

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G749	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 04/03/2024
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NAME OF PROVIDER OR SUPPLIER RES CARE SOUTHEAST INDIANA	STREET ADDRESS, CITY, STATE, ZIP COD 16613 SIMA GRAY RD HENRYVILLE, IN 47126
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W 0000 Bldg. 00	<p>This visit was for the investigation of complaint #IN00431589.</p> <p>Complaint #IN00431589: Federal and state deficiencies related to the allegation(s) are cited at W102, W104, W122 and W149.</p> <p>Survey Dates: 4/2/24 and 4/3/24.</p> <p>Facility Number: 011595 Provider Number: 15G749 AIMS Number: 200905630</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 and #27547 on 4/15/24.</p>	W 0000		
W 0102 Bldg. 00	<p>483.410 GOVERNING BODY AND MANAGEMENT</p> <p>The facility must ensure that specific governing body and management requirements are met.</p> <p>Based on record review and interview, the facility failed to meet the Condition of Participation: Governing Body for 2 of 2 sampled clients (A and B), plus 2 additional clients (C and D).</p> <p>The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility implemented its written policy and procedures to ensure the health and safety of clients A, B, C and D regarding client A's access, possession and brandishing of a firearm in the group home.</p> <p>The governing body failed to ensure the facility</p>	W 0102	<p>1 Unannounced random daily observations began at the Facility on 4/1/2024 to ensure plans are being implemented by staff. Observers will verify staffing ratios, all vehicle doors parked at the facility secured, gates are closed and latched, staff has positive control of van and med cabinet keys, room sweeps are being completed as scheduled, and the security system operational. Observers will also verify staff personal belongings are secure</p>	04/26/2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Tracy Callahan	PM	04/26/2024

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosed days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>met the Condition of Participation: Client Protections for 2 of 2 sampled clients (A and B), plus 2 additional clients (C and D).</p> <p>Findings include:</p> <p>1. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility implemented its written policy and procedures to ensure the health and safety of clients A, B, C and D regarding client A's access, possession and brandishing of a firearm in the group home. Please see W104.</p> <p>2. The governing body failed to ensure the facility met the Condition of Participation: Client Protections for 2 of 2 sampled clients (A and B), plus 2 additional clients (C and D). Please see W122.</p> <p>This federal tag relates to complaint #IN00431589.</p> <p>9-3-1(a)</p>		<p>and verify facility window and doors are serviceable. If a deficiency is noted observers will immediately contact the Area Supervisor, and Program Manager. Weekday daily observations will remain in effect for 60 days. After 60 days monthly, administrative observations will be conducted.</p> <p>2 The management team began daily update meetings on March 29, 2024, to ensure compliance and implement changes needed developing a plan and implementation of those changes. Meetings will continue until conditions are lifted.</p> <p>3 The Program Manager and Area Supervisor retrained staff on ResCare Weapon in the Facility, vehicle security checks, room sweeps and security system operation, ANE (Abuse, Neglect, and Exploitation) Policy disciplinary action will be taken if the policy is not followed. Area Supervisor and will ensure that Policy is followed, and corrective measures are implemented. Monitoring of will be done by The Program Manager, Area Supervisor, and DSL to ensure all compliance.</p> <p>4 Members of the administrative team, including managers from Quality, Nursing and Programming, will conduct daily observations on weekdays. Any issues will be immediately reported to the Facility Team.</p>	
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			<p>5 An IDT comprised of paraprofessionals was held on April 1, 2024, to develop strategies to address client issues QIPD, Nurse and a Member of Programming Management will retrain all staff in the facility on updated BSPs ISP and HRP as needed.</p> <p>6 The Facility Maintenance Manger will inspect the site once weekly at a minimum to identify environmental issue that may arise. The Maintenance Manager scheduled repair of the facility security system on March 28, 2024, repairs were made by Koorsen Fire and Security on March 29, 2024. The security professional recommended upgrades to the system to be installed no later than April 26, 2024.</p> <p>7 Facility Staff will monitor home activities and client interactions daily to ensure there is plans are followed if an issue is noted the appropriate administrative personnel i.e. Area Supervisor, Program Manager, Nurse, QIDP or AED immediately and correction will be made.</p> <p>8 The Behavior Consultant, Program Manager, Area Supervisor, Facility Nurse and QIDP will proactively monitor clients to ensure plan implementation.</p> <p>9 The Administrative staff will continue to work with local law</p>	

