily living) ne interdisciplinary team he have supervision while			

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: A1OY11 Facility ID: 000693

If continuation sheet Page 52 of 57

PRINTED: 04/12/2024 FORM APPROVED

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED OMB NO. 0938-039 **CENTERS FOR MEDICARE & MEDICAID SERVICES** STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING COMPLETED 00 B. WING 02/20/2024 15G157 STREET ADDRESS, CITY, STATE, ZIP COD NAME OF PROVIDER OR SUPPLIER 3011 APACHE DR **RES CARE COMMUNITY ALTERNATIVES SE IN** JEFFERSONVILLE, IN 47130 (X4) ID SUMMARY STATEMENT OF DEFICIENCIE ID (X5) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX PREFIX COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG DEFICIENCY) DATE participating in community activities, due to her current diagnosis for health and safety issues. [Client A] requires some structure for leisure time activities. The interdisciplinary team has reviewed the comprehensive assessments and determined that at this time, due to the level of needs and training required and her inability to transfer some skills to other environments or settings is in need of continued placement and active treatment services. Challenging Behaviors: ... Peer interactions can be sometimes difficult. She can be bullied easily ... Priority Objectives: Safety and communication skills (no written goal indicated in the ISP) ... Right to be modified: Freedom of Movement, Manner in which the right will be modified: Individual (client A) will be restricted to the areas of the building and grounds supervised by staff. Client can have 4 hours alone time (unsupervised) daily. This will be as requested by the client. At home alone time should not occur after 8pm. Individual will be supervised during activities within the community. Client can have 2 hours alone time (unsupervised) in the community daily...". -Interdisciplinary Team Meeting (IDT) dated 3/20/23 indicated, "Purpose of Meeting: Recent Incident. Meeting Minutes: QIDP (Qualified Intellectual Disabilities Professional) became aware of incident where [client A] and been talking to a man on the internet. He came to the house and [client A] hung outside in the driveway with him. They had sexual intercourse as reported by [client A]. [Client A] was embarrassed to tell staff, but stated that she was not hurt and was wanting to have sex. [Client A] has alone time. Facility ID: 000693

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

A10Y11

If continuation sheet

Page 53 of 57

04/12/2024

**CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-039 STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING COMPLETED 00 B. WING 02/20/2024 15G157 STREET ADDRESS, CITY, STATE, ZIP COD NAME OF PROVIDER OR SUPPLIER 3011 APACHE DR **RES CARE COMMUNITY ALTERNATIVES SE IN** JEFFERSONVILLE. IN 47130 (X4) ID SUMMARY STATEMENT OF DEFICIENCIE ID (X5) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG DEFICIENCY) DATE She was on the property. She had sex therapy with [website address]. She consented to the activity as stated. [Nurse] spoke to [client A] and [client A] admitted that they did not use protection. An appt (appointment) was made with PCP/gyno (primary care physician/gynecologist) to have blood test and check her. She (client A) said when this happened she had been a virgin and just wanted to know what it was like. [Client A] indicated it was not what she thought it should be like. She said she does not want to do it again. We discussed about (sic) the need for being careful. He could have been dangerous. QIDP had looked on [social media name] and the sex offender registry with no concerns". On 2/14/24 at 1:53 PM, the Qualified Intellectual Disabilities Professional (QIDP) and Quality Assurance Manager (QAM) were interviewed. The QIDP and QAM were asked about client A's in-person interaction with an online acquaintance who came to her home to visit. The QIDP and QAM indicated client A's online visitor had come to the home to meet client A, this was their first meeting in-person and was around 7 PM to 8 PM in the evening. The QIDP was asked if the client, staff and/or any other provider contacts had met with this online acquaintance prior to leaving client A alone with him when he came to visit. The QIDP indicated this was the first-time client A and any staff member had met with her online acquaintance who had come to visit with her. The QIDP and QAM were asked what the planned activity for their initial meeting together in-person was. The QIDP and QAM indicated client A had intended to have sex with him, that she was an emancipated adult and had previously gone through sex education courses. The QIDP indicated the initial interaction with the online acquaintance was he came to the entryway, talked Event ID: A10Y11 Facility ID: 000693 Page 54 of 57 FORM CMS-2567(02-99) Previous Versions Obsolete If continuation sheet

