STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	15G745	A. BUILDING 00 B. WING	05/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
RES CARE SOUTHEAST INDIANA	16611 SIMA GRAY RD HENRYVILLE, IN 47126

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 0000 Bldg. 00	This visit was for a pre-determined full annual recertification and state licensure survey. Survey dates: 5/3/23, 5/4/23, 5/5/23 and 5/8/23. Facility Number: 011663 Provider Number: 15G745 AIM Number: 200902020 These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 and #27547 on 5/22/23.	W 0000		
W 0192 Bldg. 00	483.430(e)(2) STAFF TRAINING PROGRAM For employees who work with clients, training must focus on skills and competencies directed toward clients' health needs. Based on observation, record review and interview for 2 additional clients (#3 and #4), the facility failed to ensure staff were competent in notifying nursing services of 1) client #3's UREA 20% (moisturizer) cream administration being held to prevent it from washing off during his shower, and 2) client #4's Polyethylene Glycol (Miralax) not being available for administration. Findings include: An observation was conducted on 5/4/23 from 6:55 AM to 10:24 AM. At 7:04 AM, staff #1 sanitized the medication administration countertop and prepared for the morning medication administration at the group home. At 7:20 AM, client #3 was administered his morning medicines. At this time, staff #1 indicated to client	W 0192	1. Facility administrator retrained staff on QuickMardocumentation procedures. Staff were retrained to understand QuickMar notes and the notification process on 5/4/2023. 2. Clients #3 UREA 20% cream medication administration time has been updated to keep medication administration after morning hygiene time. 3. Observations will be complete bi-weekly by the DSL, and Monthly by area supervisor, random Facility observation will be conduced by a member of the administrative	05/12/2023

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Mark Slaughter	AED	06/05/2023

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.

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	#3 she was going to withhold applying his UREA 20% cream for his feet until after his morning shower. Staff #1 indicated she did not want the cream to wash off during his shower. At 7:23 AM, staff #1 was asked if she had any concerns and/or issues regarding medication administration for the clients living at the group home. Staff #1 indicated client #4 would not be able to receive his Polyethylene Glycol (constipation/Miralax). Staff #1 indicated client #4's Miralax had been ordered for refill but was not available to administer to client #4. On 5/4/23 at 10:12 AM, staff #1 verbally prompted client #3 to go to the medication administration room for his moisturizing foot cream. At 10:15 AM, client #3 applied his UREA 20% moisturizing cream to both of his feet. Upon completion of staff #1's morning medication administration routine, a buddy check to ensure staff #1's medication administration routine was not conducted. 1) On 5/4/23 at 12:03 PM, a focused review of client #3's record was conducted. The review indicated the following: -Physician Orders dated May 2023 indicated, "UREA 20% Cream: Apply on skin once daily as directed ...Schedule: Daily at 7:00 (morning) ...". -Medication Administration Record dated 5/4/23 indicated, "UREA 20% Cream: Apply on skin once daily as directed ... 7:00 AM (morning) ... [staff #1 initials]". -Electronic Medication Administration History dated 5/4/23 indicated, "Admin (administration) history for [client #3] - UREA 20% Cream ... Scheduled: 5/4/23 at 7:00 AM ... Administered: 5/4/23 at 7:20 AM ... Caregiver: [staff #1] ...".		team monthly to ensuremedication are given as prescribed. Persons Responsible: Program Manager, Quality Assurance, Area Supervisor, Director of Nursing, Nurse, Behavior Clinician, QIDP, Residential Manager, and DSP.	