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W 0104 Bldg. 00	<p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on record review and interview for 2 of 2 sampled clients (A and B), plus 2 additional clients (C and D), the governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility implemented its written policy and procedures to ensure the health and safety of clients A, B, C and D regarding client A's access, possession and brandishing of a firearm in the group home.</p> <p>Findings include:</p> <p>The governing body failed to ensure the facility implemented its policy and procedures to ensure the health and safety of clients A, B, C and D in the home regarding client A's access, possession and brandishing of a firearm in the group home. Please see W149.</p> <p>This federal tag relates to complaint #IN00431589.</p> <p>9-3-1(a)</p>	W 0104	<p>enforcement to ensure they remain up to date, and client follows release agreement.</p> <p>Persons Responsible: Executive Director, AED, Program Manager, Maintenance Manager, Quality Assurance, Quality Assurance Manager Director of Nursing, Nurse, Area Supervisor, QIDP, DSL, and DSP.</p> <p>1 Unannounced random daily observations began at the Facility on 4/1/2024 to ensure plans are being implemented by staff. Observers will verify staffing ratios, all vehicle doors parked at the facility secured, gates are closed and latched, staff has positive control of van and med cabinet keys, room sweeps are being completed as scheduled, and the security system operational. Observers will also verify staff personal belongings are secure and verify facility window and doors are serviceable. If a deficiency is noted observers will immediately contact the Area Supervisor, and Program Manager. Weekday daily observations will remain in effect for 60 days. After 60 days</p>	04/26/2024

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			<p>monthly, administrative observations will be conducted.</p> <p>2 The management team began daily update meetings on March 29, 2024, to ensure compliance and implement changes needed developing a plan and implementation of those changes. Meetings will continue until conditions are lifted.</p> <p>3 The Program Manager and Area Supervisor retrained staff on ResCare Weapon in the Facility, vehicle security checks, room sweeps and security system operation, ANE (Abuse, Neglect, and Exploitation) Policy disciplinary action will be taken if the policy is not followed. Area Supervisor and will ensure that Policy is followed, and corrective measures are implemented. Monitoring of will be done by The Program Manager, Area Supervisor, and DSL to ensure all compliance.</p> <p>4 Members of the administrative team, including managers from Quality, Nursing and Programming, will conduct daily observations on weekdays. Any issues will be immediately reported to the Facility Team.</p> <p>5 An IDT comprised of paraprofessionals was held on April 1, 2024, to develop strategies to address client issues QIPD, Nurse and a Member of Programming Management will retrain all staff in the facility on</p>	

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			<p>updated BSPs ISP and HRP as needed.</p> <p>6 The Facility Maintenance Manger will inspect the site once weekly at a minimum to identify environmental issue that may arise. The Maintenance Manager scheduled repair of the facility security system on March 28, 2024, repairs were made by Koorsen Fire and Security on March 29, 2024. The security professional recommended upgrades to the system to be installed no later than April 26, 2024.</p> <p>7 Facility Staff will monitor home activities and client interactions daily to ensure there is plans are followed if an issue is noted the appropriate administrative personnel i.e. Area Supervisor, Program Manager, Nurse, QIDP or AED immediately and correction will be made.</p> <p>8 The Behavior Consultant, Program Manager, Area Supervisor, Facility Nurse and QIDP will proactively monitor clients to ensure plan implementation.</p> <p>9 The Administrative staff will continue to work with local law enforcement to ensure they remain up to date, and client follows release agreement.</p> <p>10 The Administrative team worked with BDDS to arrange emergency alternative placement to meet the release order.</p>	