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-039 STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING COMPLETED 00 B. WING 02/20/2024 15G157 STREET ADDRESS, CITY, STATE, ZIP COD NAME OF PROVIDER OR SUPPLIER 3011 APACHE DR **RES CARE COMMUNITY ALTERNATIVES SE IN** JEFFERSONVILLE. IN 47130 (X4) ID SUMMARY STATEMENT OF DEFICIENCIE ID (X5) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX PREFIX COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG DEFICIENCY) DATE with the staff about going on a walk, but client A's visitor did not want to go on this walk so the two visited outside in the back courtyard behind the home and near the driveway. The QIDP indicated staff went outside with client A and her visitor initially to the courtyard but left them to provide privacy for their visit. The QIDP and QAM indicated this turned into an incident of client A having sexual intercourse with the visitor while outside the home. The QIDP indicated client A later felt embarrassed and wished it had not occurred and stated, "It was not what she thought it would be". The QIDP and QAM were asked about precautions of meeting an online acquaintance for the first time and being isolated and left alone to manipulation. The QIDP stated, "Ideally, I would want someone to come over to meet her and the staff and have dinner or something like that". The QAM stated, "We don't disagree on how to meet for the first time and their rights versus their safety when it comes to that kind of thing". The QIDP was asked about the IDT note from 3/20/23 indicating a dangerous situation and in what way was it dangerous for client A to be left alone with this online acquaintance for their initial meeting in person. The QIDP stated, "It was potentially dangerous if the person she brought to the home was a sex offender. Even if not, with anyone". The QIDP was asked why client A had been sent for medical follow up. The QIDP stated, "Because of the situation. She (Nurse) wanted to make sure she (client A) had been tested for std's (sexually transmitted diseases), that she had not been hurt and the results of blood test (pregnancy) to make sure she was ok". The QIDP was asked about client A's program plans being revised and/or updated to protect her health, safety and welfare. The QIDP stated, "In regard to Event ID: A10Y11 Facility ID: 000693 Page 55 of 57 FORM CMS-2567(02-99) Previous Versions Obsolete If continuation sheet

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DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-039 STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING COMPLETED 00 B. WING 02/20/2024 15G157 STREET ADDRESS, CITY, STATE, ZIP COD NAME OF PROVIDER OR SUPPLIER 3011 APACHE DR **RES CARE COMMUNITY ALTERNATIVES SE IN** JEFFERSONVILLE. IN 47130 (X4) ID SUMMARY STATEMENT OF DEFICIENCIE ID (X5) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX PREFIX COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG DEFICIENCY) DATE this instance, nothing has changed in her plans or otherwise. We've talked about people on the internet. I've talked about information on [social media account] and about her personal information and took it off. I've offered more sex education, she declined. I don't think it could be a goal. She has wholeheartedly indicated she has no desire to repeat it". The QIDP was asked at the time of the incident, was the implementation of alone time promoting her health, safety and welfare. The QIDP stated, "She has maintained it (alone time). She does not go anywhere. She goes to [city] to see her parents. If she goes anywhere else, they want to where she is going". The QIDP was asked to confirm client A's program plan for promoting her health, safety and welfare concerning implementation of her alone time had not been revised concerning the use of social media for the development of relationships and meeting online acquaintances. The QIDP stated, "No, she does not have a BSP (Behavior Support Plan), just an ISP". On 2/15/24 at 1:52 PM, a focused review of client A's record was conducted. The review indicated client A's Comprehensive Functional Assessment (CFA) 5/2/23 did not indicate questions to assess her skills and abilities for the use of social media. -No informed consent was available for review. In review of client A's program plan, client A's ISP indicated restricted areas under the freedom of movement section as client A required staff supervision while in the building and on the grounds. Client A's restriction continued and indicated 4 hours of alone time unsupervised could be requested by client A but not past 8 PM. This restriction was indicated from an interview as a precaution to ensure client A's health, safety, A10Y11 Facility ID: 000693 Page 56 of 57 FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: If continuation sheet

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CENTERS FOR	MEDICARE & MEDICA	AID SERVICES				OMB NO. 0938-039				
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	NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN				STREET ADDRESS, CITY, STATE, ZIP COD 3011 APACHE DR JEFFERSONVILLE, IN 47130					
(X4) ID	SUMMARY S	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)			
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TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE			
	and welfare. Client	A's ISP indicated she had								
	difficulties with pee	r interactions and could easily								
	be bullied and requi	red assistance with daily								
	living skills. Throug	gh interviews, client A was								
	-	n who would require staff								
	support and assistan	ce to complete daily living								
	-	ogram plan did not indicate								
	strategies to ensure	client A's alone time, social								
	media use and/or ho	w interactions with online								
	acquaintances woul	d promote and ensure her								
	health, safety, and v	velfare.								
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FORM CMS-2567(02-99) Previous Versions Obsolete

A10Y11 Facility ID: 000693

If continuation sheet Page 57 of 57