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	Client #1's moisturizing cream was not applied at 7:20 AM as documented by staff #1. Client #1 was observed to apply his moisturizing cream to both feet at 10:15 AM on 5/4/23. On 5/4/23 at 12:20 PM, the Nurse was interviewed. The Nurse was asked about client #3's moisturizing cream being held until after his shower and the accuracy of documenting client #3's application of his cream on his medication administration record. The Nurse stated, "I feel like that was the right thing, just not handled right". The Nurse indicated client #3's time for administering the medication could be revised or changed to occur after his morning shower. The Nurse indicated staff #1 should not document client #3's moisturizing foot cream at 7:20 AM, if it was not completed until 10:15 AM. The Nurse indicated more training was needed to ensure accurate documentation for the administration of client #3's moisturizing foot cream. 2) On 5/4/23 at 12:33 PM, a focused review of client #4's record was conducted. The review indicated the following: - Physician Orders dated May 2023 indicated, "POLYETH GLYC POW 3350 ... Mix 17GM (grams/one capful) in 8 ounces of liquid and drink once daily ... Schedule: Daily at 07:00 (morning) ...". -Medication Administration Record (MAR) dated May 2023 indicated, "POLYETH GLYC POW 3350 ... Mix 17GM (grams/one capful) in 8 ounces of liquid and drink once daily ... Schedule: Daily at 07:00 (morning) ...". -Electronic Administration Record dated 5/4/23 indicated, "Admin (administration) history for			

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	[client #4] - PolyethGlyc POW (powder) ... 5/4/23 at 7:34 AM ... Caregiver: [staff #1] ... Recorded Exception: Out of Facility ...". The electronic MAR indicated client #4 was out of the facility and not his Miralax medication. On 5/4/23 at 12:35 PM, the Nurse was interviewed. The Nurse was asked about client #4's miralax not being available for administration, the electronic MAR indicating client #4 was out of facility and what should have occurred. The Nurse stated, "She (staff #1) should have called and informed someone they're out (of client #4's miralax). If he was not going to get it, she should have documented med not in the home. She may need some in-servicing on calling someone. With [staff #1] the out of facility is probably the medicine was out of facility and not [client #4]". The Nurse indicated more training was needed to ensure staff communicated when medicines were not available for administration and proper documentation for those circumstances on the electronic MAR. On 5/4/23 at 4:00 PM, the Nurse held client #4's miralax powder in her hand and showed the surveyor it was now available. The Nurse indicated she was going to the group home to ensure client #4 was administered his miralax as his physician order indicated once daily. On 5/5/23 at 1:35 PM, a follow up interview with the Nurse was conducted. The Nurse was asked if the facility utilized a buddy check system and if she had been contacted by staff about client #3's moisturizing foot cream being held until after his shower and/or client #4's miralax not being available for administration on 5/4/23. The Nurse indicated a buddy check system was utilized and stated, "Nobody called me".			

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W 0312 Bldg. 00	9-3-3(a) 483.450(e)(2) DRUG USAGE be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. Based on record review and interview for 1 of 2 sampled clients (#2), the facility failed to ensure client #2's medication reduction plan indicated an attainable titration plan for the use of a psychotropic medicine: Clonidine (anxiety), Invega Sustenna (mood disorder), Prozasin (post-traumatic stress disorder), Pristiq (mood stabilizer), Ativan (anxiety) for medical appointments/outings, Naltrexone (anxiety) and Olanzapine (mood disorder). Findings include: On 5/4/23 at 2:04 PM, client #2's record was reviewed. The review indicated the following: Behavior Support Plan (BSP) dated 12/14/22 indicated, "Target Behaviors and Goals: Physical Aggression: Any occurrence of spitting, hitting, kicking, shoving, slapping, throwing objects, biting and head-butting staff. Goal: [Client #2] will have zero occurrences of physical aggression per month for three consecutive months... Verbal Aggression: Any occurrence of screaming, cursing in public, name-calling and/or using obscene gestures. Goal: [Client #2] will have 0 (zero) occurrences of verbal aggression per month for three consecutive months ... Medication Reduction Plan: Clonidine... Invega Sustenna... Prozasin... Pristiq... Ativan ..	W 0312	1. Facility will ensure medication reduction plan will include obtainable titration plan for individuals in the facility. Review of clients BSP was completed on 5/4/2023 by IDT and staff retrained on updated plan. 2. During random monthly administrative reviewBSP/ISP will be reviewed by member of management. Held monthly at a minimum IDT will review client progress and changes to plan will be made from the recommendations from th e IDT. Persons Responsible: Program Manager, Quality Assurance, Area Supervisor, Director of Nursing, Nurse, Behavior Clinician, QIDP, Residential Manager, and DSP. DATE OF COMPLETION: May 9, 2023	05/09/2023