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W 0122 Bldg. 00	<p>483.420(a) CLIENT PROTECTIONS The facility must ensure the rights of all clients. Therefore the facility must</p> <p>Based on record review and interview, the facility failed to meet the Condition of Participation: Client Protections for 2 of 2 sampled clients (A and B), plus 2 additional clients (C and D).</p> <p>The facility neglected to implement its policy and procedures to ensure the health and safety of clients A, B, C and D in the home regarding client A's access, possession and brandishing of a firearm in the group home.</p> <p>Findings include:</p> <p>The facility neglected to implement its policy and procedures to ensure the health and safety of clients A, B, C and D in the home regarding client A's access, possession and brandishing of a firearm in the group home. Please see W149.</p> <p>This federal tag relates to complaint #IN00431589.</p> <p>9-3-2(a)</p>	W 0122	<p>Persons Responsible: Executive Director, AED, Program Manager, Maintenance Manager, Quality Assurance, Quality Assurance Manager Director of Nursing, Nurse, Area Supervisor, QIDP, DSL, and DSP.</p> <p>1 Unannounced random daily observations began at the Facility on 4/1/2024 to ensure plans are being implemented by staff. Observers will verify staffing ratios, all vehicle doors parked at the facility secured, gates are closed and latched, staff has positive control of van and med cabinet keys, room sweeps are being completed as scheduled, and the security system operational. Observers will also verify staff personal belongings are secure and verify facility window and doors are serviceable. If a deficiency is noted observers will immediately contact the Area Supervisor, and Program Manager. Weekday daily observations will remain in effect for 60 days. After 60 days monthly, administrative observations will be conducted.</p> <p>2 The management team began daily update meetings on</p>	04/26/2024

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			<p>March 29, 2024, to ensure compliance and implement changes needed developing a plan and implementation of those changes. Meetings will continue until conditions are lifted.</p> <p>3 The Program Manager and Area Supervisor retrained staff on ResCare Weapon in the Facility, vehicle security checks, room sweeps and security system operation, ANE (Abuse, Neglect, and Exploitation) Policy disciplinary action will be taken if the policy is not followed. Area Supervisor and will ensure that Policy is followed, and corrective measures are implemented. Monitoring of will be done by The Program Manager, Area Supervisor, and DSL to ensure all compliance.</p> <p>4 Members of the administrative team, including managers from Quality, Nursing and Programming, will conduct daily observations on weekdays. Any issues will be immediately reported to the Facility Team.</p> <p>5 An IDT comprised of paraprofessionals was held on April 1, 2024, to develop strategies to address client issues QIPD, Nurse and a Member of Programming Management will retrain all staff in the facility on updated BSPs ISP and HRP as needed.</p> <p>6 The Facility Maintenance Manger will inspect the site once</p>	

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			<p>weekly at a minimum to identify environmental issue that may arise. The Maintenance Manager scheduled repair of the facility security system on March 28, 2024, repairs were made by Koorsen Fire and Security on March 29, 2024. The security professional recommended upgrades to the system to be installed no later than April 26, 2024.</p> <p>7 Facility Staff will monitor home activities and client interactions daily to ensure there is plans are followed if an issue is noted the appropriate administrative personnel i.e. Area Supervisor, Program Manager, Nurse, QIDP or AED immediately and correction will be made.</p> <p>8 The Behavior Consultant, Program Manager, Area Supervisor, Facility Nurse and QIDP will proactively monitor clients to ensure plan implementation.</p> <p>9 The Administrative staff will continue to work with local law enforcement to ensure they remain up to date, and client follows release agreement.</p> <p>10 The Administrative team worked with BDDS to arrange emergency alternative placement to meet the release order.</p> <p>Persons Responsible: Executive Director, AED, Program Manager, Maintenance Manager, Quality</p>	

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W 0149 Bldg. 00	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview for 2 of 2 sampled clients (A and B), plus 2 additional clients (C and D), the facility neglected to implement its policy and procedures to ensure the health and safety of clients A, B, C and D in the home regarding client A's access, possession and brandishing of a firearm in the group home.</p> <p>Findings include:</p> <p>The facility's BDS (Bureau of Disabilities Services) reports were reviewed on 4/2/24 at 9:00 AM. The review indicated the following:</p> <p>-BDS report dated 3/29/24 indicated, "Staff reported [client A] was standing outside in the courtyard being antagonized by [client B] through the window. [Client B] continued to antagonize [client A] even when prompted to stop. Staff redirected [client A] away from the window and he walked inside. When [client A] returned outside, he had a firearm in his hand, making threats towards [client B]. Staff immediately asked [client A] for the weapon, and he relinquished it without incident. Staff contacted police and monitored [client A] until they arrived."</p> <p>And,</p> <p>"[Client A] stated he found the weapon in a staff</p>	W 0149	<p>Assurance, Quality Assurance Manager Director of Nursing, Nurse, Area Supervisor, QIDP, DSL, and DSP.</p> <p>1 Unannounced random daily observations began at the Facility on 4/1/2024 to ensure plans are being implemented by staff. Observers will verify staffing ratios, all vehicle doors parked at the facility secured, gates are closed and latched, staff has positive control of van and med cabinet keys, room sweeps are being completed as scheduled, and the security system operational. Observers will also verify staff personal belongings are secure and verify facility window and doors are serviceable. If a deficiency is noted observers will immediately contact the Area Supervisor, and Program Manager. Weekday daily observations will remain in effect for 60 days. After 60 days monthly, administrative observations will be conducted.</p> <p>2 The management team began daily update meetings on March 29, 2024, to ensure compliance and implement changes needed developing a plan</p>	04/26/2024

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	<p>member's car and hid it in the house. [Client A] was arrested and taken to [county jail]. There is no court date set at this time. Initial exploration into the incident determined the weapon belonged to [SL (Support Lead)] and was in the vehicle of another direct care staff. Both employees were placed on administrative leave pending investigation."</p> <p>A focused review of client A's record was completed on 4/2/24 at 9:45 AM. Client A's BSP (Behavior Support Plan) dated 3/26/24 indicated the following:</p> <p>-"[Name and date of birth] is transitioning from [county jail] to a Rescare ESN (Extra Support Needs) home in [town and state]. Due to recent criminal involvement and homelessness, [client A] has stayed in jail until a more suitable placement is available."</p> <p>-"[Client A] can be easily influenced by others and get himself into trouble. According to assessments in his referral packet, he does not understand reasonable judgement in safety and personal behaviors. He will need frequent prompting and monitoring of his attention to ensure he is processing what is being asked or prompted."</p> <p>-"When out in the community, [client A] needs to be watched very closely as he has a history of stealing items, including knives and vape supplies."</p> <p>-"[Client A] does have a few close friends but struggles to make new friends or maintain relationships as he doesn't get along with most of his peers. It takes him a long time to develop trust in others. [Client A] has a long history of physical</p>		<p>and implementation of those changes. Meetings will continue until conditions are lifted.</p> <p>3 The Program Manager and Area Supervisor retrained staff on ResCare Weapon in the Facility, vehicle security checks, room sweeps and security system operation, ANE (Abuse, Neglect, and Exploitation) Policy disciplinary action will be taken if the policy is not followed. Area Supervisor and will ensure that Policy is followed, and corrective measures are implemented. Monitoring of will be done by The Program Manager, Area Supervisor, and DSL to ensure all compliance.</p> <p>4 Members of the administrative team, including managers from Quality, Nursing and Programming, will conduct daily observations on weekdays. Any issues will be immediately reported to the Facility Team.</p> <p>5 An IDT comprised of paraprofessionals was held on April 1, 2024, to develop strategies to address client issues QIPD, Nurse and a Member of Programming Management will retrain all staff in the facility on updated BSPs ISP and HRP as needed.</p> <p>6 The Facility Maintenance Manger will inspect the site once weekly at a minimum to identify environmental issue that may arise. The Maintenance Manager</p>	