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	Naltrexone... Olanzapine...". Each of these medicines had the same goal which indicated, "When the goals for physical aggression and verbal aggression has (sic) been met, the IDT (interdisciplinary team) will meet to discuss if a therapeutic level has been achieved or if a reduction in (medication name)... is more appropriate...". Client #2's titration criteria was combined with the achievement of two behavioral goals for physical and verbal aggression. The combination of goals for both physical and verbal aggression each indicated a zero monthly occurrence for three consecutive months. The achievement through multiple goals with zero occurrences for three consecutive months indicated an unattainable criterion for combined episodes of physical and verbal aggression. On 5/4/23 at 4:00 PM, the Qualified Intellectual Disabilities Professional (QIDP) was interviewed. The QIDP was asked about client #2's medication reduction plan for both physical and verbal aggression linked and a criteria of zero occurrences per month for three consecutive months. The QIDP stated, "He's got to be perfect (zero occurrences for three consecutive months for both physical and verbal aggression), we need to review". The QIDP indicated client #2's medication reduction plan required revision. On 5/5/23 at 11:09 AM, the QIDP sent revisions to client #2's goals for both physical and verbal aggression along with interdisciplinary team meeting minutes. On 5/8/23 at 11:12 AM, the Behavior Clinician (BC) was interviewed. The BC was asked about client #2's medication reduction plan for both physical and verbal aggression linked and a			

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	criteria of zero occurrences per month for three consecutive months. The BC stated, "It boils down to attainable goals. We'll continue to evaluate it". The BC indicated the IDT had reviewed and made revision to client #2's medication reduction plan. 9-3-5(a)			
W 0331 Bldg. 00	483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. Based on observation, record review and interview for 1 of 2 sampled clients (#1), the facility's nursing services failed to assess and/or monitor client #1's supports and services of wound care and the healing progress of an open wound on his left leg. Findings include: Observations were conducted on 5/3/23 from 2:48 PM to 5:18 PM and on 5/4/23 from 6:55 AM to 10:24 AM. Throughout these observation periods client #1's left leg was wrapped with an ace bandage from below his knee to his ankle. Client #1's bandage was not removed during the observations. At 8:25 AM, the Program Supervisor (PS) was asked about client #1's ace bandage. The PS indicated client #1 had an open wound and stated, "He has a nurse that comes here and does wound care. They come like twice a week and he goes once a week. They come out and change his dressing. He's had that ulcer as long as I've worked here at ResCare. I had him at [name of previous waiver home location]". The PS was asked about client #1's healing process after she had described a prolonged history with an ulcer. The PS indicated client #1 had poor	W 0331	1. Facility will ensure nurse is available to attend wound care at a minimum of twice a month, in order to track progress and update IDT as needed until wound care is complete. 2. Director of Nursing inserviced site nurse on attending wound care appointments at a minimum of twice monthly until wound care is complete 3. Observations will be complete weekly by the DSL, and Monthly by area supervisor, random observation will be conduced by a member of the administrative team monthly. Persons Responsible: Program Manager, Quality Assurance, Area Supervisor, Director of Nursing, Nurse, Behavior Clinician, QIDP, Residential Manager, and DSP. DATE OF COMPLETION: May 9, 2023	05/09/2023