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	<p>aggression, self-injurious behavior, property destruction, elopement, stealing, homicidal statements and verbal aggression."</p> <p>"Homicidal Statements: anytime he states or threatens that he is going to 'kill' others. Historically has included threats to cut or shoot others."</p> <p>"Stealing: any time he takes items that do not belong to him without consent of the owner. This includes stealing items from stores in the community, stealing housemates or staffs possessions. These items can include knives, vapes."</p> <p>Quality Assurance Manger (QAM) was interviewed on 4/2/24 at 8:26 AM.</p> <p>QAM indicated the facility's ANE (Abuse, Neglect, Exploitation) policy should be implemented to prevent incidents of ANE. QAM indicated facility staff were trained on the ANE policy upon hire, annually and throughout the year as needed to ensure the policy was implemented to prevent ANE.</p> <p>QAM indicated ResCare prohibited staff from bringing weapons on the facility property. QAM indicated she was aware of an allegation of client A having a handgun in the group home on Thursday, 3/28/24. QAM indicated client A was alleged to have obtained the handgun from a staff member's personal vehicle. QAM indicated two staff were suspended while the allegations were investigated. QAM indicated client A was arrested as a result of the incident and had remained in jail. QAM was not aware of formal charges or plans for release from the jail. QAM indicated no clients or staff were injured during</p>		<p>scheduled repair of the facility security system on March 28, 2024, repairs were made by Koorsen Fire and Security on March 29, 2024. The security professional recommended upgrades to the system to be installed no later than April 26, 2024.</p> <p>7 Facility Staff will monitor home activities and client interactions daily to ensure there is plans are followed if an issue is noted the appropriate administrative personnel i.e. Area Supervisor, Program Manager, Nurse, QIDP or AED immediately and correction will be made.</p> <p>8 The Behavior Consultant, Program Manager, Area Supervisor, Facility Nurse and QIDP will proactively monitor clients to ensure plan implementation.</p> <p>9 The Administrative staff will continue to work with local law enforcement to ensure they remain up to date, and client follows release agreement.</p> <p>10 The Administrative team worked with BDDS to arrange emergency alternative placement to meet the release order.</p> <p>Persons Responsible: Executive Director, AED, Program Manager, Maintenance Manager, Quality Assurance, Quality Assurance Manager Director of Nursing, Nurse, Area Supervisor, QIDP,</p>		

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NAME OF PROVIDER OR SUPPLIER RES CARE SOUTHEAST INDIANA			STREET ADDRESS, CITY, STATE, ZIP CODE 16613 SIMA GRAY RD HENRYVILLE, IN 47126		
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	<p>the incident. QAM indicated the clients were offered a review of the Bill of Rights and grievance policy. QAM indicated the clients had not expressed emotional distress since the incident. QAM indicated the facility had implemented daily administrative monitoring at the home, upgraded the home's exterior monitoring system, upgraded the home's interior door and window alarms systems and retrained staff on the facility's weapons policy and ensuring they keep their vehicles locked at all times. QAM indicated client A's BSP (Behavior Support Plan) should be implemented by staff to prevent ANE. QAM indicated she was not specifically aware of client A's BSP protocols.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) was interviewed on 4/2/24 at 9:38 AM.</p> <p>QIDP indicated there had been an incident of client A brandishing a handgun at the group home on Thursday, 3/28/24. QIDP indicated client A was arrested after the incident and had remained in jail. QIDP indicated client A was formally charged with felony brandishing a weapon and felony intimidation. QIDP indicated no staff or clients were injured as a result of the incident. QIDP stated the facility had a "zero tolerance policy" regarding weapons on the premises. QIDP indicated the incident was under investigation with preliminary findings of client A obtaining the handgun from the shared vehicle of DSP (Direct Support Professional) #1 and LS (Lead Staff). QIDP indicated DSP #1 and LS were suspended pending investigation. QIDP indicated the agency had a protocol to ensure staff locked their vehicles while on the premises. QIDP indicated client A's BSP included restrictions from weapons and should be implemented by staff.</p>		DSL, and DSP.		

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	<p>DSP #2 was interviewed on 4/2/24 at 10:08 AM. DSP #2 indicated she was working at the home on 3/28/24 with DSP #3 and DSP #4 with clients A, B, C and D. DSP #2 indicated client A had become agitated with client B and entered client D's bedroom. DSP #2 indicated when client A exited client D's bedroom he had a handgun in his hand. DSP #2 stated, "[Client A] said 'I'm going to [expletive] kill him'." DSP #2 indicated she, DSP #3 and client A went outside to the home's patio area and continued trying to talk to client A to calm him down. DSP #2 indicated client A had his finger on the trigger of the gun with the safety in the off position. DSP #2 indicated client A was able to calm and released the weapon with no clients or staff being injured. DSP #2 indicated there should be no weapons on the property and staff's vehicles should be locked at all times. DSP #2 indicated she had participated in retraining on 3/28/24 regarding the facility's weapons policy and vehicle protocol.</p> <p>DSP #3 was interviewed on 4/2/24 at 10:22 AM. DSP #3 indicated she was in the home working with DSP #2, DSP #4 and clients A, B, C and D on 3/28/24 during the incident. DSP #3 was demonstrably upset and expressed being emotional regarding the incident. DSP #3 indicated she assisted DSP #2 when DSP #2 requested assistance. DSP #3 indicated she walked backwards (facing client A), on the patio with her hands on his left hand (hand with gun) and was attempting to talk to him and de-escalate the situation. DSP #3 indicated client A did eventually release the weapon to staff and no staff or clients were injured as a result of the incident. DSP #3 indicated the facility had a no weapons policy and staff vehicles should be locked at all times.</p>			

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	<p>QIDP was interviewed on 4/2/24 at 10:45 AM. QIDP indicated client A reported to the police at the home he had the weapon for 2 weeks prior to the incident. QIDP indicated client A had hidden the weapon in client D's dresser. QIDP indicated client A told police he hid the weapon in client D's dresser because he knew client D did not have routine room sweeps. QIDP indicated client A described in detail to the police how he dismantled the alarm on his bedroom window and entered staff's vehicle in search of vaping/smoking items when he discovered the weapon.</p> <p>The facility's policies and procedures were reviewed on 4/2/24 at 9:30 AM.</p> <p>The facility's ANE (Abuse, Neglect, Exploitation) policy dated 11/10/23 indicated the following:</p> <p>- "ResCare staff actively advocate for the rights and safety of all individuals."</p> <p>- "ResCare strictly prohibits abuse, neglect, exploitation, mistreatment, or violation of an Individual's rights."</p> <p>The facility's Standards of Conduct policy dated 1/2/15 indicated the following:</p> <p>- "ResCare maintains that certain rules and regulations regarding employee behavior are necessary for the efficient operation of the Company and for the benefit and safety of all employees and the persons we serve. Conduct that interferes with operations or is offensive is not acceptable."</p> <p>- "9. Possession or use of a firearm, illegal knife,</p>			

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	<p>explosive, or any other prohibited weapon of any kind while on Company-owned, -leased, or -controlled property or while operating Company-owned, -leased, or -controlled equipment or vehicles."</p> <p>This federal tag relates to complaint #IN00431589.</p> <p>9-3-2(a)</p>			