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	circulation and stated, "I think the circulation has gotten better because it nearly healed up". On 5/3/23 at 5:30 PM, a review of the facility's Bureau of Developmental Disabilities Services (BDDS) incident reports and investigations was conducted. The review indicated the following affecting client #1: -BDDS incident report dated 12/28/22 indicated, "Staff was conducting a skin assessment of [client #1] and notified the nurse of a quarter size wound on his left foot appeared to be opening. The nurse instructed staff to transport [client #1] to the ER (emergency room) for evaluation. Plan to Resolve: [Client #1] was evaluated in the ER and discharged to his home. Discharge diagnosis: Venous stasis ulcer of left ankle limited to breakdown of skin. Discharge instructions include to Bactrim (treat infection) 800 mg (milligram) -160 mg tab 1 tab (tablet) twice a day. Staff have been trained on the new orders. Staff will continue to monitor [client #1] and notify the nurse of any changes". -Investigation Summary dated 12/29/22 indicated, "Unknown Injury Investigation ... Description of incident: On 12/27/22 staff noted that client had a wound on his left leg that had been reported from a previous incident on 12/22/22. Staff called nurse and nurse notified staff to take client to ER for evaluation ... Conclusion: This is not a new injury and has been documented over time as a result of client's circulation issues. Recommendations: Client will follow up to establish wound care once again for this wound". On 5/4/23 at 1:03 PM, client #1's record was reviewed. The review indicated the following:			

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	-Individual Support Plan dated 3/13/23 indicated the following diagnoses, but were not limited to, "Axis 3: Decubitus Ulcer w (with)/ Cellulitis, Non-Insulin Dependent Diabetes Mellitus ... Anemia (lack of red blood cells) ... Squamous Cell Carcinoma (cancer in epidermis cells) of the skin ...". -Wound Care Consult dated 4/24/23 indicated, "Reason for Visit: In home nursing wound care ...". -Wound Care Consult dated 4/14/23 indicated, "Reason for Visit: Redoing leg wound care ...". -Wound Care Consult dated 4/10/23 indicated, "Reason for Visit: Redoing leg wound care ...". -Wound Care Consult dated 4/7/23 indicated, "Reason for Visit: House visit to change dressing ...". -Wound Care Consult dated 4/4/23 indicated, "Reason for Visit: To examine his leg wound ...". -Wound Care Consult dated 2/27/23 indicated, "Reason for Visit: Change leg dressing ...". -Wound Care Consult dated 2/23/23 indicated, "Reason for Visit: Changing leg dressing ... Consult Orders: Wound care done per new orders ...". -Wound Care Consult dated 2/14/23 indicated, "Reason for Visit: Wound left leg. Result/Findings of Examination: Improvement in wound, dressing orders changed ... Consultant Orders: Collagen (protein) Silver Alginale (wound dressing), Optilock (absorbent dressing), ABD (gauze), Unna boot (compression dressing) ...".			

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	-Wound Care Consult dated 2/6/23 indicated, "Reason for Visit: Changing leg dressing ... Results/Findings of Examination: 0 Sx (signs) of infection present. Wound appears to be healing ...". -Wound Care Consult dated 2/2/23 indicated, "Reason for Visit: Check up on wound on leg. New dressing put on ...". -Nursing Quarterly dated 4/5/23 did not indicate a description of client #1's ulcer and/or progress of healing through receipt of wound care support and services. On 5/4/23 at 1:30 PM, the Nurse was interviewed. The Nurse was asked about client #1's supports and service for his wound care. The Nurse indicated client #1 received wound care services through an outside agency once a week to ensure the medicated dressing was maintained and clean and stated, "We don't do the meds (wound treatment)". The Nurse was asked if client #1's wound was open. The Nurse stated "Yes". The Nurse was asked the size and description of client #1's open wound. The Nurse stated, "I don't know, he (visiting wound care nurse) did not comment on that today". The Nurse was asked if she had assessed client #1's wound. The Nurse shook her head no and stated, "I don't. They (wound care) don't want us to mess with it. That's all [wound care nurse] and [hospital name]." The Nurse was asked how she ensured client #1's wound care and healing was being monitored. The Nurse stated, "They (wound care) told me to look for abnormal swelling and listen for complaints. I don't unwrap it". The Nurse indicated she did assess to ensure client #1 had a pulse present above his knee and below his ankle and was			

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	monitoring his circulation through the bandaging process and looks for swelling. The Nurse then stated, "They (wound care) were coming twice a week and down to once a week. I did see it initially, but I need to be there. I've not been there for a couple weeks". The Nurse was asked if the most recent nursing quarterly summary described how nursing services had monitored client #1's wound care and/or his progress for healing. At 1:40 PM, the Nurse reviewed her 4/5/23 nursing quarterly on the electronic record and stated, "No, it does not. I need to review that documentation. On the paper process I would have probably written about the person and wound care. I'm assuming they (wound care) take pictures. I'll send more info (information) to you on that". 9-3-6(a)			
W 0365 Bldg. 00	483.460(j)(4) DRUG REGIMEN REVIEW An individual medication administration record must be maintained for each client. Based on observation, record review and interview for 1 additional client (#3), the facility failed to ensure client #3's UREA 20% (moisturizer) cream was accurately documented on his medication administration record for the time administered. Findings include: An observation was conducted on 5/4/23 from 6:55 AM to 10:24 AM. At 7:04 AM, staff #1 sanitized the medication administration countertop and prepared for the morning medication administration at the group home. At 7:20 AM, client #3 was administered his morning medicines. At this time, staff #1 indicated to client #3 she was going to withhold applying his UREA	W 0365	Facility administrator retrained staff on QuickMardocumentation procedures. Staff were retrained to understand QuickMar notes and the notification process on 5/4/2023. 2. Clients #3 UREA 20% cream medication administration time has been updated to keep medication administration after morning hygiene time. 3. Observations will be complete bi-weekly by the DSL, and Monthly by area supervisor, random Facility observation will be conduced by a member of the	05/09/2023

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RES CARE SOUTHEAST INDIANA	16611 SIMA GRAY RD HENRYVILLE, IN 47126

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	20% cream for his feet until after his morning shower. Staff #1 indicated she did not want the cream to wash off during his shower. At 10:12 AM, staff #1 verbally prompted client #3 to go to the medication administration room for his moisturizing foot cream. At 10:15 AM, client #3 applied his UREA 20% moisturizing cream to both of his feet. Upon completion of the morning medication administration routine, a second staff was not observed and/or heard to complete a buddy check to review staff #1's medication administration process with client #3. On 5/4/23 at 12:03 PM, a focused review of client #3's record was conducted. The review indicated the following: -Physician Orders dated May 2023 indicated, "UREA 20% Cream: Apply on skin once daily as directed... Schedule: Daily at 7:00 (morning)...". -Medication Administration Record dated 5/4/23 indicated, "UREA 20% Cream: Apply on skin once daily as directed... 7:00 AM (morning)... [staff #1 initials]". -Electronic Medication Administration History dated 5/4/23 indicated, "Admin (administration) history for [client #3] - UREA 20% Cream... Scheduled: 5/4/23 at 7:00 AM... Administered: 5/4/23 at 7:20 AM... Caregiver: [staff #1]...". Client #1's moisturizing cream was not applied at 7:20 AM as documented by staff #1. Client #1 was observed to apply his moisturizing cream to both feet at 10:15 AM on 5/4/23. On 5/4/23 at 12:20 PM, the Nurse was interviewed. The Nurse was asked about client #3's moisturizing cream being held until after his shower and the accuracy of documenting client		administrative team monthly to ensuremedication are given as prescribed.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G745	A. BUILDING 00 B. WING	05/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
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	#3's application of his cream on his medication administration record. The Nurse stated, "I feel like that was the right thing, just not handled right". The Nurse indicated client #3's time for administering the medication could be revised or changed to occur after his morning shower. The Nurse indicated staff #1 should not document client #3's moisturizing foot cream at 7:20 AM if it was not completed until 10:15 AM. The Nurse indicated more training was needed to ensure accurate documentation for the administration of client #3's moisturizing foot cream. On 5/5/23 at 1:35 PM, a follow up interview with the Nurse was conducted. The Nurse was asked if the facility utilized a buddy check system for medication administration to identify potential errors and if she had been contacted by staff about client #3's moisturizing foot cream held until after his shower. The Nurse indicated a buddy check system was utilized, but the electronic MAR did not have a place for the second staff to record data for the completion of a buddy check. The Nurse indicated a paper process for the buddy check system was being utilized and stated, "Nobody called me". 9-3-6(a)			